21 May 2015

Strategy and Policy Board

To consider

Consultation on a framework for generic professional capabilities

Issue

1 We propose launching, jointly with the Academy of Medical Royal Colleges, a public consultation on a framework for generic professional capabilities.

Recommendations

2 The Strategy and policy board is asked to agree:

   a The proposal to launch a consultation to start on 1 July 2015 for twelve weeks, jointly badged with the Academy of Medical Royal Colleges, subject to approval by Council at its meeting on 2 June 2015.

   b To bring back to the Board, in December 2015, the results of the consultation for a decision on the content of the final framework.
Consultation on a framework for generic professional capabilities

Issue

3 The aim is to establish a framework which describes the professional aspects of practice that we expect doctors to be able to demonstrate by the time they complete UK postgraduate medical education and training.

4 Key to the framework are the generic professional capabilities (GPC) that we believe doctors need in addition to a mastery of their particular speciality. The framework requires doctors to meet a number of outcomes which demonstrate that they are capable of exercising good professional judgement and decision making in complex and uncertain situations.

5 The ability to show insight, manage risk and complexity and to communicate effectively, are vital to delivering safe and effective patient care. The GPCs described at Annex A are complementary to the expectations for professional behaviour described in Good medical practice.

6 Other safety critical industries have reduced risk and improved performance and safety. They have championed approaches which develop professional behaviour and focus on the management of complexity, human error and suboptimal performance – often referred to as human factors.

Drivers for change

7 There are 65 medical specialties in the UK. Each specialty has its own curriculum which is set by the medical royal colleges and faculties and approved by us. Curricula set out the detailed requirements specific to the technical knowledge and skills for the relevant specialty.

8 In spite of the introduction of training components which promote professionalism, including the Medical leadership competency framework and the Common competencies framework for doctors developed by the Academy, overall the integration of speciality specific and professional skills remains variable.

9 Some preliminary work we did with key interests in 2012 suggested that a generic framework for all specialties should be developed which places less emphasis on ticking boxes for individual tasks or competencies and more on developing the doctor as a professional with insight and awareness.

10 This view was supported in the final report of the Shape of training review which recommended the introduction of a GPC framework.
The draft generic professional capabilities framework

Who we worked with

11 During 2014/early 2015, and jointly with the Academy, we developed the draft GPC framework at Annex A. We tested ideas through an informal discussion group which involved experts in undergraduate and postgraduate curricula, assessment, patient and public involvement, quality improvement, medical leadership and human factors.

What the framework looks like

12 The framework has ten domains supported by specific themes and required outcomes. The domains comprise: professional values & behaviours, professional skills (practical and clinical) professional knowledge, communication, leadership and team working, patient safety and quality improvement, dealing with complexity and uncertainty, safeguarding vulnerable groups, education and training and research.

How this will work

13 The GPC framework is not intended to be a stand-alone curriculum. We would expect medical royal colleges and faculties and those who design training to integrate the framework into the curricula they submit to us. We are working towards implementation by 2017, subject to any further developments on the Shape of training.

14 The generic nature of the framework and the use of a common language will provide greater consistency in the professional elements across postgraduate specialty curricula. It should also provide a blueprint which can be applied to the undergraduate and foundation stages of training.

15 The framework will support a range of activities. For example, the award of a certificate of completion of training will partly depend on evidence that a doctor in training has satisfactorily met the GPC outcomes.

The proposed consultation

16 The suggested consultation has been developed with the Academy. The consultation questions are set out at Annex B.

17 In addition to asking key interests what they think about the principle and content of the framework – including the domains, themes and outcomes - we will seek views on how assessment of GPCs might be undertaken.
How the GPC framework relates to other developments

18 We see GPCs as complementary to the new standards for education which place an emphasis on the importance of safe, supportive and appropriately resourced educational environments.

19 We anticipate that the GPC framework will form a core element of a future indicative curriculum framework. In this context, we are also reviewing the current Standards for curricula and assessment systems that we use to evaluate curricula and assessment proposals that are submitted to the GMC for approval. We will consult on these standards in the autumn.

