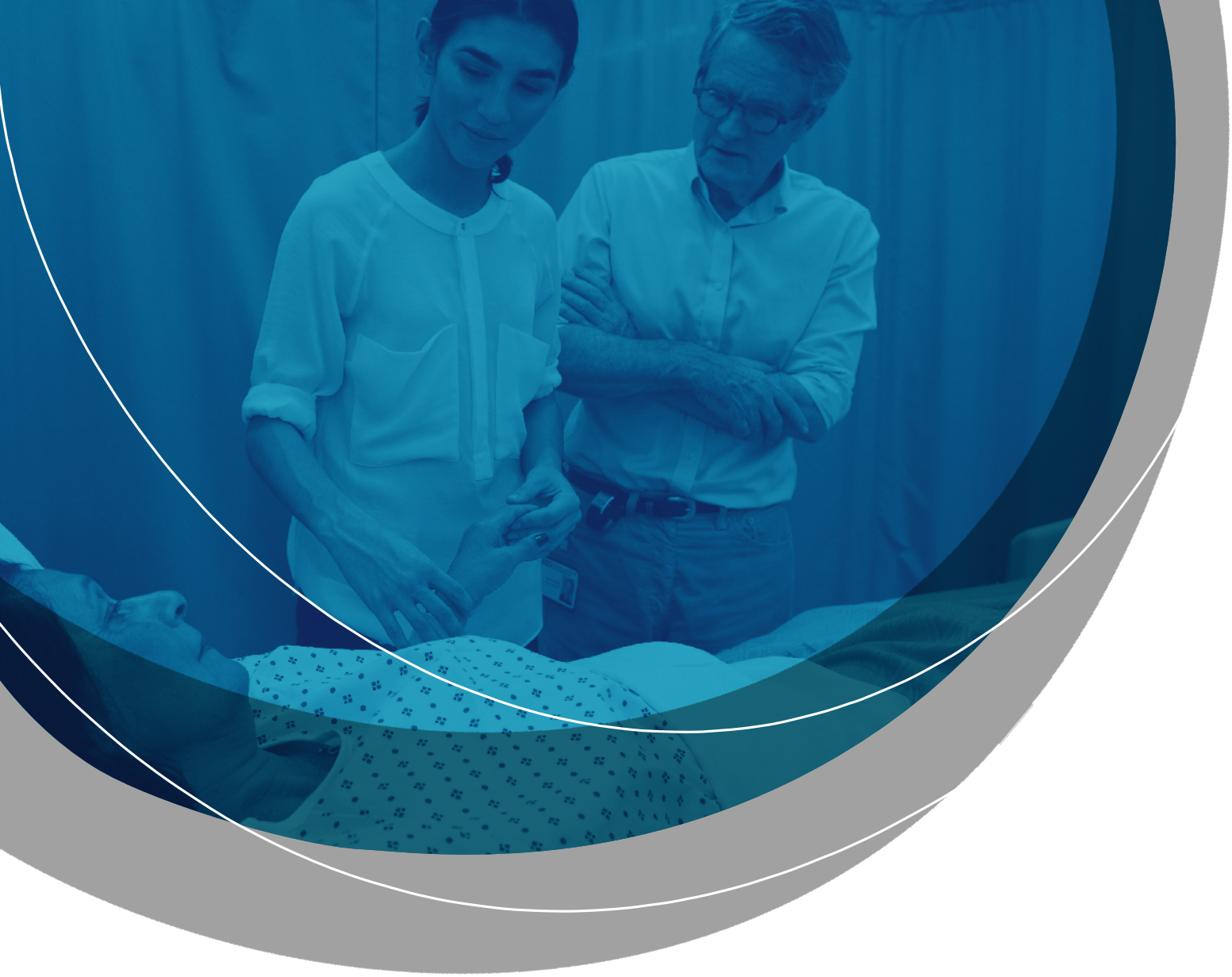

Generic professional capabilities:

guidance on implementation for colleges and faculties

Academy of Medical Royal Colleges

General Medical Council

Tribute to Dr Simon Newell, MD FRCP FRCPCH

We would like to pay tribute to the huge amount of work done by Dr Simon Newell that started shaping our thoughts on how to implement the generic professional capabilities. Tragically, Simon was killed in a cycling accident in August 2016, long before he had been able to complete what he had started - making sure all colleges and faculties would be able to embrace the integration of generic professional capabilities with enthusiasm and clarity on what was required. The early thinking behind this work was his, and we acknowledge our debt of gratitude to him, as a colleague and a friend. He was a rare example of someone who was prepared to lead from the front, but then stand back and let others take the credit for the success that he empowered.

