

Revised RCGP Competency Descriptors
as adapted by North of Scotland Deanery, NHS Education for Scotland

Relationship

| Relationship | Communication and consultation skills | | | |
|--|---|--|--|---|
| <p>This competency is about communication with patients, and the use of recognised consultation techniques.</p> <ul style="list-style-type: none"> To inform the competency rating at an educational review - Educational Supervisors are asked to observe and document examples through WPBA and Educator Notes when the trainee – | | | | |
| <p>Insufficient Evidence</p> <p>From the available evidence, the doctor's performance cannot be placed on a higher point of this developmental scale.</p> | <p>Needs Further Development – below expectations (at risk behaviours)</p> <p>Rarely establishes a working relationship with patient/ rigid or unstructured style.</p> <p>Is usually doctor centred in approach esp. when under pressure.</p> <p>Frequently makes assumptions re patient's agenda.</p> <p>Rarely gives space and time to the patient when this is needed</p> | <p>Needs Further Development – meets or above expectations</p> <p>Develops a working relationship with the patient, but one in which the problem rather than the person is the focus.</p> | <p>Competent</p> <p>Explores the patient's agenda, health beliefs and preferences.</p> <p>Elicits psychological and social information to place the patient's problem in context.</p> | <p>Excellent</p> <p>Incorporates the patient's perspective and context when negotiating the management plan.</p> |
| | <p>Frequently adopts an authoritarian approach to management plans that may be inappropriate to patient's needs.</p> | <p>Produces management plans that are appropriate to the patient's problem.</p> | <p>Works in partnership with the patient, negotiating a mutually acceptable plan that respects the patient's agenda and preference for involvement.</p> | <p>Whenever possible, adopts plans that respect the patient's autonomy.</p> |
| | <p>Uses explanations that are frequently unclear or employ medical jargon</p> <p>Uses stock phrases that can impede dialogue with patients</p> | <p>Provides explanations that are relevant and understandable to the patient, using appropriate language.</p> | <p>Explores the patient's understanding of what has taken place.</p> | <p>Uses a variety of communication techniques and materials to adapt explanations to the needs of the patient.</p> |
| | <p>Rarely achieves consultation tasks – easily flustered and loses control in the face of emotion or when pressured.</p> | <p>Achieves the tasks of the consultation but uses a rigid approach.</p> | <p>Flexibly and efficiently achieves consultation tasks, responding to the consultation preferences of the patient.</p> | <p>Appropriately uses advanced consultation skills such as confrontation or catharsis to achieve better patient outcomes.</p> |

Relationship**Practising holistically**

This competency is about the ability of the doctor to operate in physical, psychological, socio-economic and cultural dimensions, taking into account feelings as well as thoughts.

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| Insufficient Evidence | Needs Further Development – below expectations (at risk behaviours) | Needs Further Development – meets or above expectations | Competent | Excellent |
|---|---|--|---|---|
| From the available evidence, the doctor's performance cannot be placed on a higher point of this developmental scale. | <p>Infrequently asks about or use information on clinical, psychological and social factors.</p> <p>Frequently misses / ignores cues or hidden agenda</p> | <p>Enquires into both physical and psychological aspects of the patient's problem.</p> | <p>Demonstrates understanding of the patient in relation to their socio-economic and cultural background.</p> | <p>Uses this understanding to inform discussion and to generate practical suggestions for patient management.</p> |
| | <p>Rarely tailors management plans to the individual's needs and circumstances</p> | <p>Recognises the impact of the problem on the patient.</p> | <p>Additionally, recognises the impact of the problem on the patient's family/carers.</p> | <p>Recognises and shows understanding of the limits of the doctor's ability to intervene in the holistic care of the patient.</p> |
| | <p>Is unaware of local contexts / influences</p> <p>Infrequently considers support needs of family and carers</p> <p>Rarely recognises where other team members could contribute.</p> | <p>Uses him/herself as the sole means of supporting the patient.</p> | <p>Utilises appropriate support agencies (including primary health care team members) targeted to the needs of the patient.</p> | <p>Organises appropriate support for the patient's family and carers.</p> |

Relationship**Working with colleagues and in teams**

This competency is working effectively with other professionals to ensure patient care, including the sharing of information with colleagues.

