

# Developing a framework for generic professional capabilities

A public consultation

ACADEMY OF  
MEDICAL ROYAL  
COLLEGES ———

General  
Medical  
Council



# About this consultation

We are consulting on a new framework for the generic professional capabilities that are common to doctors across all medical specialties and are essential to safe, high quality clinical care.

## Who is consulting?

The General Medical Council (GMC) is an independent organisation that helps to protect patients and improve medical education and practice across the UK. It does this, in part, through:

- setting the educational standards for all UK doctors through undergraduate and postgraduate education and training
- promoting high professional standards and making sure that medical education and training reflects the needs of patients, medical students and doctors in training, and the healthcare systems across the UK

- approving postgraduate medical education and training, including training posts, programmes and assessments
- making sure medical schools are meeting the standards for undergraduate education, and that doctors are receiving the supervision and experience they need to treat patients safely and well.

The Academy of Medical Royal Colleges speaks on standards of care and medical education across the UK. By bringing together the expertise of the medical royal colleges and faculties, it drives quality improvement in health and patient care through education and training.

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## What is the consultation about?

We know that most doctors provide a high standard of care to their patients. In addition to expertise in their specialty, they demonstrate important generic professional capabilities that are essential to providing safe and effective patient care.

These broader human qualities – such as being able to communicate effectively, to work as part of or lead a team, to teach or educate and to apply a range of other professional skills or judgements in complex or difficult circumstances – are in combination the foundation of professional practice. Making accurate, time-sensitive decisions and continuously re-assessing situations or priorities while addressing patients' needs, often in a fast-moving and stressful environment, can be challenging. Developing an understanding of the factors that affect human behaviour and performance are therefore central to high quality clinical care and underpin professional excellence.

Industries in which safety is a critical concern have substantially reduced risk and improved performance and safety by championing training that develops these human qualities. We believe that postgraduate medical training has a vital part to play in developing these valuable insights and professional capabilities to effectively deal with the complexity, uncertainty and challenge of contemporary medical practice.

We have developed a draft framework setting out the core professional values, knowledge, skills and behaviours that we think all doctors should know about, and be able to apply and adapt to a range of clinical and non-clinical contexts, by the time they complete specialty training.

We are aiming to embed these generic professional insights and capabilities in all postgraduate specialty training. In future, curricula should not focus solely on knowledge, tasks or procedures, but in addition describe and develop the complex, adaptive and high level professional behaviours consistent with good medical practice. From our engagement with key interest groups over the past two years, we have found general support for developing this core framework. We would now like your views on the structure and content of the framework, including the domains, themes and stated outcomes.

Organisational culture and the quality of the educational environment are central to developing these professional attributes. We expect that this framework will help champion and embed these generic professional capabilities across postgraduate medical education and training.

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## What led to this consultation?

### What reports and inquiries have highlighted

The final *Shape of Training report*\* supports our view and recommended that:

*'Appropriate organisations must introduce a generic capabilities framework for curricula for postgraduate training based on Good medical practice that covers, for example, communication, leadership, quality improvement and safety.'*

The report states that medical education goes beyond learning the specialty specific knowledge and technical aspects of medicine, emphasising the importance of developing a doctor's professional identity and preparing them for practice. The healthcare system needs doctors who are increasingly able to respond flexibly and adaptively to the complex health needs of patients in different settings.

In keeping with this, other reports on postgraduate training – such as Lord Patel's review of future regulation of medical education<sup>†</sup> and the future doctors' review<sup>‡</sup> – have recommended introducing outcomes for postgraduate training that promote generic professional skills.

Major patient safety inquiries have also highlighted systemic problems around professionalism, particularly communication, leadership, inter-professional cooperation and providing safe, compassionate patient care.<sup>§, ¶, \*\*, ††, ‡‡</sup>

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\* Shape of Training (2013) *Shape of Training final report* available at: [www.shapeoftraining.co.uk/static/documents/content/Shape\\_of\\_training\\_FINAL\\_Report.pdf\\_53977887.pdf](http://www.shapeoftraining.co.uk/static/documents/content/Shape_of_training_FINAL_Report.pdf_53977887.pdf) (accessed 16 April 2015)

† General Medical Council (2010) *Final report of the education and training regulation policy review of medical education* available at: [www.gmc-uk.org/Patel\\_review.pdf\\_39254211.pdf](http://www.gmc-uk.org/Patel_review.pdf_39254211.pdf) (accessed 20 May 2015)

