



Entrustable Professional Activities (EPAs): Guidance on EPA supervision levels

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1.0 Introduction

The ICGP postgraduate training programme is engaged in competency based medical education. Entrustable professional activities (EPAs) allow clinical supervisors to make competency-based decision on the level of supervision needed by a trainee [1]. The ICGP has developed a framework of 18 EPAs for the postgraduate training programme. EPAs describe the discrete activities which can be entrusted to trainees, are essential to the profession, and encapsulate one or more core competencies [2].

Recording of workplace-based feedback utilizing the ICGP EPA framework is a mandatory component of GP training. EPA feedback is recorded in the e-portfolio. Detailed guidance on the knowledge and professional conduct that trainees must acquire by the end of their training, is available in the form of EPA descriptors. EPA descriptors of progressive trainee abilities are used throughout competency based medical education programmes.

In Irish GP training we use the term ‘supervision levels’ to describe the progress of the trainee and to help make the entrustment decisions arising from the learning event. A supervision level is a significant point in a trainee’s development. By identifying the level of supervision a trainee currently requires to complete a consultation, or perform a skill, we are able to plot their learning trajectory and identify learning needs they require to progress to the next (lower) level of required supervision. Decisions on the level of supervision are based on many factors, including the trainee’s experience to date; however, they are not reflective of their year in training. Supervision level decisions do not tell the whole story. Programmes should use good judgement to fill in the gaps when determining the competence of a doctor.

The supervision level decision (entrustment decision) with which a supervisor is comfortable for the clinical activity observed or discussed is recorded in the EPA entry in the e-portfolio. Having multiple entrustment decisions help to develop a picture of trainee performance and competence - a common analogy used in EPA literature is that of pixels – the greater the number and range of pixels, the clearer the photograph. This picture is also made clearer by the narrative feedback that accompanies recorded learning events, describing aspects of the trainee’s performance.

Feedback should be learner-centred and formative. The focus and intent of such narratives is to individualise the trainee’s learning, to guide the trainee to understand what is required and to encourage the trainee to seek feedback and guidance with the goal of improving their practice. As day-to-day clinical practice can vary widely in time and location, so the subject matter of the learning entries will vary, but consistency in the demonstrated abilities will be sought.

The supervision level descriptors involve much repetition for the same domains across the 18 EPAs. For this reason, trainees are not expected to demonstrate achievement of the level of independent practice in all domains in all EPAs. Monitoring of multiple learning events and observation of progress will be used by the scheme Competency Progression Committee (CPC) to support the learning trajectory of a trainee towards independent practice.

Prior to qualifying from GP training there must be some ICGP EPA records for every EPA that shows the trainee has reached the level of entrustment of being ready for independent practice. The entrustment records across all EPAs and across the entire duration of training should be of a distribution with which the CPC is satisfied. Support is on hand for trainees and their supervisors through the schemes and GP Training central.

2.0 How to use EPAs

Day to day clinical activity provides trainees with multiple opportunities to choose a learning opportunity, seek feedback and record a learning event. Even ordinary, relatively unremarkable clinical presentations can present rich learning opportunities, especially if they are considered according to domains i.e., primary care management, person centered care, specific problem solving, comprehensive approach, community orientation, and holistic care. EPA feedback is recorded in the trainee e-portfolio. Once a case is chosen, the trainee, utilizing the e-portfolio should choose a relevant EPA, enter a brief case description (no identifiable and/or confidential and/or personal and/or sensitive information relating to any person(s) (patients/parents/guardians/carers etc.) should be entered) and select an appropriate feedback tool i.e., case based discussion (CBD), observed consultation (PIP-C) or observed procedure/physical exam (PIP-P). It is important to remember that supervision levels relate to a given case at a given point in time and are not an overall judgement of a trainee's competence in that area.