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| Insufficient Evidence | Needs Further Development – below expectations (at risk behaviours) | Needs Further Development – meets or above expectations | Competent | Excellent |
|--|---|--|--|--|
| <p>From the available evidence, the doctor's performance cannot be placed on a higher point of this developmental scale.</p> | <p>Has unexplained or unplanned absences</p> <p>Omits to arrange cover when absent</p> <p>Frequently fails to use practice systems to request study time or time off</p> <p>Has a poor record of attendance at practice meetings</p> | <p>Meets contractual obligations to be available for patient care.</p> | <p>Provides appropriate availability to colleagues.</p> | <p>Anticipates situations that might interfere with availability and ensures that patient care is not compromised.</p> |
| | <p>Rarely consults or cooperates with other members of primary care team</p> <p>Frequently fails to share information with others involved in patient care giving rise to problems</p> <p>Problems arise from poor communication with other primary care team members</p> <p>Concern or complaint caused by attitude or apparent lack of respect towards other team members</p> | <p>Appropriately utilises the roles and abilities of other team members.</p> <p>When requested to do so, appropriately provides information to others involved in the care of the patient.</p> | <p>Works co-operatively with the other members of the team, seeking their views, acknowledging their contribution and using their skills appropriately.</p> <p>Communicates proactively with team members so that patient care is not compromised.</p> <p>In relation to the circumstances, chooses an appropriate mode of communication to share information with colleagues and uses it effectively.</p> | <p>Encourages the contribution of colleagues and contributes to the development of the team.</p> |

Diagnosics

| Diagnosics | | Data gathering and interpretation | | |
|---|--|---|---|--|
| <p>This competency is about the gathering and use of data for clinical judgement, the choice of examination and investigations and their interpretation.</p> <ul style="list-style-type: none"> To inform the competency rating at an educational review - Educational Supervisors are asked to observe and document examples through WPBA and Educator Notes when the trainee – | | | | |
| <p>Insufficient Evidence</p> <p>From the available evidence, the doctor's performance cannot be placed on a higher point of this developmental scale.</p> | <p>Needs Further Development – below expectations (at risk behaviours)</p> <p>Frequently utilises stock phrases and questions when taking a history.</p> <p>Frequently repeats questions and demonstrates a lack of variety and adaptability</p> <p>Frequently follows a sequence of questioning which appears chaotic - that interrupts flow of patients' responses and /or fails to make sense</p> <p>Spends a disproportionate time questioning and gathering information</p> <p>Rarely follows patient's leads or concerns up.</p> <p>Frequently chooses examinations not targeted to the problems presented.</p> <p>Infrequently explains tests and examinations undertaken</p> <p>Frequently overlooks or misses the significance of important information</p> <p>Examination findings are frequently unreliable</p> <p>Recording of findings are frequently unreliable</p> | <p>Needs Further Development – meets or above expectations</p> <p>Obtains information from the patient that is relevant to their problem.</p> <p>Employs examinations and investigations that are broadly in line with the patient's problem.</p> <p>Identifies abnormal findings and results.</p> | <p>Competent</p> <p>Systematically gathers information, using questions appropriately targeted to the problem.</p> <p>Makes appropriate use of existing information about the problem and the patient's context.</p> <p>Chooses examinations and targets investigations appropriately.</p> <p>Identifies the implications of findings and results.</p> | <p>Excellent</p> <p>Proficiently identifies the nature and scope of enquiry needed to investigate the problem.</p> <p>Uses an incremental approach, basing further enquiries, examinations and tests on what is already known and what is later discovered.</p> |

Diagnosics Making a diagnosis/making decisions

This competency is about a conscious, structured approach to decision-making.

- To inform the competency rating at an educational review - Educational Supervisors are asked to observe and document examples through WPBA and Educator Notes when the trainee –

