



Generic professional capabilities framework

Working with doctors Working for patients

General
Medical
Council

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Introduction

There are 66 medical specialties and 32 sub-specialties in the UK. For postgraduate medical training, each discipline has its own distinct curriculum set by the medical colleges or faculties, which we approve. There is significant variability of core professional content across many of these postgraduate curricula.

Our fitness to practise data shows that most concerns about doctors' performance fall into one or more of the nine domains identified in this *Generic professional capabilities framework*. And several high profile patient safety inquiries have identified major deficits in these basic areas of professional practice. Reports from these inquiries recommend the importance of and need for specific training to address individual, team and organisational deficiencies, as well as addressing wider systemic failures.

The Shape of Training review* in 2013 recognised the importance of developing a *Generic professional capabilities framework*. Many of these educational or training requirements are now specifically addressed for the first time in this framework.

A consistent approach to outcomes

We concluded there is a clear need to develop a consistent approach that embeds common generic outcomes and content across all postgraduate medical curricula. We therefore developed this framework, in close partnership with the Academy of Medical Royal Colleges. It prioritises themes, such as patient safety, quality improvement, safeguarding vulnerable groups, health promotion, leadership, team working, and other fundamental aspects of professional behaviour and practice.

While developing this framework, we were informed by national initiatives, for example those focusing on patient safety and end of life care. We have drawn upon expert advice, consulted widely across the service, profession and the public and received overwhelming support and validation for the content of the *Generic professional capabilities framework*.

For doctors in training to achieve a UK certificate of completion of training (CCT), the framework requires that they demonstrate an appropriate and mature professional identity applicable to their level of seniority. Satisfactory achievement of these generic outcomes will demonstrate that they have the necessary generic professional capabilities needed to provide safe, effective and high quality medical care in the UK.

The *Generic professional capabilities framework* gives a detailed description of the interdependent essential capabilities that underpin professional medical practice in the UK and are therefore a fundamental and integral part of all postgraduate training programmes.

* Shape of Training review available at www.shapeoftraining.co.uk/

At the heart of the *Generic professional capabilities framework* are the principles and professional responsibilities of doctors as set out in *Good medical practice* and our associated professional guidance, along with other statutory and legal requirements placed upon doctors. These professional responsibilities have been converted into educational outcomes with associated descriptors, so they can be incorporated into curricula. Although this framework relates to postgraduate medical education and training, we expect that it will support all phases of medical education and continuing professional development in the UK.

Acknowledgements

We thank the following for their contribution to the development of the framework:

- Academy of Medical Royal Colleges
- Forum of key interest groups
- Informal discussion group.

How the framework is organised

The *Generic professional capabilities framework* has three fundamental domains:

- professional values and behaviours
- professional skills
- professional knowledge.

There are six further themed or targeted domains. These domain headings were selected to prioritise particular areas of clinical or professional practice and to give clarity and structure for curriculum development. Under each of the domains, there are detailed descriptors – these outline the particular capabilities and expected levels of performance and behaviour needed to meet our regulatory requirements for minimum common core content across all curricula.

This diagram shows the interdependence of the domains of the *Generic professional capabilities framework*.



Full list of expected educational outcomes from the framework

Those completing training for the award of a CCT or equivalent should demonstrate appropriate:

- professional values and behaviours (Domain 1)
- professional skills (Domain 2):
 - 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 control and communicable disease*
- professional knowledge (Domain 3):
 - professional requirements
 - national legislative requirements
 - the health service and healthcare system in the four countries
- capabilities in health promotion and illness prevention (Domain 4)
- capabilities in leadership and team working (Domain 5)
- capabilities in patient safety and quality improvement (Domain 6)
- capabilities in safeguarding vulnerable groups (Domain 7)
- capabilities in education and training (Domain 8)
- capabilities in research and scholarship (Domain 9).

How the framework relates to education standards

The curricula and assessment standards *Excellence by design: standards for postgraduate curricula*^{*} set out the requirements for postgraduate medical curricula in the UK. We use these standards to approve the curricula developed by colleges and faculties.