Contents

Acknowledgements

We gratefully acknowledge the contributions from the generic professional capabilities working group (listed below) and the input from our wider college and faculty consultation group, which made sure we kept on track with something that would work for all specialties. The work was done in conjunction with, and funded by, the GMC.

Generic professional capabilities working group members

William Allum	Joint Committee on Surgical Training, co-chair
Simon Newell	Royal College of Paediatrics and Child Health, co-chair
Ian Curran	General Medical Council (GMC), co-chair
Mark Dexter	GMC
Andrew Elder	Membership of the Royal College of Physicians (UK)
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Rose Jarvis	Academy of Medical Royal Colleges
David Kessel	Foundation Programme
Bill McMillan, Sarah Parsons	NHS Employers
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Winnie Wade	Royal College of Physicians of London
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Introduction

The guidance in this document is intended to help colleges and faculties to integrate the *Generic professional capabilities framework*[*] into their specialty curricula and assessment processes. This will be a requirement of the revised General Medical Council (GMC) curriculum standards, *Excellence by design: standards for postgraduate curricula*.[†] You must consider this guidance in conjunction with that document and the accompanying GMC guidance *Designing and maintaining postgraduate assessment programmes*.[‡]

All postgraduate medical curricula will have at their heart *Good medical practice*[§] and the *Generic professional capabilities framework*. Each curriculum must include a link *to Good medical practice* and the *Generic professional capabilities framework* on the GMC's website. They will also be expected to highlight specific elements of generic professional capabilities in the syllabic content and make sure these are specifically reflected in each and every assessment and review of progress.

This document expresses a series of principles on the inclusion, integration and assessment of generic professional capabilities into specialty curricula.

There is a balance to be struck between lengthy and over-prescriptive guidance and high-level principles. It is recognised that the practicalities of integration of generic professional capabilities into curricula will be an evolutionary process. Implementation will require further specialty-specific detail as well as in-depth training of faculty and education of trainees as to how and where generic professional capabilities impact their training.

Purpose of the *Generic professional capabilities framework*

The GMC has developed the *Generic professional capabilities framework* with the Academy of Medical Royal Colleges (AoMRC) to describe the fundamental, career-long, generic capabilities required of every doctor. This describes the requirement to develop and maintain key professional values and behaviours, knowledge, and skills, using a common language. Generic professional capabilities also represent a system-wide, regulatory response to the most common contemporary concerns about patient safety and fitness to practise within the medical profession. The framework will be relevant at all stages of medical education, training and practice.

[*] General Medical Council. *Generic professional capabilities framework* available at www.gmc-uk.org/education/postgraduate/GPC.asp

[†] General Medical Council. Excellence by design: standards for postgraduate curricula available at www.gmc-uk.org/education/postgraduate/standards_for_curricula.asp

[‡] General Medical Council. Designing and maintaining postgraduate assessment programmes available at www.gmc-uk.org/education/postgraduate/assessment_guidance.asp

[§] General Medical Council. Good medical practice available at www.gmc-uk.org/guidance/good_medical_practice.asp

The *Generic professional capabilities framework* will make sure curricula emphasise those core professional capabilities that are essential to safe clinical practice, which must be demonstrated at every stage of training as part of the holistic development of responsible professionals. This approach will allow early detection of issues most likely to be associated with fitness to practise and to minimise the possibility that any deficit is identified during the final phases of training.

The AoMRC is highly supportive of the need to integrate, emphasise and assess generic professional capabilities in postgraduate curricula and seeks to make sure generic professional capabilities are:

- developed and demonstrated by all trainees as they progress through training
- clearly emphasised and prioritised in curricula
- assessed in a way that identifies trainees whose professional performance gives cause for concern at the earliest possible stage of their careers, allowing issues to be addressed promptly through appropriate feedback and remediation.

