
General Practitioner Assistant Programme

A guide to completing your portfolio

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Introduction

WELCOME TO THIS UNIQUE VENTURE.

You will become part of an expanding number of GP Assistants (GPA) from all over England once you have successfully completed this programme developed by colleagues from THE National Health Service (NHS), Health Education England (HEE) and the University of Chester (UoC).

The first wave of 155 learners have successfully completed the programme.

This programme will:

- Aid your personal development.
- Enhance your study skills.
- Build on prior experience.
- Provide an opportunity to learn and study both at work and home; and complete relevant courses.
- Continue your professional development of which your GPA portfolio will form a firm foundation for future life-long learning.
- Equip you with the knowledge, skills and experience to be a safe, effective practitioner and will inform future practice.
- Use unrivalled 1 to 1 learning and teaching that is work-based.
- Enable you to meet like-minded colleagues.
- Provide you with a “spring board” to future health care studies.

Each of you will start with differing prior knowledge, experience, skills and qualifications. These unique abilities and skills will be shaped by your study, GP mentor, colleagues and patients to develop you into a GP assistant of the future.

This document is designed to help you complete your portfolio.

I expect, and know, you will enjoy your learning journey. Remember to work consistently and regularly and you'll be surprised how quickly your knowledge and skills improve. I look forward to meeting you when you've successfully completed your GPA programme.

Good luck and enjoy.

Terence Wardle

History of the Programme

The General Practice Assistant was originally developed in USA to support GP surgeries in routine administration tasks and basic clinical duties.

In 2018, a similar programme was piloted in the North West and supported by Health Education England. It was led by Dr Steve Cox, a GP at the Spinney Medical Centre in St Helens, who investigated why GPs were either retiring early and/or dissatisfied. The causes included:

- high administrative burden
- lack of 'personal assistant' type support
- lack of quickly accessible core clinical observations or tests on patients
- practice nurses time concentrated mainly on patients with chronic conditions.

Consequently, HEE devised the GP or Medical Assistant role that included personal, general and clinical components.

The pilot course was run in the North West at the Spinney with a training company, 'Sysco' who developed the on-line portfolio to a City and Guilds format/standard. The pilot concentrated on work-based learning and completion of a portfolio of evidence. This format was successful and became the "framework for upskilling pre-existing staff in any general practice".

Evaluation of the pilot course showed that the GPA had potential to:

- Improve patient access and patient flow
- Release higher qualified staff to focus on treating patients with more complex conditions.

So, in 2019, the programme was rolled out nationally and accredited by the UoC with the first wave of learners completing in 2020.

 **Remember** you are working at level 4. The same as a first-year, university student.

Programme structure

Your course lasts for 6 -9 months (depending on clinical pressures for example from Corona virus etc) and is designed to assess progress on your journey to become a competent GPA.

Your learning will occur 1 day/week. This comprises:

- ½ day with mentor/GP/Secretary/HCA/Nurse/Practice manager/other colleagues. These sessions will guide all aspects of your learning, in turn helping to complete your portfolio.
- ½ day uploading evidence into portfolio including reflection to assess competency.

Programme Components

PORTFOLIO

A common way of assessing students. More of that soon.

MENTOR

A GP who is an educator will be selected from your practice. Your mentor will provide educational and pastoral advice and support, plus direct your learning, understanding and progress by providing feedback. This is a constructive, supportive and educationally beneficial process that will:

- Occur regularly, sometimes immediately for example when you are being observed doing a skill like taking blood or after a few days following completion of written component that your mentor needs to read before discussing with you
- Shape your development and learning by explaining what you have done/are doing well
- Direct and enhance your learning
- Identify areas that may need more work

ASSESSMENTS

Occur in all aspects of learning. They are used to monitor students' progress and the effectiveness of teaching. The GPA programme provides you with a structured form of assessment that occurs in 5 domains:

1. Care
2. Administration
3. Clinical
4. Communications
5. Managing Health Records

You will be assessed by:-

- Your GP mentor as part of “continual assessment”. Your GP mentor is also responsible for declaring you have completed the course.
- Colleagues in your practice who are part of your training.
- Nominated staff at the regional training hub will review 10% of all portfolios.
- Colleagues at the UoC will review all portfolios. In addition, an in-depth examination of a selection of portfolios will be done with detailed feedback provided to each learner.

WHAT DOES SUCCESSFUL COMPLETION MEAN?

On successful completion of the portfolio, each student will receive a certificate from the University of Chester. In addition, those students who have completed all 5 domains will receive ten credits towards an undergraduate degree. Some students only wish to complete 3 domains, omitting the clinical ones, and so will be awarded a certificate of completion (without the UoC credits). These students will have a 2 year “window” during which they can complete the 2 remaining domains to be eligible for 10 credits.

Programme Overarching Objectives

To develop knowledge and skills across all domains to ensure safe, effective, up-to-date, practice.

This will be substantiated by completing a comprehensive evidenced-based, person-centred care portfolio supported using research and reflection by:


- Demonstrating a theoretical and practical understanding of person-centred care with particular reference to promoting physical and mental health well-being, and by directing patients to the most appropriate care, and monitoring their progress.
- Appreciating and showing how to access, manipulate, communicate and investigate patient information in a sensitive, secure, supportive and legal way according to local and national guidelines.
- Illustrating how to prepare a relaxed, safe, hygienic, and secure environment for patient assessment ensuring dignity to facilitate clinical examination and sample acquisition using “informed consent”
- Describing and demonstrating the different ways to communicate with patients; the components of a consultation and how this may vary according to patients needs ensuring they receive appropriate encouragement and support.
- Documenting medical details from patients, correspondence and local information systems in a safe, effective way especially knowing when to refer to more senior colleagues.

Making your life easier

These objectives are expanded in each of the 5 domains to guide your study by:

- researching information
- documenting the development of your skills
- discussing all aspects of each domain with colleagues
- meeting with your mentor.

To help you further the 5 domains include sections with specific tasks. This information may appear daunting; be reassured that the lists of individual tasks makes completion of your portfolio easier. Ensure you do several tasks each week. Do not leave until the last minute as your performance will suffer reducing the quality of your work and increasing the risk of failure.

 **Remember** "it's a cinch by the inch but a trial by the mile".

Each task is a mini objective and some will overlap as you start to integrate all your knowledge and skills into assessing a patient and completing your portfolio.