Colleges and faculties are required to include *Good medical practice* and the *Generic professional capabilities framework* within their specialty curricula as minimum GMC regulatory requirements.

Our separate education standards *Promoting excellence: standards for medical education and training*[†] set out requirements for managing and providing undergraduate and postgraduate medical education and training in the UK. We also use them in our quality assurance processes.

^{*} 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. *Promoting excellence: standards for medical education and training* available at: www.gmc-uk.org/education/standards.asp

Domain 1: Professional values and behaviours

We expect all doctors to demonstrate appropriate personal and professional values and behaviours. These requirements are set out in *Good medical practice* and related professional guidance.*

Our guidance outlines the expectations for doctors' professional responsibilities, including their duty of care to their patients. Doctors have a wide range of other professional responsibilities, relating to their roles as an employee, clinician, educator, scientist, scholar, advocate and health champion. These responsibilities include demonstrating the following expected professional values and behaviours:

- acting with honesty and integrity
- maintaining trust by showing respect, courtesy, honesty, compassion and empathy for others, including patients, carers, guardians and colleagues
- treating patients as individuals, respecting their dignity and ensuring patient confidentiality
- taking prompt action where there is an issue with the safety or quality of patient care, raising and escalating concerns where necessary^{†‡}
- demonstrating openness and honesty in their interactions with patients and employers – known as the professional duty of candour
- being accountable as an employee to their employer and working within an appropriate clinical governance framework
- managing time and resources effectively
- being able to self-monitor and seek appropriate advice and support to maintain their own physical and mental health
- demonstrating emotional resilience
- demonstrating situational awareness
- reflecting on their personal behaviour and its impact on others
- demonstrating awareness of their own behaviour, particularly where this might put patients or others at risk

* General Medical Council. *Good medical practice: explanatory guidance* available at: www.gmc-uk.org/guidance/ethical_guidance.asp

† General Medical Council. *Raising and acting on concerns about patient safety* available at: www.gmc-uk.org/guidance/ethical_guidance/raising_concerns.asp

‡ NHS Improvement. *Serious incident framework* available at: improvement.nhs.uk/resources/serious-incident-framework/

- demonstrating awareness of their own limitations and understanding when and who to refer on to or seek professional advice from
- demonstrating awareness of the behaviour, conduct or health of others, particularly where this might put patients or others at risk
- interacting with colleagues in a way that demonstrates appropriate professional values and behaviours, in terms of supporting colleagues, respecting difference of opinion, and working as a collaborative member of a team
- being able to identify and create safe and supportive working and learning environments
- listening to patients, carers and guardians, and accepting that they have insight into, preferences for and expertise about the patient's own condition and context
- working within appropriate equality and diversity legislation
- working within appropriate health and safety legislation
- demonstrating a commitment to learn from patient safety investigations and complaints
- maintaining their continuing professional development and completing relevant statutory and mandatory training
- demonstrating an ability to learn from and reflect on their professional practice and clinical outcomes
- being able to accept constructive and appropriately framed criticism
- being a professional role model.

Domain 2: Professional skills

Practical skills

We have set out below basic practical skills and capabilities that are fundamentally important to safe and effective patient care in the UK. Doctors in training must be:

- literate
- numerate
- articulate and be able to give clear, accurate and legible written instructions in English
- able to give clear, accurate and comprehensible verbal instructions in English
- able to make clear, accurate and contemporaneous records of their observations or findings in English
- able to demonstrate a clear and appropriate knowledge of the legal aspects of digital and written records
- able to accurately complete legal medical forms or certifications, eg cremation, sickness, insurance
- able to demonstrate an appropriate knowledge of information governance, data protection and storage
- able to demonstrate appropriate IT skills, including word processing and data collection.

