

INDICATORS OF UNDERPERFORMANCE AND THE ESR

Relationship

Communication and Consulting Skills

This competency is about communication with patients, and the use of recognised consultation techniques.

- Does not establish rapport with the patient
- Makes inappropriate assumptions about the patients agenda
- Misses / ignores significant cues
- Does not give space and time to the patient when this is needed
- The approach is inappropriately doctor-centred
- Uses stock phrases / inappropriate medical jargon rather than tailoring the language to the patients' needs and context
- Is unable to consult within time scales that are appropriate to the stage of training. Has a blinkered approach and is unable to adapt the consultation despite cues or new information
- Struggles to explain common conditions to patients, in a way they can easily understand
- Has particular difficulties in relation to non-verbal communication
- Has a rigid or formulaic style of communication with patients
- Use jargon
- Struggles to prioritise the patients problems appropriately

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

- Treats the disease, not the patient
- Does not fully appreciate the concept of patients needs; that psychological, physical and social should be taken into account and seen as a whole

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

- Has an inflexible approach to working with colleagues
- Works in isolation
- Gives little support to team members
- Doesn't appreciate the value of the team
- Inappropriately leaves their work for others to pick up
- Feedback (formal or informal) from colleagues raises concerns
- Outbursts
 - outbursts of temper
 - shouting matches with colleagues or patients
 - outbursts triggered by actual or subjectively perceived criticisms or slights
- Failure to gain the trust of others
 - junior colleagues or nursing staff try to avoid seeking the trainee's opinion or help
 - patients request to see a different doctor

Diagnosics

Data Gathering and Interpretation

This competency is about the gathering and use of data for clinical judgement, the choice of examination and investigations and their interpretation.

- Has an approach which is disorganised, chaotic, inflexible or inefficient
- Does not use significant data as a prompt to gather further information
- Does not look for red flags appropriately
- Fails to identify normality
- Examination technique is poor
- Fails to identify significant physical or psychological signs

Making a Diagnosis / Making decisions

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

- Is indecisive, illogical or incorrect in decision-making
- Fails to consider the serious possibilities.
- Is dogmatic/closed to other ideas
- Too frequently has late or missed diagnoses
- Low work rate
 - slowness in clerking patients and completing tasks which should be more easily completed for stage of training
 - slowness in making decisions
 - working long hours, but still not achieving a reasonable workload

Clinical Management

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

- Does not think ahead, safety net appropriately or follow-through adequately
- Asks for help inappropriately: either too much or too little
- Inappropriate tests ordered
- Inappropriate treatments initiated

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

- Inappropriately burdens the patient with uncertainty
- Finds it difficult to suggest a way forward in unfamiliar circumstances
- Often gives up in complex or uncertain situations
- Is easily discouraged or frustrated, for example by slow progress or lack of patient engagement

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

- Consults with the computer rather than the patient
- Records show poor entries e.g. too short, too long, unfocused, failing to code properly or respond to prompts

Community Orientation

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

- Fails to take responsibility for using resources in line with local and national guidance

Maintaining Performance, Learning and Teaching

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

- Fails to engage adequately with the portfolio e.g. the entries are scant, reflection is poor, plans are made but not acted on or the PDP is not used effectively
- Signing up to the eportfolio late
- Failing to respond to verbal or written prompts about engaging with the eportfolio
- Reacts with resistance to feedback that is perceived as critical
- Fails to make adequate educational progress

Professionalism

Maintaining an Ethical Approach to Practise

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

- Does not consider ethical principles, such as good versus harm, and use this to make balanced decisions
- Fails to show willingness to reflect on own attitudes

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

- Fails to respect the requirements of the organisation e.g. meeting deadlines, producing documentation, observing contractual obligations
- Requests leave late
- Has repeated unexplained or unplanned absences from professional commitments
- Prioritises his/her own interests above those of the patient
- Fails to cope adequately with pressure e.g. dealing with stress or managing time
- Is the subject of multiple complaints
- Unexplained absences:
 - not answering bleeps or pagers
 - disappearing between different sites
 - poor time keeping

- lateness
- frequent sick leave
- Change in performance
 - physical appearance
 - conscientiousness
 - temper
 - time keeping
 - work done
 - clinical mistakes
- Rigidity
 - poor tolerance of ambiguity
 - inability to compromise
 - difficulty prioritising
 - numerous complaints by the trainee which are out of proportion to the significance of the incidents
- Impaired insight
 - rejection of constructive criticism
 - defensiveness
 - counter-challenge with allegations of discrimination, bullying or substandard training
- Personal conduct issues
 - Serious
 - Theft
 - Fraud
 - assault on another member of staff
 - downloading pornography
 - racial and sexual harassment
 - Bullying
 - vandalism
 - Less serious
 - Rudeness
 - Arrogance
 - Attitude problems in relation to colleagues, other staff and patients.
- Professional conduct issues
 - research misconduct
 - failure to take consent properly
 - prescribing issues e.g. self-prescribing or prescribing to family and friends
 - improper certification issues
 - Breach of confidentiality.

References

1. A unifying theory of clinical practice: Relationship, Diagnostics, Management and professionalism (RDM-p). [Norfolk T](#), [Siriwardena AN](#). Qual Prim Care. 2009;17(1):37-47
2. RCGP WPBA group
3. Our own 'Supporting Professional Performance' web content