FACULTY OF PHARMACEUTICAL MEDICINE

OF THE ROYAL COLLEGES OF PHYSICIANS OF THE UNITED KINGDOM

3rd Floor, 30 Furnival Street, London, EC4A 1JQ

tel: +44 (0)20 7831 7662   fax: +44 (0)20 7831 3513

email: fpm@fpm.org.uk   website: www.fpm.org.uk

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Developing a framework for generic professional capabilities
A public consultation

Faculty of Pharmaceutical Medicine response

General principle of the framework

Q1. Do you think that generic professional capabilities are important to medical practice?

☒ Yes   ☐ No   ☐ Not sure

Comments: Leadership, dealing with uncertainty, team work, decision making and revisiting decisions on the basis of new data are also applicable to pharmaceutical medicine.

The structure of the framework

Q2. Do you agree with the ten domains that we have separated the framework into?

☐ Yes   ☐ No   ☒ Not sure

Comments: Some of the domains could be included in others, for example "Domain 8 safe guarding vulnerable groups" could be reallocated to Domains 1, 2, 3, 4 and 6.

Safe use of medicines and devices is important in all specialties, it could be argued that these should not be two sub-headings of clinical skills in Domain 2 but should be a stand-alone Domain, encompassing correct choice of medication/device, monitoring, reporting, identification of reactions, responsibility of the doctor in the case of off-label prescribing, benefit risk assessment, etc.

Q3. Do you agree with Domain 1: *Professional values and behaviours* and its associated outcomes?

☐ Yes   ☒ No   ☐ Not sure

Comments: Partly agree. The list is very concentrated on clinical specialties:

- "being professionally accountable within an appropriate clinical governance framework" may not be so achievable in a pharmaceutical medicine setting - perhaps reword it to "being professionally accountable; e.g. within an appropriate clinical governance framework."

- It may be appropriate to have a footnote in the document to say that in non-clinical specialties, it is recognised that interactions with patients are not relevant. However, these standards would also apply to interactions with other members of the public, such as patient groups or subjects in healthy volunteer studies.

Q4. Do you agree with Domain 2: *Professional skills* and its associated outcomes?

☐ Yes   ▣No   ☐ Not sure

Comments: The practical skills to do with communication might be better moved to "Domain 4: Communication capabilities" to avoid duplication.

Some missing skills are suggested below:

Practical skill:
- able to assess clinical and other relevant data in order to make a knowledge based decision and to reassess this in the face of new data.

Clinical skill:
Prescribing medicines safely:
- access the current product literature to ensure medicines are prescribed and monitored according to most up to date criteria;
- make an appropriate benefit : risk assessment with regard to the patient's circumstances;
- fully recognise if they are prescribing a medicine for an unapproved indication;
- correctly counsel a patient on what a medicine is for and share any important safety information;
- assess a clinical situation to recognise a drug reaction.

Q5. Do you agree with Domain 3: *Professional knowledge* and its associated outcomes?

▣ Yes   ☐ No   ☐ Not sure

Comments: We would add quality management system to "clinical governance frameworks".

Q6. Do you agree with Domain 4: *Communication capabilities* and its associated outcomes?

☒ Yes ☐ No ☐ Not sure

Comments: Obviously, direct communication with patients is less relevant to non-clinical specialties although non-clinical doctors may be involved in establishing indirect communication links and so most of the points are still valid apart from effective consultation skills.

For colleagues in a multidisciplinary team the ability to receive and act on constructive criticism and feedback could be added.

Quality systems could be added after "clinical governance systems".

Q7. Do you agree with Domain 5: *Capabilities in leadership and team working* and its associated outcomes?

☒ Yes ☐ No ☐ Not sure

Comments: We suggest adding "just and fair" to "open and transparent culture".

Q8. Do you agree with Domain 6: *Capabilities in patient safety and quality improvement* and its associated outcomes?

☒ Yes ☐ No ☐ Not sure

Comments: We suggest adding "and organisational" between "inter-professional" and "learning". We also recommend the addition of "quality control" and "process design" after "cognitive biases" when mentioning human error and its mitigation.