Communication and interpersonal skills

Due to the complex nature of medical practice, doctors in training must develop high levels of communication and interpersonal skills. Doctors in training must demonstrate that they can communicate effectively and be able to share decision making, while maintaining appropriate situational awareness, professional behaviour and professional judgement. They must do this:

- with patients, relatives, carers, guardians and others by:
 - establishing an effective and respectful doctor-patient partnership with the ability to demonstrate empathy and compassion
 - demonstrating effective consultation skills including effective verbal and non-verbal interpersonal skills
 - sharing decision making by informing the patient, prioritising the patient's wishes, and respecting the patient's concerns and expectations
 - sharing decision making with children and young people
 - supporting patients in caring for themselves
 - demonstrating active listening skills
 - demonstrating cultural and social awareness
 - communicating effectively and sensitively when breaking bad news, and being well prepared to give clear information
 - effectively managing challenging conversations or consultations
 - using an interpreter or translation services where appropriate
 - making arrangements to communicate effectively with someone who:
 - has impaired hearing, speech or sight
 - lacks mental capacity or has a learning disability
 - making appropriate arrangements where patients request to see a doctor of the same gender as themselves
 - delivering an honest apology* and offering an effective explanation where appropriate
 - communicating, consulting and sharing information appropriately with carers†

* General Medical Council. *Openness and honesty when things go wrong: the professional duty of candour* available at: www.gmc-uk.org/guidance/ethical_guidance/27233.asp

† General Medical Council. *Confidentiality: good practice in handling patient information* available at: www.gmc-uk.org/guidance/ethical_guidance/confidentiality.asp

- understanding the risks, professional responsibilities and appropriate safeguards of remote consultations such as telephone or online consultations.
- with colleagues in the multidisciplinary team by:
 - exploring and resolving diagnostic and management challenges or differences
 - applying management and team working skills appropriately, including influencing, negotiating, continuously re-assessing priorities and effectively managing complex, dynamic situations
 - ensuring continuity and coordination of patient care through the appropriate transfer of information
 - demonstrating safe and effective handover, both verbally and in writing.
- individually by:
 - maintaining appropriate situational awareness and sensitivity to the impact of their comments and behaviours on others.

Dealing with complexity and uncertainty

Doctors in training must demonstrate that they can:

- show appropriate professional behaviour and judgement in a wide range of clinical and non-clinical contexts and circumstances
- manage the uncertainty of achieving specific outcomes in clinical practice
- manage the uncertainty of treatment success or failure
- adapt management proposals and strategies of medical problems to take account of patients' informed preferences, co-morbidities and long-term conditions
- make reasonable adjustments for patients, students and colleagues as appropriate
- support and empower patient self-care *
- respect patient autonomy
- explain that wellbeing is a complex physical, mental and social interaction
- describe the factors impacting on health and wellbeing
- explain the complex relationship between mind and body in illness presentation and management
- adapt management proposals and strategies to patients at extremes of age, which includes neonates, children and older people with frailty
- formulate management plans beyond guidelines and produce patient-centred management plans
- manage the personal challenges of coping with uncertainty
- be resilient, diligent and thorough
- explain critical objectives and requirements for successful recovery and rehabilitation
- recognise patients with common mental health conditions (eg depression, dementia or delirium), manage them and, if appropriate, refer them to colleagues with relevant expertise
- recognise limits of own competence and refer patients to colleagues with appropriate expertise.

* General Medical Council. *Good medical practice* available at: www.gmc-uk.org/guidance/good_medical_practice/partnerships.asp

Clinical skills

For the many clinical specialties that involve direct patient contact, doctors should demonstrate the following key generic clinical skills.

History taking, diagnosis and medical management

Doctors in training must demonstrate that they can:

- take a relevant patient history accommodating patient ideas, concerns and expectations
- perform accurate clinical examinations
- show appropriate clinical reasoning by analysing physical and psychological findings
- formulate an appropriate and prioritised differential diagnosis
- formulate an appropriate diagnostic and management plan, taking into account patient preferences, and the urgency required
- explain clinical reasoning behind diagnostic and clinical management decisions to patients, carers, guardians and other colleagues
- appropriately select, manage and interpret investigations (eg reviewing results)
- understand the role of the chaperone when carrying out clinical examinations, particularly those of a sensitive or intimate nature.