| Insufficient Evidence | Needs Further Development – below expectations (at risk behaviours) | Needs Further Development – meets or above expectations | Competent | Excellent |
|--|---|--|---|---|
| <p>From the available evidence, the doctor's performance cannot be placed on a higher point of this developmental scale.</p> | <p>Struggles to make clinical decisions</p> <p>Frequently fails to make clear or realistic diagnoses</p> <p>Rarely demonstrates an ability to construct alternative diagnoses</p> <p>Is frequently unable to deal with novel or complex situations</p> <p>Demonstrates pattern recognition that is frequently too limited in scope and applied formulaically.</p> | <p>Taking relevant data into account, clarifies the problem and the nature of the decision required.</p> | <p>Addresses problems that present early and in an undifferentiated way by integrating information to aid pattern recognition.</p> <p>Uses time as a diagnostic tool.</p> <p>Uses an understanding of probability based on prevalence, incidence and natural history of illness to aid decision-making.</p> | <p>Uses methods such as models and scripts to identify patterns quickly and reliably.</p> <p>Uses an analytical approach to novel situations where probability cannot be readily applied.</p> |
| | <p>Holds to immediate or apparent assumptions – does not generate or test alternative hypotheses</p> <p>Usually generates simple solutions that lack functionality or individuality</p> <p>Usually sticks to a very limited or inappropriate set of rules / guidance</p> | <p>Generates and tests an appropriate hypothesis.</p> <p>Makes decisions by applying rules or plans.</p> | <p>Revises hypotheses in the light of additional information.</p> <p>Thinks flexibly around problems, generating functional solutions.</p> | <p>No longer relies on rules alone but is able to use and justify discretionary judgement in situations of uncertainty.</p> |

Diagnostics

Clinical management

This competency is about the recognition and management of common medical conditions in primary care.

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| Insufficient Evidence | Needs Further Development – below expectations (at risk behaviours) | Needs Further Development – meets or above expectations | Competent | Excellent |
|--|---|--|---|--|
| <p>From the available evidence, the doctor's performance cannot be placed on a higher point of this developmental scale.</p> | <p>Frequently fails to recognise gaps in clinical knowledge</p> <p>Puts off making clinical decisions or clear diagnoses</p> | <p>Recognises the presentation of common physical, psychological and social problems.</p> | <p>Utilises the natural history of common problems in developing management plans.</p> | <p>Monitors the patient's progress to identify quickly unexpected deviations from the anticipated path.</p> |
| | <p>Is usually more concerned with offering a treatment than managing overall welfare of patient.</p> | <p>Responds to the problem by routinely suggesting intervention.</p> | <p>Considers simple therapy/expectant measures where appropriate.</p> | <p>Uses drug and non-drug methods in the treatment of the patient, appropriately using traditional and complementary medical approaches.</p> |
| | <p>Usually offers single or very limited range of options.</p> <p>Uses a "set" of routine or favourite prescriptions whether appropriate or not.</p> | <p>Uses appropriate but limited management options with little flexibility for the preferences of others.</p> | <p>Varies management options responsively according to the circumstances, priorities and preferences of those involved.</p> | <p>Generates and offers justifiable approaches where specific guidelines are not available.</p> |
| | <p>Frequently offers treatment when not familiar with procedure or therapy selected</p> <p>Frequently fails to think ahead, plan and think about knock-on effects</p> | <p>Makes appropriate prescribing decisions, routinely using important sources of information.</p> | <p>Routinely checks on drug interactions and side effects and shows awareness of national and local prescribing guidance.</p> | <p>Prescribes cost-effectively but is able to justify transgressions of this principle.</p> |
| | <p>Asks for help to excess or too seldom.</p> <p>Usually accepts solutions from others without question</p> | <p>Performs up to, but does not exceed, the limits of their own competence.</p> | <p>Refers appropriately and co-ordinates care with other professionals in primary care and with other specialists.</p> | <p>Identifies and encourages the development of new resources where these are needed.</p> |
| | <p>Rarely takes responsibility for abnormal results</p> <p>Infrequently follows-up patients</p> | <p>Ensures that continuity of care can be provided for the patient's problem e.g. through adequate record keeping.</p> | <p>Provides continuity of care for the patient rather than just the problem, reviewing care at suitable intervals.</p> | <p>Contributes to an organisational infrastructure and professional culture that allows continuity of care to be facilitated and valued.</p> |

Infrequently recognises a situation constitutes an emergency

Avoids responsibility for responding to emergencies and their follow-up

Responds rapidly and skilfully to emergencies.

Appropriately follows-up patients who have experienced a medical emergency, and their family.

Ensures that emergency care is co-ordinated within the practice team and integrated with the emergency services.

Diagnostics

Managing medical complexity

This competency is about aspects of care beyond managing straightforward problems, including the management of co-morbidity, uncertainty and risk, and the approach to health rather than just illness.