The feedback provider can be any person in the clinical environment who can be expected to have more knowledge/experience of the area than the trainee. It can be the hospital-based registrar where the trainee is an SHO, a senior allied health professional, or the nominated clinical supervisor (consultant or GP trainer). It is important that the process of recording learning events is quick and efficient, and not slowed up by attempting absolute precision in choosing the supervision level. The multiplicity of learning records will even out any small variance in individual entrustment decisions.

On making the supervision judgement it is expected that most of the time this will be an "ad hoc" supervision judgement based on "gut feeling." The supervision level descriptions are primarily for the guidance of trainees but can be used from time to time by clinical supervisors if they find it helpful.

The supervision levels have been designed to repeat similar themes and descriptions throughout all 18 EPAs. The format for each of the age-related EPAs (1-12) is almost identical, with some minor changes to language to suit the circumstances. The general abilities addressed in each of the domains is consistent.

The general areas which are addressed in each of the six domains is shown in Figure 1.

Figure 1: Areas commonly addressed under each domain within the EPAs

	Domain	Close supervision	Moderate supervision	Low supervision	Ready for independent practice	Could teach/supervise others
PIP-C + CBD	Primary Care Management				Team working Record keeping Evidence based practice	
	Person centred care				Communication skills	
	Specific problem-solving skills				Clinical reasoning Time keeping (within the consultation) Legalities	
	Comprehensive Approach				Complexity Dealing with uncertainty	
	Community Orientation				Judicious use of resources	
	Holistic Approach				Social, cultural, and psychological aspects of the consultation	
PIP - P	Choice of Procedure/ examination				Examination/procedure knowledge	
	Communication with patient				Communication skills	
	Technical skills				Examination/procedure skills	
	Interpretation of findings				Management planning Safety netting	

Pip-C = performance -in -practice Consultation (observed), Pip-P = performance in practice procedure/physical exam, CBD = case-based discussion



The remainder of this document describes the doctor who is capable of independent practice for each EPA and descriptors which can be used to guide allocation of entrustment decisions along the learning trajectory towards independent practice. The level of “ready for independent practice” is the goal. The level of “Expert, could teach others” is available for acknowledgement of exceptional performance. While this document is long, there is much repetition, and the pattern will soon be apparent.

3.0 How to use this document as a learning needs assessment

Trainees pick an EPA. This can be at random or by looking at the index and choosing an area in which the trainee feels less confident. Take one domain at a time, read the descriptors, and reflect on how closely current clinical practice matches that descriptor. The descriptors for the higher levels of supervision should be achieved before moving to a descriptor for a lower level of supervision. The trainee should use this document as a springboard for discussions with their clinical supervisor about how to reach the level of independent practice. Do not try to do too much at one time. Although EPAs involve many domains, there is enough repetition that familiarity with the main abilities needed to reach the level of independent practice should happen qu

3.1 EPA 1: Manage the care of children with acute presentations

Description of the activity

At the end of training the GP is able to assess, manage, triage/prioritise urgent cases, treat and appropriately follow-up the care of the acutely unwell child within the daytime practice and out-of-hours setting. The GP is able to communicate appropriately with the parent and child while maintaining a good doctor-patient relationship in an efficient manner. The GP has a knowledge and understanding of the legal framework pertaining to children and is able to effectively navigate the complexities of family dynamics, recognising and supporting the critical role of parents.

Example presentations

Acute respiratory illness, severe gastrointestinal illness, child with a limp

Supervision Levels EPA 1: Manage the care of children with acute conditions

	Domain	Close supervision	Moderate supervision	Low supervision	Ready for independent practice	Could teach/supervise others
PIP-C + CBD	Primary Care Management	Shows awareness of working in a team rather than in isolation Documents patient encounters. Aware of the need to check clinical guidelines	Appreciates the increased efficiency in delivering patient care when teams work collaboratively Maintains rapport with the child/carer while documenting patient encounters Accesses the available evidence, and guidelines for patient care.	Is an effective team member, working flexibly with the various teams involved in day-to-day primary care. Produces computer records which are sufficient. Addresses learning needs and shows the application of learning in subsequent consultations.	Formulates an action plan, utilising practice, and primary care team resources responsive to the urgency of the situation Maintains accurate patient records, which are succinct, coding if appropriate. Chooses, performs, and interprets relevant	Participates in health policy advocacy activities. Actively facilitates improvement in primary care systems. This includes the evaluation of any changes implemented. Initiates/collaborates in research which addresses unanswered questions