‡ Postgraduate Medical Education and Training Board (2009) *Future Doctors – A statement on the future of postgraduate medical education and training* available at: [www.gmc-uk.org/Future\\_Doctors\\_Policy\\_Statement\\_20090923.pdf\\_30375088.pdf](http://www.gmc-uk.org/Future_Doctors_Policy_Statement_20090923.pdf_30375088.pdf) (accessed 17 April 2015)

§ The Mid Staffordshire NHS Foundation Trust Public Inquiry (2013) *Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry – Executive summary* available at: [www.midstaffspublicinquiry.com/report](http://www.midstaffspublicinquiry.com/report) (accessed 22 April 2015)

¶ GOV.UK (2013) *A promise to learn – a commitment to act* (report of the Berwick review) available at: [www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/226703/Berwick\\_Report.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/226703/Berwick_Report.pdf) (accessed 22 April 2015)

\*\* NHS England (2013) *Review into the quality of care and treatment provided by 14 hospital trusts in England: overview report* (report of the Keogh review) available at: [www.nhs.uk/NHSEngland/bruce-keogh-review/Documents/outcomes/keogh-review-final-report.pdf](http://www.nhs.uk/NHSEngland/bruce-keogh-review/Documents/outcomes/keogh-review-final-report.pdf) (accessed 22 April 2015)

†† The Vale of Leven Hospital Inquiry (2014) *The Vale of Leven Hospital Inquiry report* available at: [www.valeoflevenhospitalinquiry.org/report.aspx](http://www.valeoflevenhospitalinquiry.org/report.aspx) (accessed 6 May 2015)

‡‡ NHS Wales (2014) *Trusted to Care* (Andrews report) available at: [www.wales.nhs.uk/sitesplus/863/page/73970](http://www.wales.nhs.uk/sitesplus/863/page/73970) (accessed 6 May 2015)

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## What others have said

To inform the Shape of Training review, we gathered a forum of key interest groups in 2012.\* The forum felt that curricula for postgraduate training may have narrowed in scope over the past decade, listing competences and procedures that must be completed, with very little focus on developing generic professional capabilities.

The forum said that it is not enough to simply know how to do a medical procedure and tick a box. Knowing when to take no action, and how to move forward when guidelines and protocols do not cover the situation, are equally important. Managing this complexity comes with experience and is part of the process of developing as a professional.

The forum proposed that the development of these capabilities should be integrated into postgraduate training, addressing both general clinical and professional domains. It also said that training should promote the importance of valuing doctors as professionals and understand the importance of developing a doctor's professional judgement, self-esteem and identity.

The forum considered that a generic framework would help to highlight these issues and provide a common platform for strengthening future postgraduate training.

In developing the framework, 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 and ergonomics.†

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\* General Medical Council (2013) *Annex A of Education and Training Advisory Board paper on Generic Professional Capabilities* available at: [www.gmc-uk.org/4\\_\\_\\_Generic\\_Professional\\_Capabilities.pdf\\_54171073.pdf](http://www.gmc-uk.org/4___Generic_Professional_Capabilities.pdf_54171073.pdf) (accessed 17 April 2015)

† A specialist academic and operational discipline that seeks to understand how to optimise the performance and behaviour of human beings as individuals, groups or teams or within organisations. Drawing on a wide range of academic fields, including sociology, psychology, engineering, training and leadership, it aims to promote excellence and reduce risk.

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## How do I take part?

We are asking the public, medical students, doctors in training, trainers, educators, as well as the organisations that educate and train medical students and doctors, if we have got the framework right. Anyone who is interested in medical education and training can respond to the consultation.

There are 22 questions in the consultation document. We would welcome your comments on any or all of the questions. When answering the questions, please bear in mind that the framework will apply across the UK.

The consultation is open until **22 September 2015**.

The simplest way to read the draft framework and answer the questions is on our consultation website at <https://gmc.e-consultation.net/econsult/default.aspx>.

You can also download a PDF from our website ([www.gmc-uk.org/gpc](http://www.gmc-uk.org/gpc)), fill in your answers and either:

- email it to us at [educationconsultation@gmc-uk.org](mailto:educationconsultation@gmc-uk.org)
- post it to us at: Education policy team (Generic professional capabilities), General Medical Council, 350 Euston Road, London NW1 3JN.

## What happens next?

We will analyse the responses to the consultation and consider how we should develop the framework to take account of these comments.

We also want to establish arrangements that allow greater clarity and flexibility for developing and approving postgraduate medical specialty curricula. To this end, we will be developing revised standards for curricula and assessment by the end of this year. The revised standards will be the subject of a separate consultation.