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| Insufficient Evidence | Needs Further Development – below expectations (at risk behaviours) | Needs Further Development – meets or above expectations | Competent | Excellent |
|---|--|---|---|--|
| <p>From the available evidence, the doctor's performance cannot be placed on a higher point of this developmental scale.</p> | <p>Difficulties recognising complexity and the interaction of many health issues.</p> <p>Does not recognise or is very uncomfortable with dilemmas &/or the unexpected</p> | <p>Manages health problems separately, without necessarily considering the implications of co-morbidity.</p> <p>Draws conclusions when it is appropriate to do so.</p> | <p>Simultaneously manages the patient's health problems, both acute and chronic.</p> | <p>Accepts responsibility for coordinating the management of the patient's acute and chronic problems over time.</p> |
| <p>Is frequently unable to offer solutions in new or unexpected circumstances.</p> <p>Has problems with the prioritisation of tasks – poor time management in busy situations esp on-call</p> <p>Has problems coping with a poor prognosis</p> <p>Encounters difficulties explaining risk / benefit to patients</p> | <p>Appropriately prioritises management approaches, based on an assessment of patient risk.</p> | <p>Is able to tolerate uncertainty, including that experienced by the patient, where this is unavoidable.</p> <p>Communicates risk effectively to patients and involves them in its management to the appropriate degree.</p> | <p>Anticipates and uses strategies for managing uncertainty.</p> <p>Uses strategies such as monitoring, outcomes assessment and feedback to minimise the adverse effects of risk.</p> | |
| <p>Easily discouraged or frustrated by slow progress</p> <p>Usually demonstrates a lack of flexibility</p> <p>Frequently runs out of options</p> <p>Usually gives up in complex or uncertain situations</p> | <p>Maintains a positive attitude to the patient's health.</p> | <p>Consistently encourages improvement and rehabilitation and, where appropriate, recovery.</p> <p>Encourages the patient to participate in appropriate health promotion and disease prevention strategies.</p> | <p>Coordinates a team based approach to health promotion, prevention, cure, care and palliation and rehabilitation.</p> | |

Management

Management

Primary care administration and information management and technology

This competency is about the appropriate use of primary care administration systems, effective record keeping and information technology for the benefit of patient care.

- To inform the competency rating at an educational review - Educational Supervisors are asked to observe and document examples through WPBA and Educator Notes when the trainee –

| Insufficient Evidence | Needs Further Development – below expectations (at risk behaviours) | Needs Further Development – meets or above expectations | Competent | Excellent |
|---|---|--|---|---|
| From the available evidence, the doctor's performance cannot be placed on a higher point of this developmental scale. | <p>Frequently demonstrates a lack of understanding of the UK NHS that gives rise to problems in practice functioning</p> <p>Frequent reluctance to engage with practice systems and IT giving rise to problems</p> <p>Lack of organisational skills causes problems with established practice systems</p> | Demonstrates a rudimentary understanding of the organisation of primary care and the use of primary care computer systems. | Uses the primary care organisational and IMT systems routinely and appropriately in patient care. | <p>Uses and modifies organisational and IMT systems to facilitate:</p> <ul style="list-style-type: none"> Clinical care to individuals and communities Clinical governance Practice administration |
| | <p>Rarely uses the computer the computer to benefit the consultation</p> <p>Frequently omits to record, or writes up patient records late</p> | Uses the computer record and online information during the consultation. | Uses the computer during the consultation whilst maintaining rapport with the patient. | Incorporates the computer records and online information in the consultation to improve communication with the patient. |
| | <p>Problems resulting from lack of adherence to practice systems</p> <p>Records lack clarity and definition – frequent problems arise with interpretation of trainees records</p> <p>Frequently delays or does not complete / carry out referrals.</p> | Routinely records and codes each clinical contact in a timely manner and follows the record-keeping conventions of the practice. | Produces records that are coherent and comprehensible, appropriately and securely sharing these with others who have legitimate access to them. | Seeks to improve the quality and usefulness of the medical record e.g. through audit. |

Management**Community orientation**

This competency is about the management of the health and social care of the practice population and local community.