Completing your tasks

Students ask many questions but the three most frequent are:-

1. **How much do I need to know?**
2. **How long will it take?**
3. **Where will I get the necessary information to complete my task?**


1. How much do I need to know?

The tasks you have to complete are finite and will be based on information in the literature, your GP practice, and your experience as a learner. Your depth of knowledge, skill competency and response to each task will be shaped and modified by your learning supervisors and mentor.

2. How long will it take?

You have been allocated a minimum of 6 months to complete the portfolio which is plenty of time. This translates to 4 hours a week for 20 weeks (24 weeks minus leave etc) equaling 80 hours. Some of my students and I have completed each of your tasks and recorded the time taken. As you will see in the Appendix 1. An estimate of the time in minutes taken to do each task has been added to the framework. Obviously there will be some variation as we will all take different amounts of time to complete the same tasks.


The time taken to complete all tasks was approximately 60 hours, well within the allocated 80 hours for the portfolio. However, this is not a recipe for complacency. There's always room for more facts, and especially, in-depth reflection.

 **Remember** this is just a guide.


3. Where will I get the necessary information to complete my task?

Your mentor and work colleagues will direct you to relevant books, documents, practice policies and procedures etc to help you get information to formulate your answers. You may also wish to use your favorite search engine to answer the question. Be aware that some web-based information/answers may not be all they seem, containing factual inaccuracies, be irrelevant to UK practice, or even be completely wrong. Use reliable sources; if in doubt ask your mentor. Do not cut and paste answers from reference sources without permission as this could be plagiarism, or be in breach of Copyright.

Find one or more reference sources that you like, then distill the facts, ensuring consistency and accuracy before compiling your answer.

 If in doubt ask your mentor.

Guide to completing your portfolio.

 **Remember** The Portfolio is an integral component of the GPA Programme

What is a portfolio?

A Portfolio has been defined as: “A purposeful collection of student work that exhibits the student’s efforts, progress and achievements in one or more areas.” (Paulson, Paulson, Meyer; 1991).

What does the portfolio do?

A portfolio records and monitors your personal development towards becoming a competent, safe and effective GPA. As you complete your portfolio you will identify your own learning style by acquiring new knowledge and skills as well as having your values, attitudes, beliefs and behaviours challenged by working with staff and patients; their unique attributes will enrich your learning. Such experiences will develop you as a professional enabling you to work alone and enhance your understanding and ability to work in collaboration with a multidisciplinary team.

A little bit of theory about knowledge

Your portfolio will chart your acquisition of key clinical and non-clinical skills in a variety of ways. Knowledge, for example, can be demonstrated and measured in many ways. This can be as straight forward as “list the causes of ...” to evaluate the effectiveness of”. As you will see there are 5 levels at which your knowledge can be assessed, summarised in table 1. Your knowledge will increase gradually; as with experience, reflection and study you will come to appreciate the complexity of knowledge. Note how the level and complexity of knowledge and learning increases as you progress from level 1 to 5.

Table 1: Levels of Knowledge

1. Know:	The most basic level of knowledge is factual recall using terms e.g. list, describe, when, how, where or “name the veins in the antecubital fossa”
2. Understand:	Demonstrates comprehension by expanding the factual content using such terms as compare, distinguish, show, organise, and “explain the difference between arteries and veins”.
3. Analyse:	The learner uses application of prior knowledge to assess a challenge such as demonstrate, “what are the complications of venepuncture and how could you prevent them?”
4. Synthesise:	Solve, devise, create, what do you suggest, “what would you do if your ECG machine did not work?”
5. Evaluate:	The ultimate level of learning with reflection and judgement of the whole process using e.g. evaluate these data against standards, will this action succeed and why, rank these and explain why? The outcomes of such judgements will determine the next course of action and the quality of learning.

These levels of knowledge are intimately woven into all of your domains and the associated tasks to drive your curiosity, study, reflection and hence development as well as form part of your assessment. So reflection is the ultimate level of learning which is why reflection forms a major part of your work. More of that soon.

A little bit of theory about skills

When you are first introduced to a new procedure you will depend on others to enable you show and explain what to do; you may not be able to complete the task first time, or even need several attempts. Over time you will improve and eventually become independent (Bondy, 1983).

Such skill acquisition occurs in many phases. Benner described this process in the 'novice to expert model (1984).


Table 2: The Novice to Expert Model

1. Novice	<ul style="list-style-type: none"> • No prior knowledge and understanding of the skill. • Supervision is mandatory.
2. Advanced beginner	<ul style="list-style-type: none"> • Demonstrates marginally acceptable performance. • Enough background experience to recognise aspects of the situation. • Vary the approach according to the needs of individual patients. • Still requires supervision.
3. Competent	<ul style="list-style-type: none"> • Considerable, conscious, deliberate planning. • Increased level of proficiency. • Aware of the limitations in knowledge and skills. • Supervision only when requested; refers to others appropriately.
4. Proficient	<ul style="list-style-type: none"> • Perceives situations as a whole rather than in terms of aspect. • Intuitive grasp of the situation based on deep background of understanding. • Experienced and competent to modify procedures appropriately to match differing circumstances • Able to advise others on how to perform tasks.
5. Expert	<ul style="list-style-type: none"> • Theoretical and practical knowledge is tested and refined in real-life clinical situations • Comprehensive understanding of based on extensive experience • Able to teach others.

Your knowledge and skills will be shaped by these five domains of practice that form the basis of your portfolio:

- (1) **Care**
- (2) **Administration**
- (3) **Clinical**
- (4) **Communications**
- (5) **Managing Health Records**

As you work through each of the five domains the pace of your knowledge acquisition will vary with the task that you face. Similarly, you will become competent in some skills sooner than others, for example, you may master hand washing techniques quicker than ordering blood tests.

 **Remember** Your portfolio:

- Records your learning of professional and inter-professional practice.
- Contains your reflective writing on significant learning events that demonstrate your developing competence (knowledge, skills, attitudes and behaviours) towards your future professional practice.
- Demonstrates practice achievement at Level 4 supporting your progression on the NHS Career Framework (figure 1).

Figure 1. Career Framework for Health (Skills for Health 2010)

Key Elements of the Career Framework



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Work-based Learning


The portfolio requires you to evidence your practice through work-based learning. Why you may ask?

Well, because *“Through critical reflection, it promotes awareness of the workplace as a learning environment and utilises this to extend the learner’s capability and individual effectiveness”*. [Rhodes and Sheil, 2007:173].