# What we are aiming to achieve

There are many successful initiatives across medical and foundation schools, the medical royal colleges and faculties and service providers that are promoting professionalism. We welcome these approaches. But we feel that training will be improved still further by having greater clarity and focus and more specific guidance and information about what professionalism means – this framework seeks to provide this.

We already set explicit expectations and outcomes for professionalism that medical students should achieve through undergraduate medical education. In postgraduate training, there have also been major steps forward in recent years with better integration of professionalism components within curricula, such as the Foundation Programme.\* The Academy of Medical Royal Colleges has also developed the Common Competences Framework† and the Medical Leadership Competency

Framework,‡ elements of which were incorporated into curricula in 2010. However, coverage of professional elements remains variable.

Building on these positive developments, we are now proposing a framework setting out the outcomes that doctors need to achieve to show they have the generic professional capabilities that are essential to delivering safe and effective patient care. This framework promotes a more consistent approach across postgraduate training and in the terminology used. It has been purposely designed to be generic and high level.

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\* The Foundation Programme (2012, updated for 2015) *The Foundation Programme Curriculum* available at: [www.foundationprogramme.nhs.uk/download.asp?file=FP\\_Curriculum\\_2012\\_Updated\\_for\\_Aug\\_2015\\_-\\_FINAL.pdf](http://www.foundationprogramme.nhs.uk/download.asp?file=FP_Curriculum_2012_Updated_for_Aug_2015_-_FINAL.pdf) (accessed 17 April 2015)

† Academy of Medical Royal Colleges (2009) *Common Competences Framework for Doctors* available at: [www.aomrc.org.uk/doc\\_view/134-common-competences-framework-for-doctors](http://www.aomrc.org.uk/doc_view/134-common-competences-framework-for-doctors) (accessed 16 April 2015)

‡ Academy of Medical Royal Colleges (2010) *Medical Leadership Competency Framework* available at: [www.leadershipacademy.nhs.uk/wp-content/uploads/2012/11/NHSLeadership-Leadership-Framework-Medical-Leadership-Competency-Framework-3rd-ed.pdf](http://www.leadershipacademy.nhs.uk/wp-content/uploads/2012/11/NHSLeadership-Leadership-Framework-Medical-Leadership-Competency-Framework-3rd-ed.pdf) (accessed 16 April 2015)



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We invite royal colleges and faculties, and other organisations that develop and implement curricula, to interpret and integrate these generic outcomes by contextualising them within their specialty curricula. Colleges and faculties will also be required to state levels of performance for each outcome to make sure they meet the GMC's standards. We believe this is the best way to make sure that organisations have the flexibility to adapt and integrate these outcomes into the postgraduate curricula while meeting the GMC's standards.

When considering a curriculum for approval, the GMC will be assessing whether the generic professional capabilities are adequately represented and integrated in line with this framework.

## Why are generic professional capabilities important?

We think they will:

- help to integrate the professional and clinical elements of good medical practice and so enhance the safety and quality of care for patients
- champion the importance of understanding Human Factors and optimising individual and collective human behaviour in professional practice
- highlight the importance of developing these capabilities across all stages of a medical career

- help promote professionalism and support each doctor to develop and mature their professional identity.

Generic professional capabilities also bring some coherence to education and training by:

- aligning with and complementing the professional expectations set out by the GMC in *Good medical practice*<sup>\*</sup>
- aligning with the recommendations of the Shape of Training review and other national initiatives that are driving service and safety improvement such as the National Quality Board concordat on Human Factors in Healthcare<sup>†</sup>
- aligning with the new GMC standards for all stages of medical education and training in UK,<sup>‡</sup> which place particular emphasis on the importance of appropriately resourced and supportive educational environments
- having important implications for the development, support and resourcing of trainers and educators to make sure there is the educational capacity and capability to develop the generic professional capabilities outlined in this framework
- forming a core part of the evidence that doctors need to show to be awarded the Certificate of Completion of Training
- forming a key part of the evidence that doctors need to show for continuing professional development and revalidation.

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\* General Medical Council (2013) *Good medical practice* available at: [www.gmc-uk.org/guidance/good\\_medical\\_practice.asp](http://www.gmc-uk.org/guidance/good_medical_practice.asp) (accessed 22 April 2015)

† NHS England (2013) *Human Factors in Healthcare: a concordat from the National Quality Board* available at: [www.england.nhs.uk/wp-content/uploads/2013/11/nqb-hum-fact-concord.pdf](http://www.england.nhs.uk/wp-content/uploads/2013/11/nqb-hum-fact-concord.pdf) (accessed 6 May 2015)

‡ General Medical Council (2015) *Promoting excellence: standards for medical education and training* available at: [www.gmc-uk.org/education/26830.asp](http://www.gmc-uk.org/education/26830.asp) (accessed 20 May 2015)

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## What are the professional expectations set out by *Good medical practice* and the duties of a doctor?