The structure of the framework

The *Generic professional capabilities framework* comprises nine domains (Figure 1). These nine domains must be directly identifiable within the curricula, and clearly mapped to high level outcomes and assessment blueprints.

Figure 1 - The nine domains of generic professional capabilities

These include the specific subsections of the three domains most commonly leading to a fitness to practise issue.

There are a total of 20 domains and subsections in the *Generic professional capabilities framework*:

1 Professional values and behaviour

2 Professional skills:

- practical skills
- communication and interpersonal skills
- dealing with complexity and uncertainty
- clinical skills:
  - *history taking, diagnosis and medical management*
  - *consent*
  - *humane interventions*
  - *prescribing medicines safely*
  - *using medical devices safely*
  - *infection and communicable diseases*

3 Professional knowledge:

- professional requirements
- national legislative requirements
- the health services and healthcare systems in the four countries

4 Capabilities in health promotion and prevention

5 Capabilities in leadership and teamworking

6 Capabilities in patient safety and quality improvement:

- Patient safety
- Quality improvement

7 Capabilities in safeguarding vulnerable groups

8 Capabilities in education and training

9 Capabilities in research and scholarship.

You can find further details at www.gmc-uk.org/education/postgraduate/GPC.asp.

Descriptors

Underpinning these domains and subsections are over 200 linked descriptors. The descriptors provide more detail and illustrate knowledge, skills and attributes that relate to the domain. It is not necessary for colleges or faculties to identify each of these descriptors within curricula, or include this level of detail in assessment blueprints.

Descriptors should be used by trainees to show how they meet curriculum outcomes. Trainers should use them to give specific examples that highlight excellence, set targets for development or illustrate concerns that need attention.

Relationship of generic professional capabilities to *Good medical practice*

In describing the principles, duties and responsibilities of doctors, the *Generic professional capabilities framework* articulates *Good medical practice*. It also incorporates the duties of a doctor as a series of descriptors and achievable educational outcomes to be included in specialty curriculum design and assessment.

Colleges and faculties don't need to map outcomes or blueprint assessments to *Good medical practice*. Curricula should be focused around the generic professional capabilities domains and subsections as described above.

Excellence by design: standards for postgraduate curricula – new GMC guidance on curricular structure

UK postgraduate specialty curricula vary considerably in their content, style and structure.

To meet GMC requirements, future curricula will need to comprise five themes:

- Theme 1: Purpose of the curriculum
- Theme 2: Governance and strategic support
- Theme 3: Programme of learning – to include *Good medical practice* and the *Generic professional capabilities framework* as the common regulatory requirements, followed by the specialty curriculum
- Theme 4: Programme of assessment – to include assessment of generic professional capabilities and specialty outcomes
- Theme 5: Quality assurance

The integration of the *Generic professional capabilities framework* will be addressed under themes 3 and 4.

Outcomes based curricula

A key requirement of the revised GMC curricula standards is the development of curricula based on broader, higher level generic, shared and specialty-specific outcomes* of postgraduate specialty training, rather than multiple granular competencies.

An outcome is a level of performance or behaviour that a trainee is expected to achieve as part of their development, according to their stage of training within their specialty curriculum. This can include an area of professional practice that the trainee is trusted to do unsupervised, once they have demonstrated the required competence.

We haven't recommended any specific model of integrating the *Generic professional capabilities framework* into curricula. The GMC will consider all possible interpretations providing the following conditions are met:

- the 20 domains and subsections of the *Generic professional capabilities framework* identified above are clearly visible within the curriculum, and assessments are blueprinted accordingly
- the descriptors are to be seen as various ways of showing that outcomes have been met in the context of the individual specialty
- content relating to generic professional capabilities (which may be represented within generic, shared or specialty-specific outcomes) is given as much emphasis as specialty-specific content, such as specialty-related procedural skills or knowledge.

All syllabi must clearly identify the nine domains of generic professional capabilities and the subsections of domains 2, 3 and 6.