To ensure a consistent and standardised approach to learning and skill acquisition the student will:

- Develop and consolidate your practice in primary care; approximately 4 hours per week.
- Build your portfolio; approximately 4 hours per week.
- Achieve GPA competencies at level 4 by successful completion of your portfolio.
- Negotiate and implement your individual learning agreement based on personal and organisational needs by discussion and agreement with your mentor.

Building your portfolio and reflective statement

 **Remember** A portfolio is a systematic collection of **EVIDENCE** that will demonstrate your learning.

It is important that you complete each component of each domain when you build your portfolio following the principles of assessment. This will ensure that you demonstrate the required knowledge, skills and behaviours essential to the role of GPA, and promote critical thinking and reflection.

What does my Evidence have to be?

Your evidence must be:

- **Valid** – an appropriate way of demonstrating your abilities meeting the needs of the learning outcomes.
- **Authentic** – your own work. Where you are submitting evidence of achievement in the workplace, this should be signed by your mentor as an accurate reflection of events.
- **Sufficient** – enough of the right type of evidence to meet the level 4 standard.
- **Current** – up-to-date and relevant.
- **Reliable** – authentic description of events.

How do I present my Evidence?

Evidence must be uploaded for all components and for domains (either 3 or 5 depending on your choice) to the Sysco on-line platform. When presenting your evidence, you must include more than just indicators of your achievements and demonstration of competencies.

Your portfolio should include BOTH evidence and reflection of your learning and skills developmental journey.


Ask yourself the following questions:

- Does this piece of evidence help demonstrate my knowledge, skills and understanding?
- Is this the most appropriate and/or best piece of evidence for the learning outcomes?
- Am I including too much information, do I need to include it all? (remember quality not quantity)
- Is my evidence based on fact and/or established professional practice?

What is Reflection?

Reflection is a process:

- that brings a greater understanding of yourself in everyday situations to inform future actions (Sandars, 2009). For health professionals developing knowledge, skills and insight in reflection is extremely important when you deal with the most profound issues of life and death.
- where you think analytically about anything relating to your professional practice to gain insight and use the lessons learned to maintain good practice and make improvements where possible'.

 **Remember** it is not sufficient to have an experience to learn. Without reflecting on this experience, it may quickly be forgotten, or its learning potential lost'. (Gibbs, 1988, p9).

Reflection helps you to:

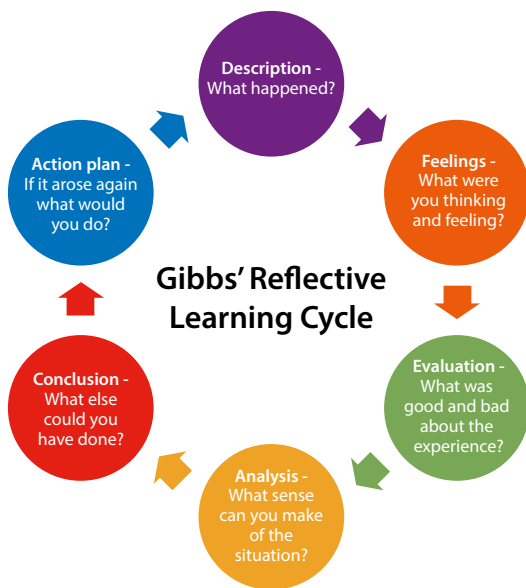
- Demonstrate insight by identifying actions to help learning, development
- Improve practice, developing greater insight and self-awareness;
- Identify opportunities to improve quality and patient safety in organisations;

There is a strong public interest in health professionals being able to reflect in an open and honest way.

How to Reflect!

There is no one way to reflect, different models and frameworks are intended to guide reflection. Here is one example:

Figure 2: Gibbs Reflective Cycle



You can use the six stages in this model to structure your reflective writing as follows:

Description: Provide a brief description of the event or experience, what happened, who was there and what was the outcome.

Feelings: Discuss your feelings and thoughts about the event or experience, how did you feel at the time, what impact did this have on your emotions, beliefs and values have?

Evaluation: How did things go? Focus on the positive and negative. Were your contributions positive or negative?

Analysis: Why did you feel the way you did about the experience? Why did things go well or badly? What sense do you make of the situation? Could you have responded in a different way?

Conclusion: What have you learnt? What can you now do better? What skills would you need to handle a similar experience in the future?

Action Plan: How and where can you use your new knowledge or improve your skills? If the same thing happened again, what would you do differently?

Remember in any walk of life not all experiences will go as planned. Both complications and complaints will happen. Use these as a positive learning experience, with reflection, to enhance your personal development now and in the future.

! Any component for which you are graded a pass is an indication of your competence. This does NOT mean that you are an independent practitioner.

! It is important that you do not attempt any component that you have not been formally taught. For example, you must not attempt to book appointments before you have been taught how to do so and with the agreement of your supervisor.

Let's get you started.

Here are examples of answers to help, with a few hints/tips.

The following tasks are taken from the clinical domain section 19.

19. Understand the anatomy and physiology relating to obtaining venous blood samples

19.1 Describe the structure of venous blood vessels

19.2 Explain blood clotting processes and the factors that influence blood clotting

19.3 Describe the position of venous blood vessels in relation to arteries, nerves and other structures

The stem "19" describes the desired outcome to "**Understand the anatomy and physiology relating to obtaining venous blood samples**". Answering the 3 questions correctly will enable you to achieve this outcome. Let's look at each question:

"19.1 Describe the structure of venous blood vessels".

After collecting all your information as mentioned earlier, write your answer that may look something like:

Venous blood vessels are tubes that are also known as veins. Veins carry deoxygenated blood from capillaries in organs and tissues to the right side of the heart. The only exception being the pulmonary vein that takes oxygenated blood from the lungs to the left atrium.

Veins often follow the course of arteries though the course of veins is less consistent. The vein wall has 3 layers – like an artery – but less distinct:

1. Inner layer - or lining - is the intima
2. Middle layer - or media – contains elastic and muscular tissue
3. Outer layer – or adventitia.

One unique property of veins, especially the peripheral ones, is that they contain valves to allow unidirectional flow of blood and affect pressure.

What do you think to my answer? Would your response have been different?

I like using diagrams so I would have included one as part of my answer as this saves a lot of words provided the labelling is correct and explained in the adjacent text. Be careful if you use images/diagrams from the internet as they may be subject to Copyright. So with this in mind let's look at the next task:

"19.2 Explain blood clotting processes and the factors that influence blood clotting".