The GMC sets requirements for doctors to demonstrate appropriate personal and professional behaviours, beliefs and values.

Patients must be able to trust doctors with their lives and health. To justify that trust you must show respect for human life and make sure your practice meets the standards expected of you in four domains.

### Knowledge, skills and performance

- Make the care of your patient your first concern.
- Provide a good standard of practice and care.
  - Keep your professional knowledge and skills up to date.
  - Recognise and work within the limits of your competence.

### Safety and quality

- Take prompt action if you think that patient safety, dignity or comfort is being compromised.
- Protect and promote the health of patients and the public.

### Communication, partnership and teamwork

- Treat patients as individuals and respect their dignity.
  - Treat patients politely and considerately.

- Respect patients' right to confidentiality.
- Work in partnership with patients.
  - Listen to, and respond to, their concerns and preferences.
  - Give patients the information they want or need in a way they can understand.
  - Respect patients' right to reach decisions with you about their treatment and care.
  - Support patients in caring for themselves to improve and maintain their health.
- Work with colleagues in the ways that best serve patients' interests.

### Maintaining trust

- Be honest and open and act with integrity.
- Never discriminate unfairly against patients or colleagues.
- Never abuse your patients' trust in you or the public's trust in the profession.

You are personally accountable for your professional practice and must always be prepared to justify your decisions and actions.

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## What would generic professional capabilities mean in practice?

In addition to attaining the outcomes expected in their specialty, every doctor will need to demonstrate to the GMC that they have met the outcomes in the framework and have developed the appropriate generic professional capabilities, to an acceptable level, before they can complete postgraduate specialty training.

The generic outcomes require the holistic development of the doctor as a professional and are not simply achieved by ticking boxes for individual tasks or competences. What we want to see is that the doctor:

- has developed as a person and has an appropriate level of professional maturity that means they understand their responsibilities and have demonstrated the generic professional capabilities required of contemporary medical professionals in the UK
- can apply these generic professional capabilities in a wide range of clinical and non-clinical settings
- has demonstrated appropriate levels of insight and situational awareness.\*

These generic professional capabilities will make sure that doctors with a Certificate of Completion of Training will be able to act in a sensitive, ethical and professional way, and can respect equality and diversity, adapt to the needs of diverse local patient populations, and work as part of a multidisciplinary, inter-professional team within an integrated health and social care system.

The draft framework (see pages 10–21) contains the outcomes that we would expect doctors to demonstrate by the time they complete specialty training. The framework builds on outcomes that doctors should have achieved in the earlier stages of training, such as foundation training – for example, in relation to basic patient safety, teamworking and decision making.

## Integration into all areas of medical education and practice

We plan to work with medical schools, the Foundation Programme and royal colleges to make generic professional capabilities integral to medical education and training at all levels. Many curricula already feature aspects of the framework, some extensively. Over the next two years, we expect to see an expansion of this, and for this framework to be widely used in continuing professional development.

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\* Being aware of what is happening around you in terms of where you are, where you are supposed to be, and what you and other team members are doing.

# What the **framework** looks like

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In this framework, we describe the generic professional capabilities that support effective professional practice. Generic professional capabilities mean doctors are able to take into account a wide range of factors, such as their responsibilities, their environment and their

personal characteristics and attributes, while managing risk and complex situations to make sure patients receive safe and effective care. The framework has a series of domains, each with specific themes and required outcomes.



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## Domain 1: Professional values and behaviours

The GMC expects doctors to demonstrate appropriate personal and professional values and behaviours. These professional requirements are set out in *Good medical practice* and related guidance.\* This guidance outlines a doctor's professional responsibilities, including their duty of care to their patients. Doctors have a wide range of other professional responsibilities, including their role as an employee, advocate and champion. These include:

- 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 interactions 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 able to self-monitor and seek appropriate advice and support to maintain their own physical and mental health
- developing emotional resilience
- 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
- being able to identify and create safe and supportive working and learning environments
- 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.

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\* General Medical Council *Good medical practice: explanatory guidance* available at: [www.gmc-uk.org/guidance/ethical\\_guidance.asp](http://www.gmc-uk.org/guidance/ethical_guidance.asp) (accessed 4 June 2015)

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## Domain 2: Professional skills

### Practical skills

We have set out below some basic practical skills that 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 requirements and processes associated with consent, including:

- making sure patients are accurately identified
- obtaining valid informed consent from the patient
- mental capacity issues
- safeguarding children and vulnerable adults
- resuscitation status and patient consent
- confidentiality.