Consent

Doctors in training must demonstrate and understand the professional requirements and legal processes associated with consent,^{*} including:

- making sure patients are accurately identified
- considering and addressing mental capacity issues
- getting informed consent from the patient, or other valid authority, before carrying out any examination, investigation or treatment
- safeguarding children and vulnerable adults
- protecting and ensuring patient confidentiality

^{*} General Medical Council. *Consent: patients and doctors making decisions together* available at: www.gmc-uk.org/guidance/ethical_guidance/consent_guidance_index.asp. This guidance is being reviewed in 2017.

- considering humane interventions (see section below), and making sure that treatment needs, wherever possible, are in line with patient preferences
- the principles of requesting and coordinating organ donation and the factors which determine suitability of patients and successful organ donation.

Humane interventions

Doctors in training must demonstrate compassionate professional behaviour, clinical judgement and intervene appropriately to make sure patients have adequate:

- nutrition
- hydration and rehydration
- symptom control
- pain management
- end of life care
- cardiopulmonary resuscitation when and if appropriate^{*}.

Prescribing medicines safely

Doctors in training must be able to:

- prescribe safely and use appropriate therapeutic approaches and strategies to make sure medicines are managed effectively and used safely[†]
- review and monitor therapeutic interventions appropriate to their scope of clinical practice
- prescribe antimicrobial drugs appropriately
- prescribe medications and use other therapies in line with the latest evidence
- comply with safety checks, contributing to medication reporting systems, and following other monitoring processes as necessary
- understand the challenges of safe prescribing in people at extremes of age, which includes neonates, children and older people with frailty
- assess a clinical situation to recognise a drug reaction
- manage adverse incidents,^{*} therapeutic interactions and report adverse drug reactions appropriately

^{*} General Medical Council. *Treatment and care towards the end of life* available at: www.gmc-uk.org/guidance/ethical_guidance/end_of_life_care.asp

[†] General Medical Council. *Good practice in prescribing and managing medicines and devices* available at: www.gmc-uk.org/guidance/ethical_guidance/14316.asp

- access the current product literature to make sure medicines are prescribed and monitored according to most up to date criteria
- make an appropriate risk benefit assessment with regard to the patient's preferences and circumstances
- fully recognise if they are prescribing an unlicensed medicine
- correctly counsel a patient on what a medicine is for and share any important safety information.

Using medical devices safely

Doctors in training must:

- understand the importance of being trained in the use of specialist medical equipment and devices
- demonstrate they can safely operate medical devices after appropriate training
- make sure medical devices are used safely by complying with safety checks, contributing to reporting systems, and following other appropriate maintenance, monitoring and reporting processes
- understand the design features and demonstrate the safety aspects associated with the safe use of medical devices.

Infection control and communicable disease

Doctors in training must demonstrate that they can:

- appropriately prevent, manage and treat infection, including controlling the risk of cross-infection
- work appropriately within the wider community to manage the risk posed by communicable diseases.

* MHRA. *Yellow Card Scheme* available at <https://yellowcard.mhra.gov.uk/>

Domain 3: Professional knowledge

Professional requirements

Doctors in training must be aware of and adhere to our professional requirements, including:

- meeting the standards expected of all doctors, set out in *Good medical practice*
- keeping up to date with GMC guidance^{*}
- participating in annual reviews of performance or progression
- working within appropriate quality management and clinical governance frameworks
- understanding risk, risk identification, management or mitigation
- participating in reflective annual appraisal, job planning and performance management including audit of and responsibility for their own clinical outcomes
- recognising the need for all doctors to take part in revalidation, which involves demonstrating their scope of practice, and the role and responsibility of the responsible officer
- participating in continuing professional development to keep their knowledge, skills and capabilities up to date.[†]

National legislative requirements

Doctors in training must be aware of their legal responsibilities and be able to apply in practice any legislative requirements relevant to their jurisdiction of practice, for example:

- employment law, particularly as it relates to them as an employee, including working time regulations
- mental capacity and deprivation of liberty safeguards
- mental health
- the legal requirements about patient and carer involvement in shared decision making
- safeguarding of vulnerable children and adults

^{*} General Medical Council. *Good medical practice: explanatory guidance* available at: www.gmc-uk.org/guidance/ethical_guidance.asp

[†] General Medical Council. *Continuing professional development - Guidance for all doctors* available at: www.gmc-uk.org/education/continuing_professional_development/cpd_guidance.asp

- female genital mutilation
- equality and diversity, including legally protected characteristics
- data protection and confidentiality
- health and safety legislation, including the management of radiation and hazardous substances
- transportation legislation including fitness to drive and DVLA or DVA notification processes
- confirming and completing medical certificates of cause of death
- cremation authorisation
- referral to the coroner or procurator fiscal
- any other legislation relevant to medical practice.