					management options according to the evidence	
	Person centred care	Aware of need to consider child and guardian/parent in communication. Recognises easily identifiable barriers to effective communication, e.g. language, culture	Uses language and non-verbal communication to demonstrate respect and establish rapport Organises the communication, clarifies expectations, checks understanding. Addresses the child in the consultation	Establishes a therapeutic relationship in challenging encounters Uses the understanding of the carer/ child to improve discussion and explanation	Manages the fears and anxieties of parents/guardians with an acutely unwell child Tailors communication to the needs of the parent and child in the context of the history and management plan	Mentors others in communication strategies in consultations with children
	Specific problem-solving skills	Generates a differential diagnosis for presentations Aware of child protection issues.	Prioritises the differential diagnosis for presentations Understands child protection issues.	Uses an understanding of probability based on prevalence, incidence, and natural history to aid decision making Habitually considers child protection issues	Use a clinical evidence base to inform assessment, diagnosis, and treatment/management decisions Demonstrates safe prescribing in paediatrics Recognises and responds to child protection issues	Is able to use and justify discretionary judgement in situations of uncertainty or complexity
	Comprehensive Approach	Able to address a sole presenting complaint. Requires assistance with multiple presentations and co-morbidities	Demonstrates an appreciation of the GP role in managing concordance. Some experience in managing several	Effective in exploring patient concordance Regularly demonstrates in acute consultations the ability to manage	Manages complex consultations with several presenting complaints and/or multi-morbidities.	Proactively plans patient care on practice level and outside practice level.

			presenting complaints and multi morbidities.	both multiple issues in and multi morbidity.		
	Community Orientation	Identifies the needs of the patient	Understands the relationship between GP and available services, and the limited resources available.	Demonstrates, through referrals which are mostly appropriate, familiarity with a wide range of resources.	Use the consultation to approach health promotion where appropriate Uses community resources effectively	Understands local processes that are used to shape service delivery, e.g. primary care units, and how these can be influenced
	Holistic Approach	Aware there may be physical, psychological, and social aspects of the patient's problem.	Enquires into the physical, psychological, and social aspects of the patient's problem.	Uses knowledge about the patient's psychosocial circumstances to inform discussion and shared management decisions.	Recognises the complexities of family dynamics Recognise the implications of cultural context on the consultation	Facilitates long term support for the patient and/or their carers that is realistic and avoids doctor dependence.
PIP - P	Choice of Procedure/ examination	Identifies procedures which GPs can perform. Chooses examination broadly in line with the patient's problem(s). Understands procedures which are available elsewhere.	Chooses examinations/procedures appropriately targeted to the patient's problems Refers for procedures elsewhere when indicated.	Varies options of procedures according to the circumstances and preferences of the patient. Declines support for procedures which are not in the patient's best interest	Carries out an appropriate reasoned structured clinical examination. Actively promotes safe practice in relation to examination and procedural skills	Identifies procedures needed in future practice and pursues supplemental training.
	Communication with patient	Understands the importance of adequate patient counselling and	Shows awareness of medico-legal issues, informed consent, and mental capacity.	Identifies and reflects on ethical issues in regard to examinations and procedures.	Tailors communication skills and methods to the needs/understanding of the patient/carer	Creates practice protocols/ consent standard leaflets around