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### Prescribing medicines safely

Doctors in training must be able to:

- prescribe safely and use appropriate approaches and strategies to make sure medicines are managed and used safely
- review and monitor appropriate therapeutic interventions relevant 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 reporting systems, and following other monitoring processes
- understand the challenges of safe prescribing in people with multiple long-term conditions and 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.

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\* General Medical Council (2013) *Good practice in prescribing and managing medicines and devices* available at: [www.gmc-uk.org/guidance/ethical\\_guidance/14316.asp](http://www.gmc-uk.org/guidance/ethical_guidance/14316.asp) (accessed 15 May 2015)



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### Humane interventions

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

- nutrition
- hydration and rehydration
- pain management
- palliative care at the end of their life
- cardiopulmonary resuscitation.

### 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

### 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 the GMC's 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.

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\* General Medical Council *Good medical practice: explanatory guidance* available at: [www.gmc-uk.org/guidance/ethical\\_guidance.asp](http://www.gmc-uk.org/guidance/ethical_guidance.asp) (accessed 4 June 2015)

† General Medical Council (2012) *Continuing professional development* available at: [www.gmc-uk.org/education/continuing\\_professional\\_development/cpd\\_guidance.asp](http://www.gmc-uk.org/education/continuing_professional_development/cpd_guidance.asp) (accessed 15 May 2015)

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## National legislation

Doctors in training must be aware of their legal responsibilities and be able to apply in practice 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 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
- the law on patient and carer involvement and shared decision making.

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\* 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.

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## Promoting health and preventing illness

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 promoting health, vaccination and preventing illness
- basic principles of global health
- the responsibilities of carers, who will play an increasing role with an ageing population
- 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 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 informing the patient, prioritising the patient's wishes, and respecting the patient's beliefs, concerns and reasonable expectations
  - demonstrating effective listening skills
  - communicating effectively and sensitively when breaking bad news
  - 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
  - making appropriate arrangements where culture does not permit certain conversations with a male doctor

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- delivering an honest apology and effective explanation where appropriate
  - communicating, consulting and sharing information with carers
  - with colleagues in the multidisciplinary team by:
    - exploring and resolving diagnostic and management challenges
    - applying management and teamworking 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 teamworking

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†
- showing appropriate followership, which is actively participating and contributing to the work and success of a team
- supervising, challenging, influencing, appraising and mentoring colleagues and peers to enhance performance and to support development
- challenging and critically appraising performance of colleagues, peers and systems
- promoting and participating in multidisciplinary, inter-professional teamworking
- promoting an open and transparent culture.

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\* 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.

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

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 multidisciplinary, inter-professional teamworking
- promote and participate in inter-professional learning
- promote patient involvement
- understand human error and its mitigation, including fixation error and cognitive biases
- understand risk management and its mitigation, such as through root cause analysis
- reflect on their personal behaviour and practice
- effectively debrief their own performance and that of others
- take part in revalidation
- make changes to their practice in response to learning opportunities
- contribute 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.

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

Doctors in training must demonstrate that they can:

- show appropriate professional judgement in a wide range of clinical and non-clinical contexts and circumstances
- adapt management of medical problems to take account of patients' wishes, comorbidities and long-term conditions
- understand that health and well-being 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
- recognise patients with common mental health conditions (eg depression, dementia or delirium), manage them and, if appropriate, refer them to colleagues with relevant expertise.

## Domain 8: Capabilities in safeguarding vulnerable groups

Doctors in training must demonstrate that they can:

- 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 people 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
- understand the requirements of the *Equality Act 2010*, including the disability discrimination requirements.

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## 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
- understand how to balance the needs of the service to patients with the needs of education, safely and appropriately.

## Domain 10: Capabilities in research

Doctors in training must demonstrate that they can:

- practise in line with the latest evidence
- 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, and conduct literature searches and reviews.

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\* The study of how often diseases occur in different groups of people and why.

**How generic  
professional  
capabilities  
might be assessed**



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A requirement for integrating generic professional capabilities into curricula must include establishing robust and fair methods to assess whether doctors in training have met the stated outcomes.

## Designing an assessment method

This framework aims to give doctors in training and their postgraduate training organisations a clear, focused and detailed understanding of generic professional capabilities, so they can describe, train and assess individual performance and behaviour. This will help to monitor and improve doctors' clinical performance and progression through training, and to raise or address behavioural or performance concerns.