The health service and healthcare systems in the four countries

Doctors in training must be aware of and understand:

- the structure and organisation of the health service and system, including the independent sector and the wider health and social care landscape
- the local healthcare system and its relationship to and interaction with social care
- how services are commissioned, funded and audited
- how services are deemed to be clinically effective, cost effective or restricted such as on a named patient basis
- how resources are managed, being aware of competing demands and the importance of avoiding waste
- how services are held publically accountable through political and governance systems, public scrutiny and judicial review.

Domain 4: Capabilities in health promotion and illness prevention

Doctors in training must be aware of and demonstrate:

- the factors affecting health inequalities and the social determinants of health
- the relationship of the physical, economic and cultural environment to health
- basic principles of public health, including population health, promoting health and wellbeing, work, nutrition, exercise, vaccination and illness prevention
- applying the principles of promoting:
 - public health interventions* such as targeting smoking cessation, reducing obesity and the harm caused by alcohol abuse
 - mental health and wellbeing
- basic principles of person-centred care, including effective self-management, self-care and expert patient support
- the influence of ageing, dependency, multiple co-morbidities and frailty upon individual and population-level healthcare needs
- the potential harms and population risks of health care interventions
- how to assess mental health and wellbeing
- how to identify and assess suicide risk and refer and coordinate care
- basic principles of global health[†] including governance, health systems and global health risks
- the responsibilities and needs of carers as they play an increasing role in healthcare provision
- how to manage, support and develop the health and social care of local populations through:
 - community engagement
 - family and community-based interventions
 - global and multicultural aspects of delivering evidence-based, sustainable healthcare.

* Health Education England. *Making Every Contact Count* available at www.makeeverycontactcount.co.uk/

[†] Academy of Medical Royal Colleges. *Global Health Capabilities for UK Health Professionals* available at: www.aomrc.org.uk/publications/reports-guidance/global-health-capabilities-uk-health-professionals/

Domain 5: Capabilities in leadership and team working

Doctors in training must demonstrate that they can lead and work effectively in teams by:

- demonstrating an understanding of why leadership and team working is important in their role as a clinician
- showing awareness of their leadership responsibilities as a clinician and why effective clinical leadership is central to safe and effective care
- demonstrating an understanding of a range of leadership principles, approaches and techniques and applying them in practice
- demonstrating appropriate leadership behaviour and an ability to adapt their leadership behaviour to improve engagement and outcomes
- appreciating their leadership style and its impact on others
- actively participating and contributing to the work and success of a team (appropriate followership)
- thinking critically about decision making, reflecting on decision-making processes and explaining those decisions to others in an honest and transparent way
- supervising, challenging, influencing, appraising and mentoring colleagues and peers to enhance performance and to support development
- critically appraising performance of colleagues, peers and systems and escalating concerns
- promoting and effectively participating in multidisciplinary and interprofessional team working
- appreciating the roles of all members of the multidisciplinary team
- promoting a just, open and transparent culture
- promoting a culture of learning and academic and professional critical enquiry.

Domain 6: Capabilities in patient safety and quality improvement

Patient safety

Doctors in training must demonstrate that they can participate in and promote activity to improve the quality and safety of patient care and clinical outcomes. To do this, they must:

- raise safety concerns appropriately through clinical governance systems^{*}
- understand the importance of raising and acting on concerns
- understand the importance of sharing good practice
- demonstrate and apply basic Human Factors principles and practice at individual, team, organisational and system levels
- demonstrate and apply non-technical skills and crisis resource management techniques in practice
- demonstrate effective multidisciplinary and interprofessional team working
- demonstrate respect for and recognition of the roles of other health professionals in the effective delivery of patient care
- promote and participate in interprofessional learning
- promote patient involvement in safety and quality improvement reviews
- understand risk, including risk identification (clinical, suicide and system), management or mitigation
- understand fixation error, unconscious and cognitive biases
- reflect on their personal behaviour and practice
- effectively pre-brief, debrief and learn from their own performance and that of others
- make changes to their practice in response to learning opportunities
- be able to keep accurate, structured and where appropriate standardised records.[†]