* Generic outcomes – outcomes common to all specialties.
Shared outcomes – those outcomes which overlap a number of specialties.
Specialty outcomes – outcomes specific to the needs of an individual specialty.

Principles of assessing generic professional capabilities

The principles of assessing generic professional capabilities outlined here should align with the principles in the GMC's assessment guidance,* which places emphasis on programmes of assessment.

1 The 20 specific generic professional capabilities domains or subsections can be integrated into any of a specialty's proposed generic, shared or specialty-specific outcomes.

2 Specific generic professional capabilities domains or subsections can be represented within more than one outcome to emphasise importance or ensure triangulation or depth of assessment.

3 All curricula should be designed to give demonstrable priority and emphasis to generic professional capabilities within all the duties and responsibilities of a doctor and in the context of each specialty.

4 The attainment and assessment of generic professional capabilities should be as important as the attainment and assessment of core and specialist knowledge and technical or clinical competence. Generic professional capabilities should be explicitly included when setting goals in learning agreements or equivalent.

> Generic professional capabilities are context-dependent, and, as such, the judgement of attainment is based on the doctor's role and responsibilities. Assessors must recognise that this is not a one-time sign off. A trainee may experience problems as their career progresses and as they are exposed to additional challenges, such as changing clinical environments or increasing complexity with reduced direct supervision. The need for the knowledge, skills and attributes therefore needs to be enshrined within generic professional capabilities and reviewed at every assessment point.

5 Evidence of acquisition of generic professional capabilities can include:

- information from evidence provided by the trainee in their e-portfolio
- direct observation of the doctor in the course of their work
- feedback from colleagues

* General Medical Council. *Designing and maintaining postgraduate assessment programmes* available at www.gmc-uk.org/education/postgraduate/assessment_guidance.asp

- formative and summative assessments with appropriate sampling of the nine domains and subsections.

6 Generic professional capabilities should be assessed throughout a trainee's development on a continuous basis, within the context of assessing specialty outcomes and the global assessment of the trainee.

7 Assessors should assess generic professional capabilities according to their understanding of what is expected of a trainee in the specialty as they develop through their training.

8 Feedback to trainees about areas of performance should be framed in the language of the generic professional capabilities descriptors. This is especially important where there are concerns and where specific examples must be given to the trainee.

9 It is neither desirable nor possible to embed all 200+ descriptors into each curriculum, nor is it necessary to individually assess or give evidence of achievements for each descriptor. But trainees will need to use the descriptors to illustrate specific achievements sampled across the nine generic professional capabilities domains.

In general, generic professional capabilities do not lend themselves to the use of levels of progression or milestones. It's therefore not mandatory to devise absolute descriptors for generic professional capabilities to indicate the level expected at a specific stage of training.

10 A clinical or educational supervisor can assess and sign off broad areas of professional capability. They must do this on the basis of their overall impression and judgement of the trainee's demonstration of professional capabilities in the context of their clinical practice at the current stage of training. This can be without specific reference to, or explicit assessment of, multiple individual descriptors, ie without counting multiple green flags.[*] Any red flags[†] will need to be identified and evidenced using explicit reference to the relevant generic professional capabilities descriptors.

11 Allowing trainers to judge progress will help to minimise the burden of assessment in the workplace for trainees who are progressing satisfactorily. In turn, this approach will aid the use of supervised learning events as formative tools for the vast majority of trainees.

[*] Green flags - areas where the trainee is performing to expectation.

[†] Red flags - areas where the trainee is not performing to expectation.

Experienced supervisors are expected to judge whether the trainee demonstrates the knowledge, skills and attributes expected within the *Generic professional capabilities framework*, on the basis of their own direct observation of the doctor in the workplace. To do this, the trainer needs:

- a working understanding of the *Generic professional capabilities framework*
- to be able to highlight specific examples where a trainee has shown excellence, targets for development, or concerns about performance in the language of the framework.

These judgements should be supported by feedback from other senior doctors and any approved assessment tools specified within the curriculum.

12 Further assessment of generic professional capabilities should be centred on the multi-consultant report, multi-source feedback and, where possible, patient assessment tool or equivalent.

13 It is important to make sure the judgements of non-medical personnel are included in the assessment of expected professional performance or behaviour of doctors, as described in the *Generic professional capabilities framework*.