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| Insufficient Evidence | Needs Further Development – below expectations (at risk behaviours) | Needs Further Development – meets or above expectations | Competent | Excellent |
|---|---|--|---|---|
| From the available evidence, the doctor's performance cannot be placed on a higher point of this developmental scale. | <p>Patient care impeded by lack of awareness of local language, idiom, customs, culture and history is seen</p> <p>Lack of knowledge of local community is seen to impede working relations with primary care team in delivering patient care</p> | Identifies important characteristics of the local community that might impact upon patient care, particularly the epidemiological, social, economic and ethnic features. | Applies an understanding of these features to improve the management of the practice's patient population. | Uses an understanding of these features to contribute to the development of local healthcare delivery e.g. service design. |
| | <p>Infrequently seen to recognise, accept & adjust to social differences</p> <p>Frequently underutilises or inappropriately utilises resources in the community / voluntary sector to detriment of patient care</p> | Identifies important elements of local health care provision in hospital and in the community and how these can be appropriately accessed by doctors and patients. | Uses this understanding to inform referral practices and to encourage patients to access available resources. | Uses an understanding of the resources and the financial and regulatory frameworks within which primary care operates, to improve local healthcare. |
| | <p>Is frequently unaware of local politics as relates to health care</p> <p>Avoids involvement in OoH sessions</p> | Identifies how the limitations of local healthcare resources might impact upon patient care. | Optimises the use of limited resources, e.g. through cost-effective prescribing. | Balances the needs of individual patients with the health needs of the local community, within the available resources. |

Management**Maintaining performance, learning and teaching**

This competency is about maintaining the performance and effective continuing professional development of oneself and others.

- To inform the competency rating at an educational review - Educational Supervisors are asked to observe and document examples through WPBA and Educator Notes when the trainee –

| Insufficient Evidence | Needs Further Development – below expectations (at risk behaviours) | Needs Further Development – meets or above expectations | Competent | Excellent |
|--|---|---|--|--|
| <p>From the available evidence, the doctor's performance cannot be placed on a higher point of this developmental scale.</p> | <p>Frequently makes decisions regarding patients based on inappropriate guidelines and knowledge</p> <p>Poor preparation for tutorials and WPBA - non-appearance of videos & CbDs</p> <p>Demonstrates a rigid learning style – texts and courses predominate.</p> <p>Rarely produces reflective log entries</p> | <p>Accesses the available evidence, including the medical literature, clinical performance standards and guidelines for patient care.</p> | <p>Judges the weight of evidence, using critical appraisal skills and an understanding of basic statistical terms, to inform decision-making.</p> | <p>Uses professional judgement to decide when to initiate and develop protocols and when to challenge their use.</p> <p>Moves beyond the use of existing evidence toward initiating and collaborating in research that addresses unanswered questions.</p> |
| | <p>Has frequent difficulty with evaluating own performance and admitting to and learning from own mistakes</p> <p>Engages with GPST eportfolio in a minimal or absent fashion despite training in its use and importance</p> <p>Disorganised system for keeping up to date.</p> <p>Gaps in knowledge are not always valued as an opportunity to learn</p> <p>Reluctant in use of videos as a chance to learn</p> <p>Simplistic and or underused PDP</p> <p>Frequently links log entries to curriculum headings not reflected in content</p> | <p>Routinely engages in study to keep abreast of evolving clinical practice and contemporary medical issues.</p> | <p>Shows a commitment to professional development through reflection on performance and the identification of and attention to learning needs.</p> <p>Evaluates the process of learning so as to make future learning cycles more effective.</p> | <p>Systematically evaluates performance against external standards, using this information to inform peer discussion.</p> <p>Demonstrates how elements of personal development are related to the needs of the organisation.</p> <p>Uses the mechanism of professional development to aid career planning.</p> |

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|--|--|--|--|--|
| | <p>Lacks insight into learning needs</p> <p>Frequently finds adapting to change difficult</p> <p>Reacts with resistance to feedback which is perceived as critical</p> <p>Rarely involved in audit and SEAs</p> <p>Frequently presents cases that show trainee in good light – and may use same case > once</p> | <p>Changes behaviour appropriately in response to the clinical governance activities of the practice, in particular to the agreed outcomes of audit and significant event analysis.</p> <p>Recognises situations, e.g. through risk assessment, where patient safety could be compromised.</p> | <p>Participates in audit where appropriate and uses audit activity to evaluate and suggest improvements in personal and practice performance.</p> <p>Engages in significant event reviews and learns from them as a team-based exercise.</p> | <p>By involving the team and the locality, encourages and facilitates wider participation and application of clinical governance activities.</p> |
| | <p>Rarely engages with colleagues and teaching / training situations</p> <p>Has problems formulating a training session for others</p> <p>Encounter difficulties giving feedback</p> | <p>Contributes to the education of students and colleagues.</p> | <p>Identifies learning objectives and uses teaching methods appropriate to these.</p> <p>Assists in making assessments of learners.</p> | <p>Evaluates outcomes of teaching, seeking feedback on performance.</p> <p>Uses formative assessment and constructs educational plans.</p> <p>Ensures students and junior colleagues are appropriately supervised.</p> |

professionalism

professionalism Maintaining an ethical approach to practise

This competency is about practising ethically with integrity and a respect for diversity.