A fascinating subject that occupies huge medical text books. The challenge is to provide an answer that meets your needs and those of your assessors. A different style is:

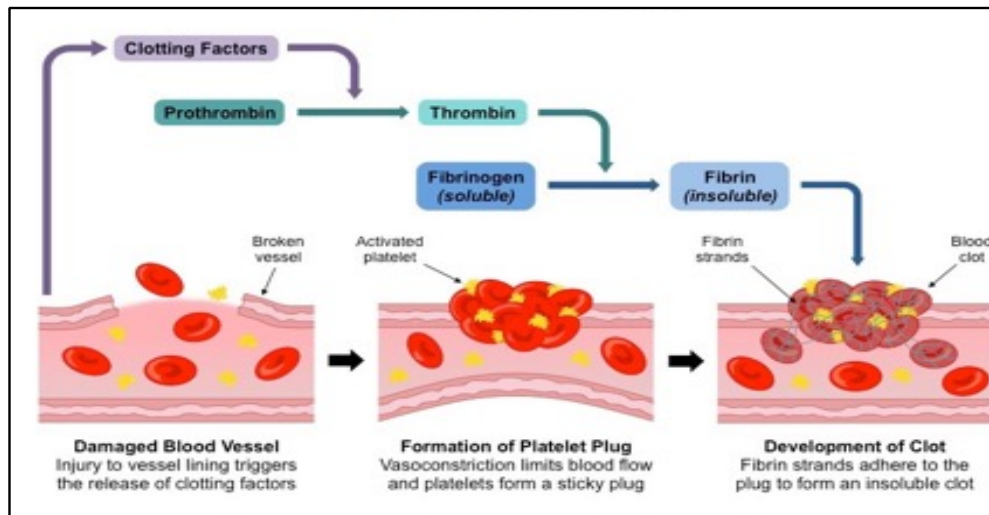
Blood clotting, referred to as haemostasis, needs 3 essential components:

Platelets: special cells in the blood that stick to each other and the lining of the blood vessel wall.

Endothelium: the lining coating the intima.

Clotting factors: factors in the "liquid" blood that cause it to become a gel.

The following diagram shows the various stages of blood clotting in response to injuring blood vessel; just like you will do when taking a blood sample (venepuncture).



Modified from BioNinja

Stage 1 = Injury to blood vessel wall with red cells and platelets leaking into the surrounding tissue. This disruption stimulates activation of clotting factors that result in production of prothrombin which is activated to thrombin.

Stage 2 = Platelets are attracted to the lining of the damage vessel wall and to each other forming a plug. Thrombin stimulates the production of fibrin.

Stage 3 = fibrin forms a mesh which strengthens the cell plug arresting more cells to produce a blood clot that closes the defect in the wall.

I have described the clotting process in three stages to help your understanding. In the body, however, these three stages occur so quickly that they are almost simultaneous.

That answers the question ☺.

If you become really interested in this topic then you could expand your answer to include the different types of coagulation pathways, their constituents and how these constituents can cause disease. In addition you could explore the structure of platelets and what happens when there are either too few or too many.

Remember: Your answers can include information from books, journals, reliable web sites, provided that you include appropriate references.

! You can include certificates from relevant courses you have attended BUT these:

- Are NOT an alternative to answering the question.
- Must be accompanied by reflection that as a minimum should include what you learned from your course discussing how and why this experience changed your practice.

“19.3 Describe the position of venous blood vessels in relation to arteries, nerves and other structures”

This is important so you know the anatomy of, for example, the antecubital fossa as you will be doing venepuncture. I would include the following in my answer:

- Picture of the surface anatomy; labelling the various veins
- Labelled diagram of a dissected antecubital fossa showing the relationship of the veins to the brachial artery, bicipital aponeurosis, radial, median and ulnar nerves and the associated muscles bordering the antecubital fossa. Note the close relationship of the median cubital vein to the brachial artery, biceps tendon and median nerve. This is important as you need to

know what structures you may traumatise with your needle during venepuncture and what action to take to redress the situation.

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Career Framework for Health (Skills for Health 2010) www.skillsforhealth.org.uk

APPENDICES

Appendix 1. The competency framework

Appendix 1.1: Care

Domain 1 –	Assessment Criteria –	Time	
Section A – Person centred care			
1. Understand the application of person-centred approaches in health and social care but specifically in general practice.	1.1	Explain how and why person-centred values must influence all aspects of health and social care work	30
	1.2	Evaluate the use of care plans in applying person centred values	30
2. Be able to work in a person-centred way	2.1	Work with an individual and others to find out the individual’s history, preferences, wishes and needs	20
	2.2	Give examples of ways to put person centred values into practice in a complex or sensitive case	30
	2.3	Describe how actions and approaches may need to be adapted in response to an individual’s changing needs or preferences	30
3. Be able to promote individual’s well-being	3.1	Explain the links between identity, self-image and self-esteem for an individual	10
	3.2	Analyse factors that contribute to the well-being of individuals	20
	3.3	Give an example of where you have supported an individual in a way that promotes their sense of identity, self-image and self esteem	10
	3.4	Describe ways to contribute to an environment that promotes well-being	30
4. Understand the role of risk assessment in enabling a person-centred approach	4.1	Compare different uses of risk assessment in health and social care	30
	4.2	Explain how risk-taking and risk assessment relate to rights and responsibilities	30
	4.3	Explain why risk assessments need to be regularly revised	10
Section B – Care Plans			
5. Be able to support the implementation of care plans	5.1	Carry out assigned aspects of a care plan generated by the practice or wider team	20
	5.2	Support others to carry out aspects of a care plan for which they are responsible	20
	5.3	Give an example of where the practice has had to adjust the plan in response to changing needs or circumstances	20
6. Be able to monitor a care plan	6.1	Agree methods for monitoring the way a care plan is delivered	10
	6.2	Collate monitoring information from agreed sources	20
	6.3	Record changes that affect the delivery of the care plan	10

