

Academy of Medical Royal Colleges & General Medical Council : *Developing a framework for generic professional capabilities.*

September 2015

General comments

MPS welcomes this opportunity to respond to proposals for a new framework for the generic professional capabilities of doctors. As the world's leading protection organisation for doctors, dentists and healthcare professionals, we protect and support the professional interests of more than 300,000 members around the world. Our benefits include access to indemnity, expert advice and peace of mind.

The generic professional capabilities dealt with in the ten domains of this framework are all important. It cannot be assumed that any doctor, whether trained in the UK, or elsewhere in the world has acquired these competencies. Therefore, an attempt to define them is to be commended.

It is important in the context of this framework to recognise that there is a considerable difference between competence and performance; the former, being what a doctor is capable of; the latter, being what they actually do. This distinction is likely to be more apparent with regard to generic professional capabilities, such as communication, rather than clinical technique.

MPS particularly notes the reference to 'emotional resilience' in Domain 1 of the proposed framework. Emotional resilience is a valuable attribute for any doctor. Being a doctor is not only physically and intellectually demanding, but also emotionally challenging. Doctors have to make difficult decisions daily.

A recent survey of MPS members showed that 85% had experienced mental health issues, with common issues being stress (75%) and anxiety (59%). A third of respondents (32%) had depression during their medical career, while one in 10 (13%) stated they had experienced suicidal feelings.¹

Giving medical students the tools to deal with the emotional pressures and difficulties of clinical practice can help prepare them for a challenging but rewarding career. However, in the context of this proposed framework, it is important for the General Medical Council (GMC) to define exactly what is

¹A survey of 631 MPS members. Conducted July 2015

meant by emotional resilience, as a generic capability. It is also important to set out how this would be both taught and assessed objectively and consistently.

MPS is also concerned that the framework is both too comprehensive and detailed, while also lacking clarity. We cover these concerns in response to the consultation questions below but fundamentally, MPS questions the need for this separate framework, when the capabilities it encompasses are already dealt with at length in existing GMC guidance.

Questions

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

MPS believes that generic professional capabilities are integral to good medical practice. However we question the need for a separate framework, when the capabilities listed in this proposed framework are already dealt with extensively in existing GMC guidance.

Specifically, it is currently expected as a matter of course that all medical students meet a certain standard of literacy and numeracy. However, this proposed new framework gives no indication of what level that standard is. This should be made clear.

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

While MPS agrees with the ten domains listed in the framework, consideration will have to be given to how they will apply across the full spectrum of medical specialities. There should also be an acknowledgement within the framework that certain trainees need a particular focus on specific areas, i.e. paediatrics and safeguarding. Currently, the considerable detailed framework does not acknowledge this.

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

MPS agrees with Domain 1, and would expect that such values are applicable to all relevant professionals – including managers and employers.

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

Yes, MPS agrees with Domain 2.

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

Yes, MPS agrees with Domain 3.

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

Yes, MPS agrees with Domain 4.

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

MPS is concerned about certain elements of Domain 5. By its own title, this framework is meant to cover generic professional capabilities. Yet Domain 5 deals with terms such as fixation errors and cognitive biases. In both instances, the GMC has seen fit to provide supplementary explanations of what these terms precisely mean. In so doing, there is clearly recognition that such terms may either be unfamiliar or misunderstood by trainee doctors.

MPS believes that in order for Domain 5 to fit within the generic professional capabilities framework, such terms should not be included, and that the GMC should look again at the content of this domain.

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

While MPS agrees with Domain 6, there is substantial detail in this section of the framework. Again, given that these capabilities are meant to be generic, the GMC should review Domain 6 with a view to simplifying it and making it more coherent. Unnecessary detail should be removed.

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

Yes, MPS agrees with Domain 7.

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

Yes, MPS agrees with Domain 8.

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

Yes, MPS agrees with Domain 9.