We have set out clear minimum requirements and professionally defined levels of attainment so that individuals can demonstrate to the GMC that they meet the required outcomes of the generic professional capabilities framework. These capabilities have a direct benefit to patient safety and quality of care. Absence of these capabilities can pose significant risks to patients.

Any assessment framework or assessment method must assess whether a doctor has developed each of the stated generic professional capabilities or elements.

Different specialties may need to devise a variety of assessment approaches to achieve this, including adapting existing assessment methods. For example, rather than clustering all generic professional capabilities under the assessment of professionalism, organisations should specify more clearly the generic professional capabilities that are being assessed – eg leadership, communication, safeguarding.

Longitudinal assessment methods that take a holistic or longer term view of personal and professional behaviour and practice may be better than isolated assessments at specific points during training. Where the longitudinal approach shows doctors have developed capabilities, then a judgement may be made on the extent to which a doctor in training can be trusted to perform a specific task and what level of supervision they require. This is similar to the judgement made when assessing entrustable professional activities.\* We think that the assessment of generic professional capabilities should aim to measure established and consistent patterns of behaviour.

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\* Discrete professional tasks or responsibilities that can be performed unsupervised once a doctor in training has attained sufficient competence. These tasks could range from managing a patient's handover to performing an appendicectomy.

---

To assess each capability, input from multiple time points, assessment methods and assessors may be needed. Several types of evidence should be gathered to show that a doctor has met the required outcomes, such as:

- an expert assessor's professional observations and judgements organised in a structured domain-based report
- multisource feedback
- reflective writing such as portfolio entries
- review of video recordings, simulations or other practice-based assessments of the doctor's consultations or other clinical interventions
- observations of other professional encounters such as multidisciplinary teamworking
- observations of teaching or research based activities.

Existing structured assessment methods – such as direct observation of procedural skills (DOPS), mini clinical evaluation exercise (mini-CEX) and case-based discussion (CBD) – could be adapted to provide evidence for some elements, but new methods may also be required.

Behavioural anchored rating scales are an established method for assessing and monitoring performance and behaviour in many other high performance industries, such as aviation, and have been appropriately adapted to healthcare. Any assessment processes will need to be reliable, valid, fair, cost effective, acceptable and feasible.

## Who would be involved in assessment?

- **Assessors:** the professional judgement of a trained expert assessor could form part of the overall assessment of these complex generic professional capabilities. Reports from several separate assessors should form the basis for a structured report of professional capability, addressing the domains and themes set out in the framework. Combined with the results from other assessment methods, this structured report will clearly communicate the doctor's progress and level of attainment to other trainers and to the doctor.
- **Professional bodies such as royal colleges and faculties:** they will need to specify how generic professional capabilities are integrated into their curricula. They will also need to indicate how these capabilities should be developed and assessed in their specialty. The GMC-approved assessment strategy will need to be designed to capture and reflect both generic and specialty outcomes. There will need to be clear guidance in relation to expected levels of performance at each stage of training to make sure doctors progress appropriately and safely.
- **Training programmes:** appropriate training and quality assurance of local clinical assessors will be required to make sure assessments are reliable and valid.

**How generic  
professional  
capabilities  
fit with other  
developments**

---

## New standards for medical education and training

As mentioned earlier, we are developing new standards for medical education and training. We see generic professional capabilities as being central and complementary to the new standards, which place an emphasis on the importance of safe, supportive and appropriately resourced educational environments.

## New standards for curricula and assessment

We are reviewing the standards for curricula and assessment systems, which we use to evaluate curricula that are submitted to the GMC for approval. The new standards will describe high level principles of curricula design and focus on expected outcomes of training, governance arrangements, quality control and how curricula will address patient and service needs. We anticipate that the framework for generic professional capabilities will form a core element of a future indicative curricula framework. To support this, we will be developing revised standards for curricula and assessment by the end of this year. We will be consulting separately on the revised standards.

## National developments and relevance to patient safety

We believe this integrated approach to generic professional capabilities will address many concerns and challenges around patient safety, quality improvement and professional practice, including the current focus in England on Human Factors and surgical never events.\* Core elements supporting patient safety are woven throughout the framework.

Also, in response to Baroness Neuberger's review of the Liverpool Care Pathway,<sup>†</sup> the Leadership Alliance for the Care of Dying People<sup>‡</sup> highlighted that education needs to promote integrating generic professional capabilities in areas such as shared communication and shared decision making between doctors, patients and those closest to them.