		consent prior to an examination/procedure.	Counsel's patients about the expectations of common procedures including risks and side effects.		Incorporates all clinical and social information into a structured management plan, with appropriate safety-netting measures	patient counselling pre procedure. Audits patient satisfaction rates with explanations and/or consent systems in regard to procedures.
	Technical skills	Refers appropriately when a procedure is outside their competence.	Conducts examinations which are appropriate, being prompted if necessary. Demonstrates a step wise approach to the procedure, being prompted if necessary.	Has a smooth and systematic approach to examination/procedure	Manages the procedure/examination appropriately in the context of the primary care setting with due regard for clinical evidence, patient safety and appropriate use of resources Use a clinical evidence base to inform diagnosis and management	Engages in quality improvement activities in regard to procedural skills.
	Interpretation of findings	Interprets results of common examinations and procedures.	Develops a prioritised differential diagnosis for common presentations.	Synthesises complex examination findings with other diagnostic data to reach high probability diagnoses.	Uses a clinical evidence base to inform assessment, diagnosis, and treatment/management decisions	Pursues knowledge of new and emerging examinations and procedures

3.2 EPA 2: Manage the care of children with chronic conditions

Description of the activity

At the end of training the GP demonstrates the ability to lead the care of the child with (multiple) chronic conditions, acting as a gatekeeper to coordinate care between providers and care settings, within the daytime practice and the out-of-hours setting. The GP is able to communicate appropriately and effectively with the parent and child while maintaining a good doctor-patient relationship. The GP has a knowledge and understanding of the legal framework pertaining to children and is able to recognise and navigate the complexities of family dynamics, recognising and supporting the critical role of parents.

Example Presentations

Childhood asthma, eczema, neurological conditions, and their associated comorbidities.

Supervision Levels EPA 2: Manage the care of children with chronic conditions

	Domain	Close supervision	Moderate supervision	Low supervision	Ready for independent practice	Could teach/supervise others
PIP-C + CBD	Primary Care Management	Shows awareness of working in a team rather than in isolation Documents patient encounters Aware of the need to check clinical guidelines	Appreciates the increased efficiency in delivering patient care when teams work collaboratively Uses computer systems during consultations while maintaining rapport with the child/carer. Accesses the available evidence,	Is an effective team member, working flexibly with the various teams involved in day-to-day primary care. Produces computer records which are sufficient. Addresses learning needs and shows the application of learning	Considers practice systems to optimise care, e.g. registers, recall systems Co-ordinates the flow of information and maintains accurate records, which are succinct, coding if appropriate Manages acute exacerbations of chronic conditions according to best evidence	Includes the evaluation of any changes implemented. Initiates/collaborates in research which addresses unanswered questions

			and guidelines for patient care.	in subsequent consultations.		
	Person centred care	Establishes a therapeutic relationship with the carer in straightforward encounters.	Organises the communication, clarifies expectations, checks understanding	Establishes a therapeutic relationship with the carer in challenging encounters Elicits the child's understanding of their illness/condition	Tailors communication to the needs of the parent and child in the context of the history and management plan Recognises periods of transition including illness progression and developmental transitions	Mentors others in situational awareness and critical self-reflection to consistently develop positive therapeutic relationships
	Specific problem-solving skills	Generates a differential diagnosis for presentations	Prioritises the differential diagnosis for presentations Identifies normality	Develops a differential diagnosis for patients with undifferentiated illness. Identifies abnormal findings and results	Uses a clinical evidence base to inform assessment, diagnosis, and treatment/management decisions Monitors and manages prescribing, including dose changes, as the child's needs change	Is able to use and justify discretionary judgement in situations of uncertainty or complexity
	Comprehensive Approach	Identifies that co-morbidities may impact the presenting problem. Identifies and acknowledges uncertainty.	Simultaneously manages presentations both acute and chronic. Tolerates uncertainty.	Prioritises management options in complex presentations based on assessment of risk. Anticipates and employs strategies for managing uncertainty.	Manages the consultation with due attention given to all patient problems and co-morbidities. Comfortable with uncertainty.	Empowers the carer with confidence to independently manage problems while knowing when to seek help.