7. Be able to facilitate a review of care plans and their implementation	7.1	Seek agreement with the individual and others about: • Who should be involved in the review process • Criteria to judge effectiveness of the care plan	30
	7.2	Seek feedback from the individual and others about how the plan is working	10
	7.3	Use feedback and monitoring/other information to evaluate whether the plan has achieved its objectives	10
	7.4	Work with the individual and others to agree any revisions to the plan or an action plan	10
	7.5	Document the review process and revisions as required	20
Section C – Infection control			
8. Understand roles and responsibilities in the prevention and control of infections	8.1	Explain employees’ roles and responsibilities in relation to the prevention and control of infection	30
	8.2	Explain employers’ responsibilities in relation to the prevention and control of infection	30
9. Understand legislation and policies relating to prevention and control of infections	9.1	Outline current legislation and regulatory body standards which are relevant to the prevention and control of infection	30
	9.2	Describe local and organisational policies relevant to the prevention and control of infection including COVID-19	20
10. Understand systems and procedures relating to the prevention and control of infections	10.1	Describe procedures and systems relevant to the prevention and control of infection	20
	10.2	Explain the potential impact of an outbreak of infection on the individual and the organisation	20
11. Understand the importance of risk assessment in relation to the prevention and control of infections	11.1	Define the term risk	5
	11.2	Outline potential risks of infection within the workplace	10
	11.3	Describe the process of and importance of carrying out a risk assessment	15
Section D – Mental Health and Wellbeing			
12. Understand the different views on the nature of mental well-being and mental health and the factors that may influence both during a patient’s life.	12.1	Evaluate two different views on the nature of mental well-being and mental health	20
	12.2	Explain the range of factors that may influence mental well-being and mental health problems across the life span, including: • Biological factors • Social factors • Psychological factors	30
	12.3	Explain how the following types of risk factors and protective factors influence levels of resilience in individuals and groups in relation to mental well-being and mental health: • Risk factors including inequalities, poor quality social relationships, substance misuse • Protective factors including socially valued roles, social support and contact	30

13. Know how to implement an effective strategy for promoting mental well-being and mental health with individuals and groups	13.1	Explain the steps that an individual may take to promote their mental well-being and mental health	15
	13.2	Explain how to support an individual in promoting their mental well-being and mental health	15
	13.3	Describe a strategy for supporting a particular patient in promoting their mental well-being and mental health	20

Appendix 1.2: Administration

Domain 2	Assessment Criteria –		Time
1. Understand requirements for handling information in health and social care settings	1.1	Identify legislation and codes of practice that relate to handling information in health and social care i.e. confidentiality and information governance	30
	1.2	Summarise the main points of legal requirements and codes of practice for handling information in health and social care	15
2. Be able to implement good practice in handling information	2.1	Describe features of manual and electronic information storage systems that help ensure security	15
	2.2	Demonstrate practices that ensure security when storing and accessing information	15
	2.3	Give an example of where you have maintained records that are up to date, complete, accurate and legible	10
	2.4	Demonstrate an understanding of given consent by an individual to share information with another person or body.	15
	2.5	Demonstrate an understanding of consenting where mental capacity is in doubt or not present.	10
3. Know ways to support individuals to access information on services and facilities	3.1	Identify the types of services and facilities which patients may require access to and give examples where you have actively signposted them. Demonstrate a good knowledge of local service options	20
	3.2	Identify possible barriers to accessing and understanding information	10
	3.3	Describe ways to overcome barriers to accessing information	10
	3.4	Identify a range of formats, translations and technology that could make information more accessible for individuals	20
	3.5	Describe types of support individuals may need to enable them to understand information	20
4. Be able to work with individuals to select and obtain information about services and facilities	4.1	Give an example where you have helped an individual to communicate their needs, wishes, preferences and choices about the information they require to access services and facilities	15
	4.2	Work with an individual to identify relevant and up to date information on services and facilities that meet assessed needs and wishes	15
	4.3	Give an example where you have helped a patient to obtain selected information in their preferred format and language	10

5. Be able to work with individuals to access and use information about services and facilities	5.1	Demonstrate ways to check an individual's understanding of the information (for example if there is illiteracy of foreign language as 1st language)	20
	5.2	Share an example where you have worked with an individual to access a service or facility using the information, in ways that promote active participation	10
	5.3	Give an example where you have supported patients to deal with any issues or concerns that may arise from the content of information	10
	5.4	Understanding when to gain consent from the patient to share information with other services and facilities both in consultation and out of consultation (3rd party requests)	15
6. Familiarisation with hospital, out of hours and other communications, and key information to be extracted	6.1	Demonstrate an understanding of information sharing through outpatient letters	10
	6.2	Demonstrate an understanding of the information contained within AED and admission/discharge letters	10
	6.3	Describe the key information needed within medication requests from patients	10
	6.4	Demonstrate an understanding of Out of Hours, extended hours and other GP to GP communication letters	10
	6.5	Give examples of care home correspondence	10
	6.6	Outline other relevant communications that might be received in practices	20
7. Be able to support the GP to complete common administrative tasks such as:	7.1	Forms linked to benefits – IB113, HAAS etc	10
	7.2	Mortgage & holiday insurance forms	10
	7.3	Private letters and short reports	10
	7.4	Referral templates	10
	7.5	Investigation forms – x-ray, blood forms, ECG etc	10
	7.6	Demonstrate an understanding of the need for the GP to “sign off” such requests for individual patients	10

Appendix 1.3: Clinical

Domain 3	Assessment Criteria		Time
Section A – Background, policies and procedures			
1. Understand relevant legislation, policy and good practice in relation to obtaining, carrying, testing and storing specimens	1.1	Explain current legislation, national guidelines, organisational policies and protocols which affect working practice	30
	1.2	Describe current legislation, national guidelines, local policies, protocols and good practice guidelines which relate to obtaining venous blood samples	30
2. Understand how to prepare and manage environments and resources for use during healthcare activities	2.1	Explain how the environment is prepared, maintained and cleaned to ensure it is ready for the healthcare activity	15
	2.2	Describe the roles and responsibilities of team members in the preparation and management of the environment and resources	15
	2.3	Explain how to investigate, make the necessary adjustments to and report problems with the environment	15
	2.4	Describe the impact of environmental changes on resources including their storage and use	15
3. Preparing environments, medical equipment, devices and resources for use during healthcare activities	3.1	Apply health and safety measures relevant to the healthcare activity and environment	20
	3.2	Apply standard precautions for infection prevention and control	20
	3.3	Ensure conditions within the immediate environment are set at levels which maintain individual comfort	20
	3.4	Ensure that all essential resources are available in advance of planned healthcare activities	20
	3.5	Ensure all medical equipment, devices and resources are in a suitable, safe condition for the activity to be carried out	10
	3.6	Report any problems with medical equipment, devices and resources as required	10
	3.7	Demonstrate the relevant equipment and medical devices are selected, prepared and functioning within the agreed parameters prior to use	10
	3.8	Prepare resources for the activity in line with clinical governance	10
	3.9	Demonstrate an understanding of the storage of vaccines and other drugs for use by health care professionals and the need to audit compliance with storage guidance e.g. fridge cold chain audit	10