14 Ideally, reflections from patients or relatives should be included to inform the judgements relating to professional capability. However, we recognise there is no standard method of doing so, but we want to emphasise that this should be an assessment for all doctors. Ideally, the language used in patient assessments should be identical to that of the generic professional capabilities descriptors where possible.

15 The core of the assessment methodology will be multiple expert professional judgement - multi-consultant, educational supervisor and clinical supervisor reports. These reports will form the following minimum dataset of specific workplace-based assessment in all assessment programmes, with information from other healthcare professionals.

All trainees must have the following assessments as a minimum, at the noted frequency:

- clinical supervisor and educational supervisor reports (2-3/year)
- educational supervisor end of year report
- one team assessment of behaviour or multi-source feedback, with at least ten respondents every 12 months of training or at appropriate intervals, eg for those in less than full time training.

16 Educational supervisors and clinical supervisors should collate assessment information. In situations where there is concern about a trainee, they should describe areas of suboptimal performance in the language of the *Generic professional capabilities framework*, with specific reference to the generic professional capabilities descriptors.

17 In any areas of suboptimal performance, where concern about professional capabilities has been flagged (red flags), clinical supervisors and educational supervisors must propose a programme of remediation including tailored or focused additional assessments for trainees to undertake. Additional assessments could simply be in the form of further multi-consultant reports, team assessment of behaviour, or a more focused tool, as defined or created by the specialty.

18 Trainers will wish not only to ensure minimum acceptable capability but to promote excellence in their trainees. Feedback to trainees who meet broad professional domain requirements, but could still develop in specific areas, should therefore be explicitly related to the relevant descriptor(s) within the *Generic professional capabilities framework*.

19 Sign-off at the end of a placement or post should be based on a structured report that includes the professional judgement of the trainer on the professional capabilities displayed by the trainee. Assessment will comprise descriptors such as, *'No issues in comparison to a typical doctor at this stage of training'*, or *'in my experience of trainees in this year of training, in this discipline/specialty, this trainee has issues/concerns'* (red flag, listed and evidenced using generic professional capabilities descriptors).

20 The educational supervisor will collate the information derived from the minimum dataset, multi-consultant and clinical supervisor reports, and review them as the first part of the annual review of competence progression (ARCP).

- Trainee is felt to be progressing satisfactorily with professional capabilities on the basis of this dataset - no further assessments are mandated. The evidence of satisfactory progress will be supported by a structured report, which will be reviewed and documented at ARCP.

- There are concerns about lack of achievement of generic professional capabilities - training may need to be targeted, with delay in progression, even if the specialty outcomes have been achieved.

21 Those responsible for the educational programme must make sure, whenever a trainee is identified as failing, that this should lead to further analysis of professional performance and the provision of adequate and early targeted support.

22 Clinical supervisors and educational supervisors must be given the time, training and support and be empowered to act if trainees are judged not to be making satisfactory

progress. This principle is fundamental to the success of any system introduced to identify, support and successfully remediate trainees with suboptimal performance in generic professional capabilities.

23 It is important to have local systems to make sure a trainee's overall progression is satisfactory within the phases of the relevant curriculum and assessment programme. The ARCP is the method employed, and this should continue to make sure an annual summative review takes place. Evidence of suboptimal performance will be described and documented in the structured report for consideration at the ARCP.

24 The GMC *Excellence by design* standards notes the importance of critical progression points and waypoints. The ARCP provides the existing and logical opportunity for the collation and overall assessment of professional capability at these critical progression points and waypoints in training.

25 For most trainees, the ARCP will endorse satisfactory progression in generic professional capabilities, as shown by the minimum dataset and the absence of concerns or red flags in clinical supervisor and educational supervisor reports.

Some trainees will have problems with professional capability identified in the minimum dataset, or through clinical supervisor or educational supervisor reports. The outcome should continue to be determined by the ARCP panel.

For trainees with performance concerns on the basis of evidence collated or concerns raised in the workplace, there should be local systems to:

- permit early review (less than one year since any previous review)
- give support and remediation, if an educational supervisor feels it is necessary.