					Creates a follow up plan with safety netting	
	Community Orientation	Identifies the needs of the child	Understands the relationship between family and available services, and the limited resources available	Demonstrates, through referrals which are mostly appropriate, familiarity with a wide range of resources.	Integrates care using available primary and secondary care resources Recognises and responds to child protection issues	Understands the local processes that are used to shape service delivery, e.g. primary care units, and how these can be influenced.
	Holistic Approach	Aware there may be physical, psychological, and social aspects of the presenting problem	Enquires into the physical, psychological, and social aspects of the presenting problem	Uses knowledge about the patient's psychosocial circumstances to inform discussion and shared management decisions.	Recognises the impact of a chronic disease on the child, family, and wider community Recognises the implications of cultural context on the consultation	Facilitates long term support for the patient and/or their carers that is realistic and avoid doctor dependence.
PIP - P	Choice of Procedure/ examination	Identifies procedures which GPs can perform. Chooses examination broadly in line with the patient's problem(s).	Suggests appropriate procedures related to the patient's problems. Chooses examinations appropriately targeted to the patient's problems	Recognises when the need arises for specialist review and the limitations of general practice	Chooses, performs, and interprets relevant procedures/examinations Recognises when the need arises for specialist review and the limitations of general practice	Identifies procedures needed in future practice and pursues supplemental training.
	Communication with patient	Understands the importance of adequate counselling and consent prior to an examination/procedure.	Shows awareness of medico-legal issues, informed consent, and mental capacity.	Shows familiarity with medico-legal issues, informed consent, and mental capacity	Tailors communication skills and methods to the needs/understanding of the child/carer	Progresses understanding of communication with children in relation to procedures/examinations

			Counsels patients about the expectations of common procedures including risks and side effects.	Identifies and reflects on ethical issues in regard to examinations and procedures in children	Incorporates all clinical and social information into a structured management plan, with appropriate safety-netting measures	
	Technical skills	Refers appropriately when a procedure is outside their competence.	<p>Conducts examinations which are appropriate, being prompted if necessary.</p> <p>Demonstrates a step wise approach to the procedure, being prompted if necessary.</p>	<p>Conducts an intimate examination with respect for patient privacy and dignity</p> <p>Demonstrates confidence and motor skills, without prompting, when performing procedures</p>	<p>Has a smooth and systematic approach to examination.</p> <p>Uses a clinical evidence base to inform diagnosis and management</p>	Engages in quality improvement activities in regard to procedural skills.
	Interpretation of findings	Interprets results of common examinations and procedures.	Develops a prioritised differential diagnosis for common presentations.	Synthesises complex examination findings with other diagnostic data to reach high probability diagnoses.	<p>Formulates an action plan, which addresses the priority problems</p> <p>Recognises and responds to child protection issues</p>	Pursues knowledge of new and emerging examinations and procedures.

3.3 EPA 3: Manage the mental health needs of children

Description of the activity

At the end of training the GP is able to identify the mental health needs of children within the daytime practice and out-of-hours setting. The GP can recognise the range of ‘normal’ stress responses and reactions and the impact of labelling within these normal boundaries. The GP is able to advise the child and parent(s) on supports and strategies available while monitoring the situation where appropriate. The GP is also able to recognise the signs of acute and chronic mental illness and refer for specialist assessment/management. The GP is able to communicate appropriately with the parent and child while maintaining a good doctor-patient relationship in an efficient manner. The GP has a knowledge and understanding of the legal framework pertaining to children and demonstrates the ability to navigate the complexities of family dynamics, recognising and supporting the critical role of parents.