Q9. Do you agree with Domain 7: *Capabilities in dealing with complexity and uncertainty* and its associated outcomes?

☒ Yes ☐ No ☐ Not sure

Comments: None.

Q10. Do you agree with Domain 8: *Capabilities in safeguarding vulnerable groups* and associated outcomes?

☑ Yes   ☐ No   ☐ Not sure

Comments: None.

Q11. Do you agree with Domain 9: *Capabilities in education and training* and its associated outcomes?

☑ Yes   ☐ No   ☐ Not sure

Comments: It is not clear whether the example of "create effective learning opportunities" is meant to apply to the trainee him/herself (i.e. self-learning opportunities) or to learners under the trainee's supervision.

Q12. Do you agree with Domain 10: *Capabilities in research* and its associated outcomes?

☐ Yes   ☑ No   ☐ Not sure

Comments: As the standard-setting body for doctors working in the specialty of pharmaceutical medicine the Faculty of Pharmaceutical Medicine fully supports the inclusion of research capabilities. All doctors need to understand the principles of research and its governance, and to be able to search and appraise literature, in order to ensure their patients benefit from therapeutic interventions of all kinds, not just pharmaceuticals.

However, we do not entirely agree with this Domain as currently written. The first two examples are not related to research as we understand it, but rather with keeping up-to-date and being fit to practise.

Assessment of generic professional capabilities

Q13. Is it important that generic professional capabilities are assessed?

☑ Yes   ☐ No   ☐ Not sure

Comments: The need for generic professional capabilities is clearly outlined in the document. It follows that these must be assessed.

Q14. Can generic professional capabilities be assessed?

☑ Yes   ☐ No   ☐ Not sure

Comments: The framework breaks down the capabilities into specific topics requiring certain knowledge, skills and/or behaviours. These items can be assessed.

Q15. Do you think it is possible to use existing methods and tools for assessment?

☐ Yes   ☐ No   ◉ Not sure

Comments: Existing tools could be used, but may not provide enough information about the specific topics required. Behavioural rating scales could be developed.

How we have addressed patient safety

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

☐ Yes   ☐ No   ◉ Not sure

Comments: There could be an argument for explicitly stating under each Domain how it facilitates patient safety; see also answers to Q2 and Q4.

How we have addressed equality and diversity

Q17. Do you agree that we have sufficiently addressed equality and diversity in the framework?

◉ Yes   ☐ No   ☐ Not sure

Comments: Hard to see what could be added.

Have we covered everything?

Q18. Are there any other themes you think we should include in the framework?

☐ Yes   ◉ No   ☐ Not sure

Comments: None.

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

☐ Yes   ☐ No   ◉ Not sure

Comments: There may be a case for reviewing all the Domain (1-10) information as a whole and removing any redundant information to let the framework flow seamlessly. A key question is whether this document is an adjunct to Good Medical Practice (GMP). If the answer is yes, then the GMC should try to remove the redundant information that is already covered in GMP. If the answer is no, and the framework is a stand-alone document, then it is fit for purpose.

In addition, the consultation infers that doctors must have these generic capabilities at a single point in time, at completion of specialty training, but surely these are behaviours that doctors should demonstrate throughout their career from student to end of practice, and are covered by GMP. We can see the framework as defining a generic module against which trainees are assessed (akin to our generic Interpersonal, Management and Leadership Skills module), but we are not clear that is what is intended.

How the framework is written

Q20. How easy was the framework to read and navigate?

☐ Very easy ▣ Quite easy ☐ Quite difficult ☐ Very difficult ☐ Not sure

Comments: Overall the framework looks nice to read and navigate, but some duplication is evident for example: communication skills in both Domain 2 and 4. Also, it would be helpful if the top line key information could be summarised / reemphasised again at the end.

Q21. If not, what can we do to improve this?

Comments: Similar suggestion as Q19.

Q22. Did you understand all the terms used?

▣ Yes   ☐ No   ☐ Not sure

Comments: None.