20 We believe that the integrated approach to GPCs will address many concerns and challenges highlighted by the wider policy agenda for safety and quality improvement including the current focus in England on human factors, surgical never events and end of life care.

Next steps

21 Subject to the Board’s approval, we will seek Council’s endorsement to proceed with the consultation at its meeting on 2 June 2015.
Supporting information

How this issue relates to the corporate strategy and business plan

22 Strategic aim 2: to help raise standards in medical education and practice. Working with all those involved in postgraduate education, we will seek to bring about major reforms in the structure and approach to postgraduate training to make sure tomorrow’s doctors have the training and support they need to meet patients’ needs in the future.

What equality and diversity considerations relate to this issue

23 The framework provides a level playing field for promoting professional excellence and makes sure that generic professional capabilities are valued regardless of specialty. The framework sets out the importance of doctors in training being aware of and able to apply in practice any national legislation governing equality and diversity, including patients with protected characteristics and vulnerable children and adults. We have also said that doctors must be aware of and understand multicultural aspects of delivering healthcare.

24 We will actively target protected groups to offer them an opportunity to respond to our consultation.

If you have any questions about this paper please contact: Mark Dexter, Head of Policy, mdexter1@gmc-uk.org, 020 7189 5321.
Generic professional capabilities framework

1 This is the draft of the framework for generic professional capabilities which should be read in conjunction with the main paper.

2 The framework has 10 domains, which are supported by themes and required outcomes.

Domain 1: Professional Values & Behaviours

The GMC expect competent and capable doctors to demonstrate appropriate personal and professional behaviours, beliefs and values, which include:

- discharging their duty of care to their patients
- acting with honesty and integrity
- maintaining trust by showing respect, courtesy, dignity and empathy for others, including patients, carers, guardians and colleagues
- ensuring patient confidentiality
- demonstrating openness and transparency in their dealings with patients and employers – known as the professional duty of candour
- raising and escalating concerns where there is an issue with patient safety or quality of care
- being accountable as an employee to their employer
- being professionally accountable within an appropriate clinical governance framework
- managing time and resources effectively
being aware of, self-monitoring and seeking appropriate advice to maintain their own physical and mental health

demonstrating awareness of their own behaviour, conduct or health, particularly where this might put patients at risk

demonstrating awareness of the behaviour, conduct or health of others, particularly where this might put patients at risk

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 professional legitimacy and credibility by successfully completing appropriate continuing professional development and statutory and mandatory training

demonstrating an ability to learn and reflect on their professional practice.

Domain 2: Professional skills

Practical skills
Although some of the practical skills we have identified may seem obvious, we have set them out below because they are fundamentally important to safe and effective patient care. Doctors in training must be:

- literate
- numerate
- articulate
- able to give clear, accurate and legible written instructions
- able to give clear, accurate and comprehensible verbal instructions
- able to make accurate and contemporaneous records of their observations or findings
- able to demonstrate an appropriate understanding of the legal aspects of digital and written records
able to demonstrate an appropriate understanding of information governance and data protection

able to demonstrate appropriate IT skills, including word processing and data collection.

**Clinical skills**

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

**History taking, diagnosing and medical management**

Doctors in training must demonstrate that they can:

- take a relevant and detailed patient history
- perform accurate clinical examinations
- show appropriate clinical reasoning by analysing physical and psychological findings
- formulate an appropriate differential diagnosis
- formulate an appropriate diagnostic and therapeutic management plan, taking into account the urgency required
- explain clinical reasoning behind diagnostic and clinical management decisions.

**Consent**

Doctors in training must demonstrate and understand the processes associated with consent, including:

- ensuring accurate patient identification
- obtaining valid informed consent from the patient
- mental capacity issues
- safeguarding children and vulnerable adults
- resuscitation status and patient consent
- confidentiality

**Prescribing medicines safely**
Doctors in training must be able to:

- prescribe safely and use appropriate approaches and strategies to ensure safe management and usage of medicines
- review and monitor appropriate therapeutic interventions relevant to their scope of clinical practice
- prescribe antimicrobial drugs responsibly
- prescribe medications and use other therapies in line with the latest evidence
- make sure medicines are used safely by complying with safety checks, contributing to reporting systems, and following other monitoring processes
- understand the challenges of safe prescribing in frail elderly people
- manage adverse incidents and therapeutic interactions appropriately.