- To inform the competency rating at an educational review - Educational Supervisors are asked to observe and document examples through WPBA and Educator Notes when the trainee –

| Insufficient Evidence | Needs Further Development – below expectations (at risk behaviours) | Needs Further Development – meets or above expectations | Competent | Excellent |
|---|--|--|---|--|
| From the available evidence, the doctor's performance cannot be placed on a higher point of this developmental scale. | <p>Inconsistent approach to ethics, values and attitudes displayed in discussion / assessments</p> <p>Rarely takes responsibility for poor actions or frequently attempts to hide errors from colleagues</p> | Observes the professional codes of practice, showing awareness of their own values, attitudes and ethics and how these might influence professional behaviour. | Identifies and discusses ethical conflicts in clinical practice. | Anticipates and avoids situations where personal and professional interests might be brought into conflict. |
| | <p>Provokes concern / complaint arising from being considered judgemental of patients / colleagues from certain groups or backgrounds</p> <p>Provokes concern / complaint arising from being considered patronising with patients / colleagues</p> <p>Infrequently shows evidence of reflection on own attitudes</p> | Treats patients, colleagues and others equitably and with respect for their beliefs, preferences, dignity and rights. | Recognises and takes action to address prejudice, oppression and unfair discrimination within the self, other individuals and within systems. | Actively promotes equality of opportunity for patients to access health care and for individuals to achieve their potential. |
| | Demonstrates a lack of respect for the ideas and beliefs of either patients or colleagues | Recognises that people are different and does not discriminate against them because of those differences. | | Values diversity by harnessing differences between people for the benefit of practice and patients alike. |

professionalism | **Fitness to practise**

This competency is about the doctor's awareness of when his/her own performance, conduct or health, or that of others might put patients at risk and the action taken to protect patients.

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| Insufficient Evidence | Needs Further Development – below expectations (at risk behaviours) | Needs Further Development – meets or above expectations | Competent | Excellent |
|---|--|--|---|--|
| From the available evidence, the doctor's performance cannot be placed on a higher point of this developmental scale. | Lacks a working knowledge of GMC duties of a doctor Frequently avoids scrutiny such as SEA meetings | Understands and maintains awareness of the GMC duties of a doctor. | Observes the accepted codes of practice in order to minimise the risk of disciplinary action or litigation. | Encourages scrutiny and justifies professional behaviour to colleagues. |
| | Frequently misses reasonable or agreed to deadlines Demonstrates little evidence of hobbies, pastimes or engaging in a local social life | Attends to professional demands whilst showing awareness of the importance of addressing personal needs. | Achieves a balance between professional and personal demands that protects professional obligations and preserves health. | Anticipates situations that might damage the work/life balance and seeks to minimise the adverse effects. |
| | Has difficulty recognising when own physical or mental health issues are interfering with competent delivery of patient care | Attends to physical or mental illness or habit that might interfere seriously with the competent delivery of patient care. | Proactive in taking steps to maintain personal health. | Promotes an organisational culture in which the health of its members is valued and supported. |
| | Has a record of unexplained short term absences Is frequently insensitive to colleagues issues or health | Notifies when his/her own or a colleague's performance, conduct or health might be putting patients at risk. | Promptly, discreetly and impartially ascertains the facts of the case, takes advice from colleagues and, if appropriate, engages in a referral procedure. | Provides positive support to colleagues who have made mistakes or whose performance gives cause for concern. |
| | Is in receipt of multiple complaints Receives frequent feedback that patients avoid seeing this doctor Is usually overly defensive or dismissive of complaints / issues when discussed | Responds to complaints appropriately. | Where personal performance is an issue, seeks advice and engages in remedial action. | Uses mechanisms to learn from performance issues and to prevent them from occurring in the organisation. |