4. Be able to ensure that environments and resources are ready for their next intended use	4.1	Describe the importance of ensuring that environments are ready for their next use	20
	4.2	Outline the factors that influence the readiness of environments for use in health care activities	10
	4.3	Clean and make safe re-useable items prior to storage in accordance with agreed policies	10
	4.4	Dispose of used, damaged or out of date items safely	10
	4.5	Return un-opened, unused and surplus resources to the correct location for storage	10
	4.6	Monitor the available levels of consumable materials used in healthcare activities – such as stock check	20
	4.7	Replenish consumable materials used in healthcare activities in accordance with protocols	20
	4.8	Ensure all information is accurately recorded as specified in local policies	20
5. Be able to prepare individuals to undergo healthcare activities	5.1	Confirm the individual's identity and gain valid consent	10
	5.2	Describe any concerns and worries that an individual may have in relation to healthcare activities	10
	5.3	Describe ways of responding to these concerns	20
	5.4	Explain the procedure to the individual	10
	5.5	Agree the support needed with the individual in a way that is sensitive to their personal beliefs and preferences	10
	5.6	Refer any concerns or questions to others if unable to answer	10
	5.7	Support an individual to prepare and position for the procedure ensuring that privacy and dignity is maintained at all times	10
	5.8	Understand the practice chaperone policy, guidance and implementation within the practice, including record keeping where appropriate.	10
	5.9	Give 3 examples of where you have acted as a chaperone	10
6. Be able to support individuals undergoing healthcare activities	6.1	Inform and reassure individuals	10
	6.2	Apply standard precautions for infection prevention and control	10
	6.3	Apply health and safety measures relevant to the healthcare activity and environment	10
	6.4	Recognise any ill effects or adverse reactions	10
	6.5	Take actions in response to any ill effects or adverse reactions	20
	6.6	Ensure that an individual's privacy and dignity is maintained at all times	20

7. Understand the importance of using Personal Protective Equipment (PPE) in the prevention and control of infections including COVID-19	7.1	Demonstrate correct use of PPE	20
	7.2	Describe different types of PPE	10
	7.3	Explain the reasons for use of PPE	10
	7.4	State current relevant regulations and legislation relating to PPE	10
	7.5	Describe employees' responsibilities regarding the use of PPE	10
	7.6	Describe employers' responsibilities regarding the use of PPE	10
	7.7	Describe the correct practice in the application and removal of PPE	10
	7.8	Describe the correct procedure for disposal of used PPE	10
8. Understand the importance of good personal hygiene in the prevention and control of infections	8.1	Describe the key principles of good personal hygiene	10
	8.2	Demonstrate good hand washing technique	10
	8.3	Describe the correct sequence for hand washing	10
	8.4	Explain when and why hand washing should be carried out	10
	8.5	Describe the types of products that should be used for hand washing	10
	8.6	Describe correct procedures that relate to skincare	10
9. Understand the causes of infection	9.1	Identify the differences between bacteria, viruses, fungi and parasites	20
	9.2	Identify common illnesses and infections caused by bacteria, viruses, fungi and parasites	10
	9.3	Describe what is meant by "infection" and "colonisation"	5
	9.4	Explain what is meant by "systemic infection" and "localised infection"	5
	9.5	Identify poor practices that may lead to the spread of infection	15
	9.6	Describe what is meant by pandemic and relate this to COVID-19 and its impact upon general practice	15
10. Understand the transmission of infection	10.1	Explain the conditions needed for the growth of micro-organisms	5
	10.2	Explain the ways an infective agent might enter the body	5
	10.3	Identify common sources of infection	5
	10.4	Explain how infective agents can be transmitted to a person	5
	10.5	Identify the key factors that will make it more likely that infection will occur	5

11. Be able to establish consent when providing care or support to a patient	11.1	Analyse factors that influence the capacity of an individual to express consent	10
	11.2	Establish consent for an activity or action	10
	11.3	Explain what steps to take if consent cannot be readily established	15
12. Understand the processes involved in obtaining and testing specimens from individuals	12.1	Identify the different types of specimens that may be obtained	10
	12.2	Describe the tests and investigations that may be carried out upon the specimens	10
	12.3	Identify the correct equipment and materials used in the collection and transport of specimens	10
13. Preparing to obtain specimens from individuals	13.1	Confirm the individual's identity and obtain valid consent	10
	13.2	Ensure the individual's privacy and dignity is maintained at all times	10
	13.3	Identify any aspects of the individual's ethnic and religious background which might affect the procedure	10
	13.4	Communicate with the individual in a medium appropriate to their needs and preferences	5
	13.5	Demonstrate that the required preparations have been completed, including materials and equipment	10
14. Obtaining specimens from individuals	14.1	Provide the correct container for the individual to be able to provide the specimen for themselves	5
	14.2	Collect the specimen where the individual cannot provide the specimen for themselves	5
	14.3	Describe possible problems in collecting specimens and how and when these should be reported	10
	14.4	Demonstrate the correct collection, labelling, transport and storage of specimens	10
	14.5	Complete and attach relevant documentation	10
	14.6	Identify the potential hazards and other consequences related to incorrect labelling of specimens	10
15. Testing specimens from individuals	15.1	Demonstrate the appropriate tests for a range of specimens obtained	10
	15.2	Demonstrate appropriate health and safety measures relevant to the procedure and environment to include: <ul style="list-style-type: none"> • standard precautions for infection prevention and control • use of personal protective equipment 	20
16. Be able to report on the outcomes on the test of specimens to the GP and patient	16.1	Show the correct process for reporting and recording test results	10
	16.2	Describe the actions to be taken when the results are outside the normal range	10
	16.3	Communicate test results in accordance with agreed ways of working	10
	16.4	Describe why it is important to understand the implications the test results may have on the individual	10