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\* NHS England *Never events* available at: [www.england.nhs.uk/ourwork/patientsafety/never-events/](http://www.england.nhs.uk/ourwork/patientsafety/never-events/) (accessed 18 May 2015)

† Independent review (2013) *More care, less pathway – a review of the Liverpool Care Pathway* available at: [www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/212450/Liverpool\\_Care\\_Pathway.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/212450/Liverpool_Care_Pathway.pdf) (accessed 16 April 2015)

‡ Leadership Alliance for the Care of Dying People (2014) *One chance to get it right* available at: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/323188/One\\_chance\\_to\\_get\\_it\\_right.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/323188/One_chance_to_get_it_right.pdf) (accessed 16 April 2015)

# How we have addressed equality and diversity in the framework

We believe that this 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 global and multicultural aspects of delivering evidence-based, sustainable healthcare.

We are mindful of our public sector duty in relation to equality and diversity and will actively target protected groups to offer them an opportunity to respond to our consultation.

# Questions about the draft framework for generic professional capabilities

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## General principle of the framework

1 Do you think that generic professional capabilities are important to medical practice?

☐ Yes

☐ No

☐ Not sure

Comments

## The structure of the framework

2 Do you agree with the ten domains that we have separated the framework into?

☐ Yes

☐ No

☐ Not sure

Comments

---

**3** Do you agree with *Domain 1: Professional values and behaviours* and its associated outcomes?

☐ Yes

☐ No

☐ Not sure

Comments

**4** Do you agree with *Domain 2: Professional skills* and its associated outcomes?

☐ Yes

☐ No

☐ Not sure

Comments



---

**5** Do you agree with *Domain 3: Professional knowledge* and its associated outcomes?

☐ Yes

☐ No

☐ Not sure

Comments

**6** Do you agree with *Domain 4: Communication capabilities* and its associated outcomes?

☐ Yes

☐ No

☐ Not sure

Comments

---

**7** Do you agree with *Domain 5: Capabilities in leadership and teamworking* and its associated outcomes?

☐ Yes

☐ No

☐ Not sure

Comments

**8** Do you agree with *Domain 6: Capabilities in patient safety and quality improvement* and its associated outcomes?

☐ Yes

☐ No

☐ Not sure

Comments

---

**9** Do you agree with *Domain 7: Capabilities in dealing with complexity and uncertainty* and its associated outcomes?

☐ Yes ☐ No ☐ Not sure

Comments

**10** Do you agree with *Domain 8: Capabilities in safeguarding vulnerable groups* and its associated outcomes?

☐ Yes ☐ No ☐ Not sure

Comments

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**11** Do you agree with *Domain 9: Capabilities in education and training* and its associated outcomes?

☐ Yes

☐ No

☐ Not sure

Comments

**12** Do you agree with *Domain 10: Capabilities in research* and its associated outcomes?

☐ Yes

☐ No

☐ Not sure

Comments

---

## Assessment of generic professional capabilities

**13** Is it important that generic professional capabilities are assessed?

☐ Yes

☐ No

☐ Not sure

Comments

**14** Can generic professional capabilities be assessed?

☐ Yes

☐ No

☐ Not sure

Comments

---

**15** Do you think it is possible to use existing methods and tools for assessment?

☐ Yes

☐ No

☐ Not sure

Comments

## How we have addressed patient safety

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

☐ Yes

☐ No

☐ Not sure

Comments

---

## How we have addressed equality and diversity

**17** Do you agree that we have sufficiently addressed equality and diversity in the framework?

☐ Yes

☐ No

☐ Not sure

Comments

## Have we covered everything?

**18** Are there any other themes you think we should include in the framework?

☐ Yes

☐ No

☐ Not sure

Comments

---

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

☐ Yes

☐ No

☐ Not sure

Comments

## How the framework is written

**20** How easy was the framework to read and navigate?

☐ Very easy

☐ Quite easy

☐ Quite difficult

☐ Very difficult

☐ Not sure

Comments



---

**21** If not, what can we do to improve this?

Comments

**22** Did you understand all the terms used?

☐ Yes      ☐ No      ☐ Not sure

Comments

# About you

Finally, we'd appreciate it if you could give some information about yourself to help us analyse the consultation responses.