Using medical devices safely
Doctors in training must:

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

Humane interventions
Doctors in training must demonstrate clinical judgement and intervene appropriately to ensure adequate:

- nutrition
- hydration and rehydration
- pain management
- palliative care at the end of a patient’s life
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.

Domain 3: Professional knowledge

GMC professional requirements

Doctors in training must be aware of and adhere to the GMC’s professional requirements, including:

- meeting the standards expected of all doctors, set out in *Good medical practice*
- keeping up to date with other GMC professional guidance
- taking part in revalidation, which involves understanding their scope of practice and the role and responsibility of the responsible officer
- completing continuing professional development to keep their knowledge and skills up to date*
- working within appropriate clinical governance frameworks.

National legislation

Doctors in training must be aware of their legal responsibilities and be able to apply in practise any national legislation governing, for example:

- employment law particularly as it relates to them as an employee
- mental capacity
- mental health

- safeguarding of vulnerable children and adults
- genital mutilation
- equality and diversity, including the nine protected characteristics*
- data protection and confidentiality
- other legislation relevant to medical practice
- health and safety legislation, including hazardous substances
- the working time directive
- establishing and certifying death
- referral to the coroner.

* The Equality Act 2010 specifies nine protected characteristics that cannot be used as a reason to treat people unfairly: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

**The healthcare system**

Doctors in training must be aware of and understand:

- the structure of the National Health Service (NHS), the independent sector and the wider health and social care landscape
- the local healthcare system and its relationship to social care
- how services are commissioned, funded and audited
- how services are held publically accountable

**Health promotion and illness prevention**

Doctors in training must be aware of and understand:

- the factors affecting health inequalities
- the relationship of the physical environment to health
- basic principles of public health, including health promotion, vaccination and illness prevention
basic principles of global health

how to manage 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.

Domain 4: Communication capabilities

Doctors in training must demonstrate that they can communicate effectively, assertively, respectfully and be able to negotiate and share decision making, while maintaining appropriate situational awareness and professional judgement. They must do this:

- with patients, relatives, carers and guardians by:
  - demonstrating effective consultation skills
  - establishing a constructive doctor-patient partnership with the ability to display empathy and compassion
  - sharing decision making by negotiating with and informing the patient, prioritising the patient’s wishes, and respecting the patient’s beliefs, concerns and reasonable expectations
  - communicating effectively and sensitively, when breaking bad news
  - effectively managing challenging conversations or consultations
  - using an interpreter or translation services where appropriate
  - delivering an honest apology and effective explanation where appropriate

- with colleagues in the multi-disciplinary team by:
  - exploring and resolving diagnostic and management challenges
  - applying management and team-working skills, 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 on others.
• Raising safety concerns appropriately through clinical governance systems

**Domain 5: Capabilities in Leadership and team working**

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

• showing awareness of their leadership responsibilities
• understanding direct and shared leadership
• appreciating their leadership style and their impact on others
• thinking critically about decision making, reflecting on decision-making processes and explaining those decisions to others
• making appropriate, time-sensitive decisions, informed by an understanding of the psychology of decision making, fixation error* and cognitive biases†
• demonstrating appropriate ‘followership’ - the active participation and contribution to the work and success of a team
• supervising, challenging, influencing, appraising and mentoring colleagues and peers to enhance performance and support development
• challenging and critically appraising performance of colleagues, peers and systems
• promoting and participating in multi-disciplinary, inter-professional team working
• promoting an open and transparent culture

**Domain 6: Capabilities in patient safety and quality improvement**

* the inability to reassess and consider new possibilities leading to error and mismanagement of conditions or circumstances
† patterns of concrete thinking that affect the quality of judgements and decisions by not considering all appropriate circumstances
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:

- understand the importance of raising and acting on concerns
- understand the importance of sharing good practice
- understand basic Human factors principles and practice at individual, team, organisational and system levels
- understand multi-disciplinary, inter-professional team working
- promote and participate in inter-professional learning
- understand human error and its mitigation including fixation error, and cognitive biases
- understand risk management and its mitigation such as root cause analysis:
  - reflecting on their personal behaviour and practice
  - effectively debriefing their own performance and that of others
  - taking part in revalidation
  - making changes to their practice in response to learning opportunities
  - contributing to improvements in a practice setting or wider clinical environment through examining information from audit, inquiries, critical incidents or complaints, and implementing appropriate changes
- design and implement quality improvement projects that improve clinical effectiveness and patients’ safety and experience by:
  - using data to identify areas for improvement
  - employing quality improvement methods such as ‘plan, do, study, act’ cycles
  - engaging with stakeholders, including patients, doctors and managers to plan and implement change
  - measuring and evaluating the impact of improvement.

**Domain 7: Capabilities in dealing with complexity and uncertainty**

Doctors in training must demonstrate that they can:
demonstrate appropriate professional judgement in a wide range of clinical and non-clinical contexts and circumstance

adapt management of medical problems to take account of patients’ wishes, comorbidities and long-term conditions

understand that health and wellbeing is a complex biomedical, psychological and sociological outcome

adapt management to patients at extremes of age, including frail elderly people

understand requirements for recovery and rehabilitation

**Domain 8: Capabilities in safeguarding vulnerable groups**

Doctors in training must:

- 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 safeguarding issues for children and vulnerable adults and act on these appropriately
- understand mental capacity and the importance of protecting the safety of individuals and society
- understand the needs and support required for those with learning disabilities
- understand positive behavioural support and when and how to 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.

**Domain 9: Capabilities in education and training**

Doctors in training must demonstrate that they can:

- provide safe clinical supervision of learners and other doctors in training
- plan and deliver effective education and training activities
- take part in induction and orientation
- provide supportive developmental feedback, both verbally and in writing
- create effective learning opportunities
- evaluate and reflect on the effectiveness of their educational activities
- assess fairly and objectively the performance of learners and other doctors in training
- understand how to raise concerns about the performance of a learner or another doctor in training who is under their supervision.

**Domain 10: Capabilities in research**

Doctors in training must demonstrate that they can:

- demonstrate evidence-based practice
- understand how to critically appraise literature
- understand and apply basic research principles
- understand basic principles of research governance and how they should apply relevant ethical guidelines to research activities
- draw from public health epidemiology and other data sources
- conduct a literature search and review.
Generic professional capabilities - draft consultation questions

1 These are the draft consultation questions on the framework for generic professional capabilities.

2 There are 21 questions in the draft consultation. The technical detail of the framework is covered in questions 1 to 16. Questions 17 to 21 cover patient safety, equality and diversity and the scope and style of the document.

3 Each question asks respondents to agree, disagree – with a ‘yes’ / ‘no’ answer or indicate if they are unsure.

4 Also, each question has a free-text comments box facility which respondents can complete if they wish.

5 The questions are as follows:

General principle of the framework
Q1 Do you think that generic professional capabilities are important to medical practice?

The structure of the framework
Q2 Do you agree with the 10 domains that we have separated the framework into?
Q3 to 12 Do you agree with the domain 1, 2, 3 etc and the associated outcomes?

Assessment
Q13 Is it important that generic professional capabilities are assessed?
Q14 Are they assessable?
Q15 Do you think it is possible to use existing methods and tools for assessment?

**How we have addressed patient safety**
Q16 Do you agree that we have sufficiently addressed patient safety in the framework?

**How we have addressed equality and diversity**
Q17 Do you agree that the framework sufficiently addresses equality and diversity?

**Have we covered everything?**
Q18 Are there any other themes you think we should include in the framework?

Q19 Is there anything you think we should remove from the framework?

Yes  No  Not sure

**How the framework is written**
Q20 Did you find the framework easy to read and navigate?

Q21 Did you understand all the terms used?