Section B – Blood samples			
17. Understand the anatomy and physiology relating to obtaining venous blood samples	17.1	Describe the structure of venous blood vessels	5
	17.2	Explain blood clotting processes and the factors that influence blood clotting	5
	17.3	Describe the position of venous blood vessels in relation to arteries, nerves and other structures	10
18. Preparing to obtain venous blood samples	18.1	Confirm the individual's identity and obtain valid consent	5
	18.2	Communicate with the individual in a manner which: <ul style="list-style-type: none"> • Provides relevant information • Provides support and reassurance • Addresses needs and concerns • Is respectful of personal beliefs and preferences 	10
	18.3	Select and prepare appropriate equipment for obtaining the venous blood sample	5
	18.4	Select and prepare appropriate equipment for obtaining the venous blood sample	5
19. Obtaining venous blood samples	19.1	Apply health and safety measures relevant to the procedure and environment	5
	19.2	Apply standard precautions for infection prevention and control	5
	19.3	Use the selected blood collection equipment correctly, in a manner which will cause minimum discomfort to the individual	5
	19.4	Use the agreed procedure to obtain the venous blood sample, to include: <ul style="list-style-type: none"> • Utilisation of containers • Required volume of blood • Correct sequence when obtaining multiple samples • Application and use of tourniquets at appropriate stages • Stimulation of blood flow or selection of alternative site where necessary • Utilisation of anti-coagulant with sample when necessary 	10
	19.5	Respond to any indication of adverse reaction, complication or problem during the procedure	5
	19.6	Explain the correct procedure to deal with an arterial puncture when it occurs, and any escalation to the GP or GPN.	5
	19.7	Terminate the blood collection procedure following guidelines and/or protocols to include: <ul style="list-style-type: none"> • Removal of blood collection equipment • Stopping blood flow • Stopping bleeding • Application of suitable dressing • Personal care advice to the individual 	10

20. Be able to prepare venous blood samples for transportation	20.1	Label, package, transport and store blood samples correctly and use appropriate attached documentation ensuring: <ul style="list-style-type: none"> • Legibility of labelling and documentation • Temperature control of storage • Immediacy of transportation 	5
Section C – Other clinical procedures			
21. Common examination procedures. Give examples of your delivery of the following	21.1	Undertake a series of blood pressure tests	30
	21.2	Complete pulse rate and character tests	30
	21.3	Measure height, weight & BMI	30
	21.4	Measure temperature	10
	21.5	Take peak flow measurements	30
	21.6	Undertake Oxygen level tests	10
	21.7	Complete urine dip stick tests and MSU.	20
	21.8	Undertake ECG tests	60
	21.9	Complete blood sugar finger prick tests	30
	21.10	Take 24 hour blood pressure monitor tests or other tests performed by the practice as appropriate	20
	21.11	Swabs	10
	21.12	Other tests in your practice	10
22. Significant events and incident reporting	22.1	Demonstrate an understanding of the practice's significant events and incident reporting policies.	20

Appendix1.4: Communications

Domain 4	Assessment Criteria – Explain your		Time
1. Consultation modalities	1.1	Describe the different types of consultation used in clinical practice <ul style="list-style-type: none"> • Face to face in surgery • Face to face at home/care home • Telephone • Video • Email • Text • Group • Supported consultation with translator or signer • Consultations supported by photographs sent by patient to aid diagnosis by the GP 	30
	1.2	Identify which types of patient might benefit from the different modalities.	10
	1.3	Discuss which clinical scenarios might be optimally delivered by each modality.	20
	1.4	Provide evidence of use of patient interaction using each modality.	10
	1.5	Discuss the value of home visiting consultation.	10
	1.6	Demonstrate awareness of personal safety issues for home visiting.	10
2. The basic consultation	2.1	Record identity	5
	2.2	Provide an introduction of self and role	5
	2.3	Present complaint	5
	2.4	Past history, family history and drug history	5
	2.5	Undertake basic clinical observations	10
	2.6	Prepare for GP assessment	5
	2.7	Provide post assessment actions to support GP management	5
	2.8	Provide signposting services	5
	2.9	Provide chaperoning services	5

3. Common key lines of enquiry	3.1	Demonstrate an understanding of the history of the presenting complaint	5
	3.2	Demonstrate an understanding of smoking, alcohol & exercise and other lifestyle factors e.g. Drug misuse	5
	3.3	Understand the impact of past medical history on the presenting complaint	5
	3.4	Give an example where family history was relevant	5
	3.5	Share two cases where a drug/medication history has been of benefit to the case.	5
	3.6	Explain how social history can impact upon a case.	5
	3.7	Give examples where open and closed questions help understand the patient history.	10
4. Be able to implement and promote active participation	4.1	Describe different ways of applying active participation to meet a patient's needs	20
	4.2	Work with an individual and others to agree how active participation will be implemented	10
	4.3	Give an example of a patient taking responsibility for their own health after your intervention.	10
	4.4	Demonstrate ways to promote understanding and use of active participation	10
5. Be able to support the individual's right to make choices	5.1	Support an individual to make informed choices - give an example where a patient made a positive choice to change, and an example where a patient declined appropriate care.	20
	5.2	Describe how you can manage risk in a way that maintains the individual's right to make choices	15
	5.3	Describe how to support an individual to question or challenge decisions concerning them that are made by others – promoting 'with me' not 'about me'.	15
6. Demonstrate the use of resources to support communication	6.1	Understand the need for appropriate consent to obtain further information from third parties e.g. Carers or families	10
	6.2	Know how to obtain translation services for patients whose first language is not English or is not able to understand English	15
	6.3	Demonstrate an understanding of how to record and utilise information provided by a third party.	10
	6.4	Explain the importance of maintaining confidentiality when dealing with a third party.	10
	6.5	Describe the additional resources available to patients with hearing and visual impairment in your practice.	10
	6.6	Describe additional resources needed in patients with speech impairments e.g. stroke patients	10
	6.7	Demonstrate awareness of mental capacity issues and their impact upon consultations.	15
	6.8	Understand the value of avoiding use of complex medical terminology and acronyms	10
	6.9	Demonstrate an awareness of literacy problems in your practice and how the practice supports patients with illiteracy.	10

7. Consultation skills	7.1	Provide evidence	10
	7.2	Provide evidence of 5 consultation entries on the clinical system corresponding to these consultations, as validated by the GP.	15
8. Practice communication	8.1	Describe the importance of communications within the practice team.	10
	8.2	Explain how your practice ensures important information is shared between staff members.	10
	8.3	Record examples of your practice meetings and their purposes (both clinical and non-clinical meetings).	15
	8.4	Describe how you work with your educational supervisor/mentor in terms of protected sessions and supervision.	15
	8.5	Describe how other members of the practice team have supported you through this process.	15
9. Complaints	9.1	Confirm your familiarisation with your practices complaints policy and system.	20