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

Yes, MPS agrees with Domain 10.

Is it important that generic professional capabilities are assessed?

One of the challenges with assessment in this area is the measurement by which a level of competence is ranked. The method of assessing a trainee's clinical capabilities, for instance, in the correct insertion of an arterial line, is comparatively much more straight-forward than assessing whether they have developed emotional resilience or the attributes necessary to be an effective team member.

As noted earlier, there is a considerable difference between competence and performance; the former, being what a doctor is capable of; the latter, being what they actually do. This distinction is likely to be more apparent with regard to generic professional capabilities. Careful consideration is needed as to the form this assessment will take.

As a starting point, an assessment regime of generic professional capabilities should not feature one-off assessments by a single assessor, who has no prior knowledge of the trainee doctor's daily work and behaviour.

Can generic professional capabilities be assessed?

As previously noted, careful consideration will have to be given to how generic professional capabilities are assessed to prevent a top down, tick box method of assessment. While there may well be scope for some form of assessment, the difference between competence and performance must again be recognised.

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

The use of existing methods of assessment may well be an option for assessing generic professional capabilities. These include, for instance, regular appraisals, multisource feedback and ARCP.² MPS noted in an earlier response that an assessment regime in this area should not feature one-off assessments by a single assessor who has no prior knowledge of the trainee doctor's daily work and behaviour. Nor should the assessment be a simple tick box exercise.

Using existing methods of assessment may avoid these potential issues.

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

Yes, this is a considerably detailed framework.

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

Yes, MPS agrees that this is sufficiently addressed in the framework.

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

There is currently too much detail included in the ten Domains of the framework, and this should be reduced. However, MPS believes that there would be merit in including a Domain entitled 'Law and Ethics' in the generic capabilities framework. This is an area where there is considerable GMC guidance, and so an attempt to define generic professional capabilities should include a link to this important area.

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

While MPS believes the fundamental basis of the ten domains are appropriate and should feature within the framework, there is undoubtedly scope for the level of detail to be reduced, to make it more coherent, accessible and applicable across different situations.

How easy is the framework to navigate?

- *Quite easy*

The framework is quite easy to navigate, however as previously noted, it could be further improved by removing unnecessary detail.

Did you understand all the terms used?

² ARCP – Annual Review of Competence Progression

MPS is concerned about certain elements of Domain 5. By its own title, this framework is meant to cover generic professional capabilities. Yet Domain 5 deals with terms such as fixation errors and cognitive biases. In both instances, the GMC has provided supplementary explanations of what these terms precisely means. In so doing, there is clearly recognition that such terms may either be unfamiliar or misunderstood by trainee doctors. As such, these terms should not feature in the framework.

Closing remarks

The proposed new framework for generic professional capabilities is both comprehensive and detailed. MPS believes numerous parts of the framework contain too much detail, and we have addressed this concern in our responses to the consultation questions above. The framework must be coherent, accessible and transferable to all situations.

The framework should be a core, rather than an inclusive list. A number of challenges will arise from having two professional frameworks, and the assessment model in this particular case requires significant thought. MPS looks forward to seeing more detail on both the proposed framework and assessment regime in due course, and playing its part in the subsequent steps.

About MPS

MPS is the world's leading protection organisation for doctors, dentists and healthcare professionals. We protect and support the professional interests of more than 300,000 members around the world. Our benefits include access to indemnity, expert advice and peace of mind. Highly qualified advisers are on hand to talk through a question or concern at any time.

Our in-house experts assist with the wide range of legal and ethical problems that arise from professional practice. This includes clinical negligence claims, complaints, medical and dental council inquiries, legal and ethical dilemmas, disciplinary procedures, inquests and fatal accident inquiries.

Our philosophy is to support safe practice in medicine and dentistry by helping to avert problems in the first place. We do this by promoting risk management through our workshops, E-learning, clinical risk assessments, publications, conferences, lectures and presentations.

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