Putting it into practice

The inclusion of generic professional capabilities within the new standards for curricula is a significant change in the approach to formalising professionalism within training. Such a change in education and learning must be consistent across curricula, allowing for specialty-specific requirements, but also must be introduced so that this new approach is sustainable. This needs simple and comprehensive implementation across medical training, which has to make sure all stakeholders are fully aware and understand what is involved and their roles. Stakeholders will need to work closely as implementation rolls out.

Although this seems a challenging initiative, particularly in the context of the introduction of outcomes-based curricula, the generic nature of the generic professional capabilities is such that implementation should be equivalent across all specialties.

This reform will take place over a transition period, with the expectation that all curricula will become generic professional capabilities-compliant and outcomes-based by 2020 at the latest. As with any revision of curricula, it is essential to provide guidance about the nature of the changes and how they should be implemented. The following should be considered.

Organisations with responsibility for training

Experience from implementing the Medical Leadership Competency Framework highlighted that organisational systems (NHS employers, local education and training boards (LETBs) and deaneries) play a crucial role in providing the cultural conditions under which the individual's propensity to engage is either encouraged or inhibited.

Explicit inclusion of the educational role and time for trainers to be brought up to speed on generic professional capabilities within the job planning process is necessary. Trainer support is essential and has significant implications in terms of scale and resources. A pilot training programme for a sample of educational supervisors would enable the package to be refined.

At employer level, job planning, probably on a team basis should establish the necessary time and other resources for trainers in the workplace.

At deanery and LETB level, there should be specific faculty engagement cascading down from training programme directors, through educational supervisors, and then clinical supervisors. This may be best organised within postgraduate schools but does not necessarily need to be specialty-specific in view of the generic principles of generic professional capabilities.

College and faculty roles and responsibilities

- Raise awareness of the inclusion of generic professional capabilities in training in their specialty.
- Consider how they can contribute to faculty training.
- Consider how to make sure trainees understand the importance and implications of generic professional capabilities in their training.
- Review their curriculum management systems - include generic professional capabilities in e-portfolios to:
  - allow easy mapping of evidence to outcomes
  - facilitate assessments and feedback so it is conducted in a timely fashion.
- Consider making changes to their clinical supervisor and educational supervisor reports and multi-source feedback documentation to incorporate the language of generic professional capabilities.
- Determine the critical progression points in trainee progression.

There need to be good lines of communication between college training leads, curriculum leads and the GMC to share views and experiences of moving from competency-based to outcome-based curricula.

Colleges will be expected to develop quality assurance processes within the new curricula standards. This will apply to all aspects of a specialty curriculum and should have equal emphasis on generic professional capabilities as on other aspects of their programmes of learning and assessment.

Trainers' roles and responsibilities

As part of their training and educational development, trainers will need to be able to demonstrate that they have the necessary skills and understanding to assess generic professional capabilities. This could be simply included in established trainer refresher programmes. A key component should be the emphasis on providing specific comments and feedback on a trainee's performance.

Trainers must be given confidence and be supported to express their professional judgement about generic and specialty outcomes.

Trainers will need to give feedback to trainees to identify areas for improvement, and to highlight areas of excellence.

The onus is on trainers and training programme directors to show evidence of issues that lead to judgements about unsatisfactory performance and behaviour. This includes asking the trainee to do further training, workplace-based assessments or engage with targeted support.

Trainee education

Trainees will need to understand the priority of generic professional capabilities in their training, including the use of self-assessment against the specialty-specific outcomes and the generic components.

Trainees will need information on the approaches to assessment. This includes understanding that receiving a rating of 'some concern' relating to generic professional capabilities will not be rare. In the majority of cases this will not hold them back as long as they take appropriate action.

AoMRC support

- AoMRC will develop a comprehensive standardised presentation, which must be used by all generic professional capabilities ambassadors so language and message remain consistent.

- The Academy Assessment Committee will provide advice and guidance on issues with integration of generic professional capabilities into curricula, if required.

GMC support

- The GMC's Curriculum Advisory Group is developing examples of how colleges and faculties might incorporate generic professional capabilities into curricula and assessments. They will be added to GMC web pages once developed.

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