

## DOMAIN 3 – Colleagues, Culture and Safety

(Please see pages 17-23 of GMC Good Medical Practice 2024)

Remember to include at least one example under each attribute

### **3.1 Treating colleagues with kindness, courtesy and respect**

**Consider how you develop and maintain effective teamworking and professional relationships.**

Whole team meetings, who is responsible/how is agenda set /input from different team members

Minutes of meetings

In house learning together

How do different parts of the team communicate with each other?

What if someone wishes to challenge/complain/ has a grievance about another member of the team?

Team Building Days – objectives/why and how chosen/outcomes

Communication – what is your understanding/How does this work?

Attendance at Child protection meetings

#### **Doctors**

Practice Development plan

Partners/Salaried/Locums/Trainees - structure?

Daily meetings, formal/informal?

Practice leadership roles/responsibilities/division how structured?

Leadership styles democratic/autocratic/chairman/ideas/etc

Training for these roles

Practice Meetings

Partnership meetings

Annual strategic days/SWOT analysis etc

Minutes of meetings

Partnership Agreement

Meetings with other GPs

Outside roles BMA/RCGP/NIMDTA/QUB

Primary care/secondary care interface/hospital colleagues

#### **MDT/other associated health roles**

Who? How many hours?

How are they managed?

Annual Appraisals?

Outside Managers/division between practice/Trust/federation responsibilities

Training needs – individual/team/Practice/how is this integrated with practice development plan

Meetings MDT/Palliative care meetings

Involvement of team/Communication with outside practice – District nurses/Health Visitors/etc

### **Reception Team**

Structure of team/different responsibilities for areas

Annual Appraisals

How is information disseminated

How are learning needs decided upon

What learning needs have been planned for and delivered in the past year

In house learning

Human Resources

Protocols

**What development needs have you, if any, in this area?**

### **3.2 Contributing to a positive and inclusive environment, demonstrating leadership and delegating appropriately.**

**Consider how your behaviour contributes to the creation of a respectful, fair, supportive and compassionate working and training environment.**

**Consider how you respond when you witness unprofessional behaviour and how this may impact on patient safety.**

**Consider how you demonstrate leadership behaviour in your working environment.**

Practice Ethos/mission statement/values

In house Policies

Who provides Human Resources/how does these work/policies

Leadership styles and roles understanding of leadership in a small business context

What does leadership look like

Equality diversity inclusion training and policies

Policies re unprofessional behaviour – social media/behaviour outside and inside work/bullying

Any complaints between staff

Staff turnover

New staff interviews – how organised/who participates?

'Grumbles' recording of information

Holidays/Pay scales

Christmas meal/social events how organised/objectives of these?

Management areas with the practice

Responsibilities held by different partners – HR/Finance/ Team areas – e.g. who is responsible each area – pharmacists/MDT members if present/Practice nurses – ethos?

Building Management – how/who?

Building Agreement – upkeep/private/ Trust premises

Practice Agreement – re unprofessional behaviour

**What development needs have you, if any, in this area?**

### **3.3 Contributing to continuity of care, recording your work clearly accurately and legibly.**

**Consider how you ensure:**

**Continuity of care for your patients.**

**Medical records are clear, accurate and contemporaneous.**

**Communications from third parties are appropriately filed, coded and highlighted in the patient record.**

Coding who/when/how?

Discharge/Outpatient letters – flow of documentation

Documents communications left at reception- ?policies

In house communication how? Audit trail?

Actions as a result of coding?

Appointments -initial/review - how booked

Patient/Other professional access

Use of personal mobile/telephone numbers

Types of appointment systems –Telephone/FTF/SMS/Letter why? How reviewed and changed?

Recording of patient contacts by all members of staff – where/how/when?

Vaccination clinics adults /children how organised

Patient complaints process

Follow up of investigations how actioned/recorded/communicated/patient contacted/change initiated/responsibilities

Management of prescriptions Acute/Repeat

Letters – to consultants/solicitors/insurance/reports/ - who writes/follows up/systems?

GDPR

**What development needs have you, if any, in this area?**

### **3.4 Keeping patients safe, responding to safety risks, managing risks posed by your health.**

**How does clinical governance fit into your work as a GP, including significant event analysis, adverse incident reporting, contribution to confidential inquiries and other investigations?**

**What quality improvement activity have you undertaken?**

**How do you ensure a safe environment?**

What do you understand by QI/Governance

Styles of QI Lean thinking/Six sigma/etc – why this style?

Root Cause Analysis

SEA/SAI how chosen/when held/who involved/who writes up/how is change implemented

Communication with defence organisations

Communication with Ombudsman/BMA/NILMC/GMC/SPPG

Training/Students

How is QI implemented?

Who is Clinical Governance lead – how does this intersect with QI ?

How are QI objectives decided?

Who decides?

Who implements changes?  
Yellow card notifications

**What development needs have you, if any, in this area?**

**Development Needs in Domain 3 for the next year**

It is important for you to fill this in so that you and your appraiser can reach agreement on your PDP for the next year.

## DOMAIN 4 – Trust and Professionalism

(Please see pages 24-26 of GMC Good Medical Practice 2024)

Remember to include at least one example under each attribute

### 4.1 Acting with honesty and integrity

**What safeguards are in place to ensure propriety in your financial and commercial affairs, research work, use of your professional position etc? Have there been any problems?**

**What development needs have you, if any, in this area?**

### 4.2 Maintaining professional boundaries and communicating as a professional

**Consider your public and professional communication.**

**Consider *GMC guidance on use of social media* and *GMC guidance on maintaining professional boundaries***

**What development needs have you, if any, in this area?**

**How do you ensure that any personal health issues do not adversely impact patient care?**

### **Development Needs in Domain 4 for the next year**

It is important for you to fill this in so that you and your appraiser can reach agreement on your PDP for the next year.