## Your details

---

**Name**

**Job title** (if responding as an organisation)

**Organisation** (if responding as an organisation)

**Address**

**Email**

**Contact telephone** (optional)

**Would you like to be contacted about our future consultations?**

☐ Yes

☐ No

**If you would like to know about our upcoming consultations, please let us know which of the areas of our work interest you:**

☐ Education

☐ Standards and ethics

☐ Fitness to practise

☐ Registration

☐ Licensing and revalidation

### Data protection

The information you supply will be stored and processed by the GMC in accordance with the *Data Protection Act 1998* and will be used to analyse the consultation responses, check the analysis is fair and accurate, and help us to consult more effectively in the future. Any reports published using this information will not contain any personally identifiable information. We may provide anonymised responses to the consultation to third parties for quality assurance or approved research projects on request.

The information you provide in your response may be subject to disclosure under the *Freedom of Information Act 2000* which allows public access to information held by the GMC. This does not necessarily mean that your response will be made available to the public as there are exemptions relating to information provided in confidence and information to which the *Data Protection Act 1998* applies. Please tick if you want us to treat your response as confidential. ☐

# Responding as an individual

---

## Are you are responding as an individual?

☐ Yes ☐ No

If yes, please complete the following questions. **If not, please complete the 'responding as an organisation' section on page 45.**

## Which of the following categories best describes you?

- ☐ Doctor ☐ Medical educator (teaching, delivering or administering)
- ☐ Medical student ☐ Member of the public
- ☐ Other healthcare professional
- ☐ Other (please give details) \_\_\_\_\_

## Doctors

For the purposes of analysis, it would be helpful for us to know a bit more about the doctors who respond to the consultation. If you are responding as an individual doctor, could you please tick the box below that most closely reflects your role?

- ☐ General practitioner ☐ Consultant
- ☐ Other hospital doctor ☐ Doctor in training
- ☐ Medical director ☐ Other medical manager
- ☐ Staff and associate grade (SAS) doctor
- ☐ Sessional or locum doctor ☐ Medical student
- ☐ Other (please give details) \_\_\_\_\_

## What is your current practice setting? (Please tick all that apply)

☐ NHS ☐ Independent or voluntary ☐ Other

## What is your country of residence?

- ☐ England ☐ Northern Ireland ☐ Scotland ☐ Wales
- ☐ Other – European Economic Area
- ☐ Other – rest of the world (please say where) \_\_\_\_\_

---

To help make sure our consultations reflect the views of the diverse UK population, we aim to monitor the types of responses we receive to each consultation and over a series of consultations. Although we will use this information in the analysis of the consultation response, it will not be linked to your response in the reporting process.

**What is your age?**

- ☐ 0–18      ☐ 19–24      ☐ 25–34      ☐ 35–44
- ☐ 45–54      ☐ 55–64      ☐ 65 or over

**What is your gender?**

- ☐ Female      ☐ Male

**Do you have a disability, long-term illness or health condition?**

- ☐ Yes      ☐ No      ☐ Prefer not to say

The *Equality Act 2010* defines a person as disabled if they have a physical or mental impairment, which has a substantial and long-term (ie has lasted or is expected to last at least 12 months) and adverse effect on the person's ability to carry out normal day-to-day activities.

---

**What is your ethnic group? (Please tick one)**

**Asian or Asian British**

☐ Bangladeshi

☐ Chinese

☐ Indian

☐ Pakistani

☐ Any other Asian background (please specify) \_\_\_\_\_

**Black, African, Caribbean, black British**

☐ African

☐ Caribbean

☐ Any other black, African or Caribbean background (please specify) \_\_\_\_\_

**Mixed or multiple ethnic groups**

☐ White and Asian

☐ White and black African

☐ White and black Caribbean

☐ Any other mixed or multiple ethnic background (please specify) \_\_\_\_\_

**Other ethnic group**

☐ Arab

☐ Any other ethnic group (please specify) \_\_\_\_\_

**White**

☐ British, English, Northern Irish, Scottish or Welsh

☐ Irish

☐ Gypsy or Irish traveller

☐ Any other white background (please specify) \_\_\_\_\_

# Responding as an organisation

---

Are you responding on behalf of an organisation?

☐ Yes

☐ No

If yes, please complete the following questions. **If not, please complete the 'responding as an individual' section on page 42.**

Which of the following categories best describes your organisation?

☐ Body representing doctors

☐ Body representing patients or the public

☐ Government department

☐ Independent healthcare provider

☐ Medical school (undergraduate)

☐ Postgraduate medical institution

☐ NHS or HSC organisation

☐ Regulatory body

☐ Other (please give details) \_\_\_\_\_

In which country is your organisation based?

☐ UK wide

☐ England

☐ Northern Ireland

☐ Scotland

☐ Wales

☐ Other – European Economic Area

☐ Other – rest of the world (please say where) \_\_\_\_\_

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Published July 2015

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Code: GMC/DFGPC/0715