^{*} NHS Improvement. *Learning from patient safety incidents* available at: improvement.nhs.uk/resources/learning-from-patient-safety-incidents/

[†] Academy of Medical Royal Colleges: *Standards for the Clinical Structure and Content of Patient Records* available at: www.aomrc.org.uk/publications/reports-guidance/standards-for-the-clinical-structure-and-content-of-patient-records-0713/

Quality improvement

- design and implement quality improvement projects or interventions that improve clinical effectiveness, patient safety and patient experience by:
 - using data to identify areas for improvement
 - critically appraising information from audit, inquiries, critical incidents or complaints, and implementing appropriate changes
 - deploying quality improvement methods (eg plan, do, study, act or action research) and repeat quality improvement cycles to refine practice
 - involving patients and public in decision making at group or community level
 - engaging with stakeholders, including patients, doctors and managers, to plan and implement service change
 - effectively evaluating the impact of quality improvement interventions.

Domain 7: Capabilities in safeguarding vulnerable groups

Doctors in training must demonstrate that they can:

- recognise and take responsibility for safeguarding children, young people and adults, using appropriate systems for identifying, sharing information, recording and raising concerns, obtaining advice and taking action
- understand the professional responsibilities in relation to procedures performed on minors for non-medical reasons
- apply the mental capacity legislation in clinical practice, to protect the safety of individuals and society
- identify, assess and manage suicide risk
- understand the needs and support required for people with learning disabilities
- understand positive behavioural support and determine when and how to safely restrain and safeguard vulnerable adults in distress
- recognise where addiction (to drugs, alcohol or smoking), obesity, environmental exposure or social deprivation issues are contributing to ill health and act on this information
- apply appropriate equality and diversity legislation, including disability discrimination requirements, in the context of patient care
- identify and escalate concerns about modern slavery and human trafficking to appropriate authorities.

Domain 8: Capabilities in education and training

Doctors in training must demonstrate that they can:

- understand that the safety of patients must come first and that the needs of education must be considered in this context
- provide safe clinical supervision of learners and other doctors in training in the workplace at all times
- plan and provide effective education and training activities
- use simulation or technology-enhanced learning appropriately in protecting patients from harm
- take part in their own induction and orientation, and that of new staff
- take part in patient education
- respect patients' wishes about whether they wish to participate in the education of learners and doctors in training
- provide supportive developmental feedback, both verbally and in writing, to learners and doctors in training
- create effective learning opportunities for learners and doctors in training
- evaluate and reflect on the effectiveness of their educational activities
- promote and participate in interprofessional learning
- assess objectively and fairly the performance of learners and other doctors in training
- give timely and constructive feedback on learning activities and opportunities
- understand how to raise concerns about the performance or behaviour of a learner or other doctor in training who is under their clinical supervision
- participate in national surveys and other quality control, quality management and quality assurance processes as required by the regulator
- carry out the roles and responsibilities of a clinical trainer
- meet any regulatory or statutory requirements as a clinical trainer or educator.

Domain 9: Capabilities in research and scholarship

Doctors in training must demonstrate that they can:

- keep up to date with current research and best practice in the individual's specific area of practice, through appropriate continuing professional development activities and their own independent study and reflection
- practise in line with the latest evidence
- conduct literature searches and reviews to inform their professional practise
- critically appraise academic literature
- understand the role of evidence in clinical practice and demonstrate shared decision making with patients
- locate and use clinical guidelines appropriately
- demonstrate appropriate knowledge of research methods, including qualitative and quantitative approaches in scientific enquiry
- demonstrate appropriate knowledge of research principles and concepts and the translation of research into practice, including:
 - recruitment into trials and research programmes
 - ethical implications of research governance
- understand and promote innovation in healthcare
- understand and apply:
 - informatics
 - genomics
 - stratified risk and personalised medicine
- draw from public health epidemiology and other data sources and large scale reviews
- communicate and interpret research evidence in a meaningful way for patients to support them making informed decisions about treatment and management.