Example Presentations

Learning disabilities, social disabilities, depression, self-harm, eating disorders

Supervision Levels EPA 3: Manage the care of children with a mental health presentation

	Domain	Close supervision	Moderate supervision	Low supervision	Ready for independent practice	Could teach/supervise others
PIP-C + CBD	Primary Care Management	Shows awareness of working in a team rather than in isolation Documents patient encounters	Appreciates the increased efficiency in delivering patient care when teams work collaboratively Uses computer systems during consultations while maintaining rapport with the child and carer	Is an effective team member, working flexibly with the various teams involved in day-to-day primary care. Produces computer records which are sufficient. Addresses learning needs and shows the application	Considers practice systems to optimise care. Prioritises the problems, understanding the best resources for each. Co-ordinates the flow of information and maintains accurate patient records, which are succinct, coding if appropriate	Participates in health policy advocacy activities. Actively facilitates improvement in primary care systems. This includes the evaluation of any changes implemented. Moves beyond the use of existing evidence towards initiating and collaborating

		Aware of the need to check clinical guidelines	Accesses the available evidence, and guidelines for patient care.	of learning in subsequent consultations.	Formulates a management plan which addresses the priority problems	in research which addresses unanswered questions
	Person centred care	Establishes a therapeutic relationship with the carer in straightforward encounters.	Organises the communication, clarifies expectations, checks understanding	Establishes a therapeutic relationship with the carer in challenging encounters Elicits the child's understanding of their illness/condition	Tailors communication to the needs of the parent and child in the context of the history and management plan Recognises periods of transition including illness progression and developmental transitions	Mentors others in situational awareness and critical self-reflection to consistently develop positive therapeutic relationships
	Specific problem-solving skills	Generates a differential diagnosis for presentations	Prioritises the differential diagnosis for presentations Identifies normality	Recognises and understands the range of normal behaviour and importance of labelling, and be able to educate and empower parents/carers Identifies eating disorders	Uses a clinical evidence base to inform assessment, diagnosis, and treatment/management decisions. Recognises significant mental illness such as depression, self-harm, etc. and refers for specialist care	Is able to use and justify discretionary judgement in situations of uncertainty or complexity
	Comprehensive Approach	Identifies that co-morbidities may impact the presenting problem.	Simultaneously manages presentations both acute and chronic.	Recognises the mental health needs of a child with an acute, chronic, or life-limiting illness or disability	Manages the consultation with due attention given to all patient problems and co-morbidities.	Empowers the carer with confidence to independently manage problems while knowing when to seek help.

		Identifies and acknowledges uncertainty.	Tolerates uncertainty.	Anticipates and employs strategies for managing uncertainty.	Comfortable with uncertainty. Creates a follow up plan with safety netting	
	Community Orientation	Identifies the needs of the child	Understands the different mental health services which are available to children of different ages	Demonstrates, through referrals which are mostly appropriate, familiarity with a wide range of resources.	Integrates care using available primary and secondary care resources Recognises and responds to child protection issues	Understands the local processes that are used to shape service delivery, e.g. CAMHS availability, and how these can be influenced.
	Holistic Approach	Aware there may be physical, psychological, and social aspects of the presenting problem	Enquires into the physical, psychological, and social aspects of the presenting problem	Uses knowledge about the patient's psychosocial circumstances to inform discussion and shared management decisions.	Recognises the impact of a mental health diagnosis on the child and family Recognises the impact of cultural and societal trends and pressures on children e.g. social media, labelling, transgender issues.	Facilitates long term support for the patient and/or their carers that is realistic and avoid doctor dependence.

3.4 EPA 4: Manage the health promotion and preventive health needs of children

Description of the activity

At the end of training the GP recognises the essential role and responsibility of the GP in childhood health promotion & preventative health (including health, nutrition, and well-being) in partnership with families, carers, and other care providers. The GP is familiar with the current childhood vaccination schedule and its administration. The GP is able to communicate appropriately with the parent and child while maintaining a good doctor-patient relationship in an efficient manner. The GP has a knowledge and understanding of the legal framework pertaining to children and demonstrates the ability to navigate the complexities of family dynamics, recognising and supporting the critical role of parents.

Example Presentations

Childhood obesity; national immunisation programme.