**FORM 4: SUMMARY OF APPRAISAL DISCUSSION –DOMAINS 1-4**

<p><b>DOMAIN 1</b></p> <p>Knowledge, Skills and Development</p> <ul style="list-style-type: none"> <li>• Being competent and providing good clinical care</li> <li>• Maintaining, developing and improving your performance</li> <li>• Managing resources effectively and sustainably</li> <li>• Helping in emergencies</li> </ul> <p>Discussion:</p> <p>Issues:</p> <p>Action:</p>
<p><b>DOMAIN 2</b></p> <p>Patients, Partnership and Communication</p> <ul style="list-style-type: none"> <li>• Treating patients fairly with kindness and courtesy and respecting their rights</li> <li>• Supporting patients holistically to make decisions about treatment and care. Sharing information with patients and those close to them.</li> <li>• Safeguarding children and adults who are at risk of harm</li> </ul> <p>Discussion:</p> <p>Issues:</p> <p>Action:</p>
<p><b>DOMAIN 3</b></p> <p>Colleagues, Culture and Safety</p> <ul style="list-style-type: none"> <li>• Treating colleagues with kindness, courtesy and respect</li> <li>• Contributing to a positive and inclusive environment, demonstrating leadership and delegating appropriately.</li> <li>• Contributing to continuity of care.</li> <li>• Delegating safely and appropriately, recording your work clearly accurately and legibly.</li> </ul> <p>Discussion:</p> <p>Issues:</p> <p>Action:</p>
<p><b>DOMAIN 4</b></p> <p>Trust and Professionalism</p> <ul style="list-style-type: none"> <li>• Treat patients and colleagues fairly and without discrimination (already mentioned in Domain 2)</li> <li>• Acting with honesty and integrity</li> <li>• Maintaining professional boundaries and communicating as a professional</li> <li>• Keeping patients safe, responding to safety risks, managing risks posed by your health</li> </ul>

Discussion:
Issues:
Action:

## FORM 6

### NOTIFICATION OF APPRAISAL

(To be sent to NIMDTA - email [gpappraisal.nimdt@hscni.net](mailto:gpappraisal.nimdt@hscni.net))

Doctor (FULL NAME):

GMC Number:

I confirm that the above doctor has completed an annual appraisal on \_\_\_\_\_ which was satisfactory and compliant with GMC requirements for revalidation.

The Form 4, which represents a summary of the discussion with agreed action and personal development plan, has been agreed by both the appraiser and appraisee

NB. A number of form 4s will be submitted to NIMDTA for quality assurance

Information available at appraisal included:

#### Supporting information for the doctor's main role

Appraisal year	202X/2X
Quality Improvement Activity	Choose an item.
Sufficient Continuing Professional Development	Choose an item.
Significant Events Analysis	Choose an item.
Complaints and Compliments	Choose an item.
Patient Colleague feedback (once every five years)	Choose an item.

The form CP2a is required for roles for which a licence to practise is required. This would include roles provided outside a GMS contract between a practice and SPPG, including Out of Hours. Please indicate CP2a availability for other roles.

Role outside work in GMS e.g. trainer	CP2A	Reason for absence of form CP2a or ICP
	Choose an item.	
	Choose an item.	
	Choose an item.	
	Choose an item.	

<b>Honesty and integrity</b>	Choose an item.
<b>Health</b>	Choose an item.

<b>Appraiser Name (PRINT):</b>	
Appraiser GMC No:	
Date:	
<b>Appraisee Name (PRINT):</b>	
Appraisee GMC No:	
Date:	



<b>Form 6 – Supporting Information Guidance</b>			
<b>[NB * Pertains to Partners or Affiliated Sessional GMS GPs]</b>			
<b>Form 6</b>	<b>Good Medical Practice</b>	<b>Supporting Information</b>	<b>Suggested Frequency</b>
<b>Sufficient Continuing Professional Development</b>	<b>Domain 1</b>	<ul style="list-style-type: none"> <li>• Last year's PDP reviewed</li> <li>• Proposed new PDP</li> <li>• Log/diary Educational Activities e.g. meetings attended including reflective learning log +/- case review</li> </ul>	Annual
		<ul style="list-style-type: none"> <li>• CPR Certificate (covering adults and children, including AED use)</li> </ul>	Every 15 months
<b>Complaints &amp; Compliments</b>	<b>Domain 2</b>	<ul style="list-style-type: none"> <li>• Complaints (if any) with reflections template</li> <li>• Compliments (if any) with reflections template</li> </ul>	Annual
<b>PCF</b>	<b>Domains 2 &amp; 3</b>	<ul style="list-style-type: none"> <li>• Colleague feedback with reflection template</li> <li>• Patient survey questionnaire with reflection template</li> </ul>	Every five years
<b>Quality Improvement Activity</b>	<b>Domain 3</b>	Some examples of QIA include: <ul style="list-style-type: none"> <li>• Clinical Audit</li> <li>• Review of clinical outcome data</li> <li>• Condition based review</li> <li>• Referral diary</li> <li>• Impact of current guidelines on clinical practice</li> <li>• Plan/Do/Study/Act (PDSA) cycles,</li> <li>• Reflective case reviews,</li> </ul>	Annual
		<ul style="list-style-type: none"> <li>• Clinical Governance Plan*</li> <li>• Prescribing action plan*</li> <li>• Compass Report*</li> </ul>	Annual as available
<b>SEA</b>	<b>Domain 3</b>	<ul style="list-style-type: none"> <li>• Significant event analysis**</li> </ul>	Two every year

\*\*All serious adverse incidents and/or learning event analyses