

DOMAIN 2 – Patients, Partnership and Communication
(Please see pages 11-15 of GMC Good Medical Practice 2024)

Remember to include at least one example under each attribute

2.1 Treating patients fairly with kindness and courtesy and respecting their rights.

Consider the following:

Chaperone policy

Patient confidentiality

Conscientious objection

Being open if things go wrong

Complaints from patients

Since my last appraisal, I have updated the practice's chaperone policy. Notices regarding this policy are displayed on practice noticeboards. I ensure I document the presence or patient decline of a chaperone in the patient notes.

The practice policy on confidentiality is kept up to date and all staff receive training on this area during induction. Steps taken to ensure confidentiality include personal passwords, locking computer screens when leaving the room and shredding of any printed patient information.

I have read the GMC Good Medical Practice guidance 2024.

I recognise the importance of being open and honest with patients when things go wrong; we discuss this with the practice team including our GP trainees and medical students. I prefer to deal with issues early on and have an 'open door' policy for patients to highlight ongoing issues.
(could include recent case example if available)

SEA reflections include the whole team with learning points and possible development ideas being discussed.

The practice has a complaints policy in place. Complaints or grumbles are discussed at regular practice meetings. I have not had any personal complaints since my last appraisal. Recent practice complaints concerned appointment access and prescribing.

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

- Keep relevant practice policies up to date.
- Continue involvement in practice meetings to discuss SEA, complaints.

2.2 Supporting patients holistically to make decisions about treatment and care. Sharing information with patients and those close to them.

Consider the following:

Decision making, consent, vulnerability and capacity

Issues around end of life care

Caring for the whole patient

I understand that all patients have the right to be involved in decisions regarding their management and that I should support them in making informed decisions when they are able to. I incorporate these principles into my practice and ensure I provide verbal and written information to help the patient decide on treatments.

I feel I have built up good relationships with my patients through the years and many will ask for my opinion and take my concerns on board and this can allow a management plan to be agreed.

I am aware of the importance of informed consent from patients. I recognise that some patients are vulnerable and extra time, explanations and reviews are required. I have several patients who cannot read or write and I always ensure I take time to explain things including the medication, as the patients cannot read label on tablets etc.

When required, I use interpreters via Big Word to ensure that patients who do not have English as their first language are not disadvantaged during a consultation.

I am aware of my legal and ethical duties relating to capacity. If a patient lacks capacity, I am aware of the use of DOLS if required.

I aim to keep my skills regarding the provision of end-of-life care up to date. (*could include recent case example*). We have regular meetings with the local palliative care teams.

I aim to ensure good communication with our local district and hospice nurses. I provide information to our local GP OOH Centre regarding terminally ill patients or expected deaths.

I feel I have a holistic approach to patient care and regularly liaise with other members of the MDT.

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

- I would like to update skills in palliative care over the next year.

2.3 Safeguarding children and adults who are at risk of harm.

Consider knowledge and application of local and practice safeguarding policies.

I completed an update on safeguarding via GPNI on 21/06/24.

I ensure good communication with our local social work team. I provide telephone updates prior to any child protection conferences.

I am aware of local policies and procedures in relation to safeguarding for both children and adults. There is a safeguarding lead appointed in the practice. I am aware of how to make referrals e.g. via local hospital or UNOCINI forms.

(could include case example)

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

- Keep safeguarding training up to date.
- Continue good communication with local SW teams/Gateway.

2.4 Helping in emergencies

Consider maintenance of skills in adult and paediatric resuscitation (reviewed in Domain 1).

I completed CPR training on 28/09/2024. This provided a review of the management of medical emergencies such as choking and anaphylaxis and covered child and adult CPR.

If there is an unwell patient in the treatment room, all GPs help each other manage the patient until an ambulance arrives.

Emergency drugs, anaphylaxis packs and defibrillators are checked regularly.

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

- Keep CPR training up to date

Development Needs in Domain 2 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.

- Update skills in palliative care
- Continue attending practice meetings to discuss complaints
- Continue keeping safeguarding and CPR skills up to date.