Glossary

Term	Meaning
Capabilities	High level, complex professional capabilities are flexible and adaptive in a wide range of contexts. Many of the qualities of effective professionals, such as clinicians, leaders and educators, can be characterised by such professional capabilities. This includes the kinds of outcomes and descriptors outlined in this framework that are integral to their professional practice.
Clinical governance framework	The system through which National Health Service (NHS) organisations are accountable for continuously monitoring and improving the quality of their care and services, and for safeguarding the high standard of care and services.
Clinical reasoning	The cognitive process that is necessary to evaluate and manage a patient's medical problem.
Cognitive bias	A mistake in reasoning, evaluating, remembering, or other cognitive process, often occurring as a result of holding onto one's preferences and beliefs regardless of contrary information or evidence.
Deprivation of Liberty Safeguards (DoLS)	A set of checks within mental capacity legislation that makes sure any care that restricts a person's liberty is both appropriate and for their overall benefit.
Differential diagnosis	A systematic method of reaching a diagnosis that consists of creating a broad list of possible conditions. This list would include possible diseases underlying the signs and symptoms that are present. Through clinical reasoning, the options are refined by eliminating the possible conditions through further tests, investigations, pattern recognition and hypothesis testing.
Duty of candour	All healthcare professionals have a duty of candour – a professional responsibility to be honest with patients when things go wrong. This is described in our explanatory guidance Openness and honesty when things go wrong .
Emotional resilience	The ability to adapt and be resourceful, mindful and effective in complex, uncertain or stressful situations or crises.
Fixation error	Occur when the practitioner concentrates solely upon a single aspect or feature of a case or circumstance to

Term	Meaning
	the detriment of all other relevant aspects. This is discussed in detail in relation to Human Factors .
Followership	The active and positive characteristics, behaviours and processes of individuals acting in relation to leaders.
Human Factors	<p>The environmental, organisational and occupational factors, and human and individual characteristics, which influence behaviour at work in a way that can affect health and safety.</p> <p>Human Factors approaches aim to reduce error and influence behaviour through an understanding of the effects of teamwork, tasks, equipment, workspace, culture, organisation on human behaviour and capabilities, and the application of that knowledge to clinical practice and clinical settings.</p>
Information governance	Processes, roles, controls and metrics that ensure necessary safeguards for, and appropriate use of, patient and personal information.
Interprofessional learning	Occurs when two or more professions learn with, from and about each other to improve collaboration and the quality of care.
Interprofessional team working	A collaborative interaction among interprofessional team members to provide quality, individualised care for patients.
Person-centred care	Through shared decision making, sees patients as equal partners in planning, developing and assessing care to make sure it is most appropriate for their needs. It involves putting patients at the heart of all decisions.
Positive behavioural support and restraint	Techniques used to safely manage and contain distressed individuals who pose a risk to themselves or others. Safe and proportionate physical restraint is a last resort and other cognitive or behavioural techniques to de-escalate are preferred management options.
Public health epidemiology	<p>The study of the distribution and determinants of diseases in populations. It is the key quantitative discipline that underpins public health, which is often defined as the organised efforts of society to prevent disease and to promote health.</p> <p>Further information is available from the University of</p>

Term	Meaning
	Cambridge School of Clinical Medicine.
Safeguarding	<p>Protecting people's health, wellbeing and human rights, and enabling them to live free from harm, abuse and neglect.</p> <p>We have guidance on protecting children and young people, and resources on better care for older people and those with learning disabilities.</p>
Situational awareness	The ability to identify, process and comprehend the critical elements of information in a dynamic situation, and be able to adapt, manage and mitigate emergent risk.
Unconscious bias	Refers to a bias that we are unaware of, and which happens outside our cognitive control. It happens automatically and is triggered by our brain making quick judgements, assumptions and unconscious assessments of people and situations.

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