Appendix 1.5: Managing Health Records

Domain 5	Assessment Criteria – Show evidence of competence in the following areas		Time
1. Be able to use GP clinical records to gain and add appropriate information	1.1	Reading and understanding key health entries	10
	1.2	Demonstrate the ability to navigate the practice clinical IT system	10
	1.3	Make entries for appointments	10
	1.4	Make clinical entries	10
	1.5	Adding key information to the summary	10
2. Summarisation	2.1	Detail major, minor, current and past problems	10
	2.2	Record carer details	5
	2.3	Record allergies	5
3. Recording patient encounters	3.1	Recording clinical history into the clinical system	15
	3.2	Recording the clinical examination findings and tests into the clinical system	15
	3.3	Demonstrate an understanding of practice protocols and when to highlight a clinical examination or test finding that lies outside accepted limits, and who to escalate this to in an appropriately timely fashion.	15
	3.4	Demonstrate the appropriate recording of chaperoning activity in the records.	10
4. Harvesting information from letters	4.1	Identify actions	10
	4.2	Understand diagnosis and identifying new diagnoses	10
	4.3	Understand the requirement for further tests	10
	4.4	Provide appropriate follow up	5
	4.5	Escalating important information to the GP	5
5. Understanding drug history	5.1	Identify current medications lists	10
	5.2	Recognise allergies and their recording including adverse drug reactions.	10
6. Obtaining results of common tests on behalf of GP	6.1	Blood tests and other laboratory results	5
	6.2	Radiology tests such as MRI, Xray, CT	10
	6.3	Test results obtained during consultation examinations such as BP, O2, BM	5
	6.4	Reporting normal and escalating abnormal results	10

7. Be able to navigate the population manager facility within the clinical system to support chronic disease management.	7.1	Give an example of 5 patients you have followed up with a long term condition to support QOF.	15
	7.2	Describe how you identify patients who have not yet been reviewed with a long term condition.	20
	7.3	Demonstrate an understanding of specific QOF read codes.	10

Appendix 2. Reflective Model Template using Gibb's Reflective Cycle

Gibb's reflective Cycle (Gibbs, 1998) can help you develop your reflective skills. Use this template to reflect on a recent event in which you demonstrate level 4 competencies.

Description: provide a brief description of the event or experience, what happened, who was there and what was the outcome?

Feelings: discuss your feelings and thoughts about the event or experience, how did you feel at the time, what impact did this have on your emotions, beliefs and values have?

Evaluation: how did things go? Focus on the positive and negative. Were your contributions positive or negative?

Analysis: why did you feel the way you did about the experience? Why did things go well or badly? What sense do you make of the situation? Could you have responded in a different way?

Conclusion: what have you learnt? What can you now do better? What skills would you need to handle a similar experience in the future?

Action Plan: how and where can you use your new knowledge or improve your skills? If the same thing happened again, what would you do differently?

Appendix 3. An example of reflective writing.

This reflection will provide evidence of Domain 3 section A 8 competency.

"Provide a brief description of the event or experience, what happened, who was there and what was the outcome?"

Description: During my placement working as a trainee GPA, I was working with one of the doctors helping to prepare a 76-year-old gentleman for a minor procedure on his foot. I was asked to help the patient onto the couch and remove his shoe and sock ready. I then washed my hands and set about ensuring that all the necessary equipment was available and ready for use.

Before the procedure could begin a nurse entered the room and asked the doctor to attend another patient who was unwell with breathing difficulties.

The doctor returned a short time later and I noticed that he came straight over to the trolley and began opening the packs without washing his hands or using alcohol gel. He was also wearing a long sleeve shirt and I was concerned that this could be a source of contamination.

I wasn't sure what to do or even what to say to the doctor and by the time I had thought of something it was too late and the doctor had started the procedure.

Feelings: *discuss your feelings and thoughts about the event or experience, how did you feel at the time, what impact did this have on your emotions, beliefs and values have?*

I was surprised and upset at what was happening. Surprised because I thought that the doctor should know better and upset because I did not have the courage to challenge his poor hand hygiene practice. I also didn't want to say anything in front of the patient and alarm them or embarrass the doctor. I am aware of the importance of preventing infection and good hand hygiene is crucial.

I later discussed the incident with my mentor who suggested that we speak with the doctor about it together. I felt panic stricken, I didn't want the doctor to think I was causing trouble. My mentor reassured me that I had done the right thing to bring it to her attention.

We sat down together with the doctor and my mentor explained my concerns regarding his poor hand hygiene practice. The doctor seemed shocked for a few seconds and then said he had not realised his mistake. He had been called to see a patient who was poorly and had called an ambulance to take the patient to hospital. He was still processing what had happened when he came back into the room and had forgotten to wash his hands. My mentor discussed the importance of hand hygiene with him, and the doctor assured her that he would make sure he washed his hands correctly before every patient in the future.

Evaluation: *how did things go? Focus on the positive and negative. Were your contributions positive or negative?*

This was a really challenging event and I feel that my biggest regret was not challenging the doctor or asking him to wash his hands. I felt that I failed to act in the best interests of the patient and thought more about my own feelings than the patients.

I am glad that I was able to discuss this situation with my mentor and that the doctor responded positively to the feedback. I have worked with the doctor several times since this incident and we both ensure that we adhere to good hand hygiene practice.

The event has taught me to be more assertive but in a sensitive way and to put the patients' safety first above my own concerns.

Analysis: *why did you feel the way you did about the experience? Why did things go well or badly? What sense do you make of the situation? Could you have responded in a different way?*

I knew that hand hygiene is the single most important activity for reducing cross-infection and it is important that health care professionals decontaminate their hands before and after seeing to each patient.

Recent guidelines published by NHS England and NHS Improvement (2019) and Public Health England (2021) following the Covid-19 pandemic, state that handwashing is the single most important way to prevent the spread of infection. It goes on to say that before performing hand hygiene forearms must be exposed (bare below the elbows). Importantly, hand hygiene must be undertaken before and after touching a patient, including before putting on and taking off gloves.

Despite having this knowledge, I failed to address poor practice compliance with the doctor at the point where it mattered. I should have challenged but lacked confidence.

Conclusion: *what have you learnt? What can you now do better? What skills would you need to handle a similar experience in the future?*

Reflecting on this incident has made me realise that I should have acted sooner and challenged the doctor's poor practice. Failing to challenge put the patient at risk. I have spoken with my mentor about developing the confidence to challenge the practice of colleagues. I appreciate the stress colleagues are under and need to be mindful that I am supportive whilst at the same time acting in the best interests of the patient.

Action Plan: *how and where can you use your new knowledge or improve your skills? If the same thing happened again, what would you do differently?*

I will work with my mentor and other colleagues to develop my assertive skills. I have identified some reading material around assertiveness and make this a goal for my learning.