Supervision Levels EPA 4: Manage the health promotion and preventive needs of children

	Domain	Close supervision	Moderate supervision	Low supervision	Ready for independent practice	Could teach/supervise others
PIP-C + CBD	Primary Care Management	Consults with children and their carers on prevention.	Recognises the role of the GP in health promotion in child health	Works with the practice structures to deliver prevention according to guidelines, e.g. immunisations, child nutrition	Can set up practice structures to deliver prevention according to national guidelines e.g. immunisations.	Actively facilitates improvement in primary care systems. This includes the evaluation of any changes implemented.
	Person centred care	Uses language and non-verbal communication to demonstrate respect and establish rapport Recognises easily identifiable barriers to effective	Establishes a therapeutic relationship in straightforward encounters. Organises the communication,	Establishes a therapeutic relationship in challenging encounters Uses the patient’s understanding to improve discussion and explanation	Communicates with parents to promote the uptake of the national childhood immunisation schedule Demonstrates the skills and assertiveness to challenge unhelpful health beliefs or behaviours, whilst	Mentors others in situational awareness and critical self-reflection to consistently Develop positive therapeutic relationships

		communication, e.g. language, culture	clarifies expectations, checks understanding		maintaining a continuing and productive relationship	
	Specific problem-solving skills	Aware that screening and prevention guidelines exist	Identifies appropriate screening and prevention guidelines for various conditions	Applies prevention guidelines to develop a plan for an individual patient	Delivers relevant preventive services, e.g. immunisations, evidence-based interventions for obesity.	Contributes to national prevention guideline development.
	Comprehensive Approach	Aware that the consultation is an opportunity for health promotion	Retrospectively identifies missed opportunities for health promotion and prevention	Recognises and acts on opportunities for prevention. e.g. childhood immunisations, childhood obesity	Promotes and advises on evidence-based prevention strategies e.g. obesity prevention/management, smoking cessation in consultations in general	Partners with the community to promote health
	Community Orientation	Is aware of some national screening programmes	Familiar with all national screening programmes, their benefits, and risks.	Understands and explains that screening is a programme not a test. Able to communicate risk of screening to patients/carers.	Makes balanced choices about the use of available resources. Counsels on screening programmes (Vs case finding) according to best evidence.	Participates in development of national screening programmes.
	Holistic Approach	Delivers a prevention message	Enquires into the physical, psychological, and social aspects which may affect prevention advice	Uses knowledge about the patient's psychosocial circumstances to inform discussion and shared prevention decisions	Considers the patient's expectations, culture, and beliefs throughout the consultation.	Promotes prevention regionally/ nationally strategies in specific groups of patients.
PIP - P	Choice of Procedure/ examination	Aware that screening and prevention guidelines exist	Identifies appropriate screening and prevention guidelines for various conditions	Applies prevention guidelines to develop a plan for an individual patient	Provides relevant preventive services, e.g. immunisations, examinations such as child weight.	Contributes to national prevention guideline development.

	Communication with patient	Understands the necessity of patient counselling and consent prior to a prevention examination/procedure.	Shows awareness of medico-legal issues, informed consent, and mental capacity Counsels patients about the expectations of common procedures including risks and side effects.	Identifies and reflects on ethical issues in regard to preventive examinations and procedures in children	Counsels on prevention, e.g. immunisations according to best evidence Communicates risk to patients	Makes effective use of tools in health promotion. e.g. decision aids to enhance understanding.
	Technical skills	Refers appropriately when a procedure/examination is outside their competence	Demonstrates a step wise approach to the procedure/ examination, being prompted if necessary.	Demonstrates confidence and motor skills while performing procedures/examinations, including addressing complications	Acquires the skills to independently perform procedures in the current practice environment.	Engages in quality improvement activities in regard to procedural skills

3.5 EPA 5: Manage the care of adolescents (12-18) with acute presentations.

Description of the activity

At the end of training the GP is able to manage care of the adolescent in the daytime practice, emergency or out-of-hours settings and is able to appreciate the unique nature of the adolescent consultation and address the particular issues associated with consent. They are able to gain the trust and confidence of the adolescent and can address the specific sexual health needs of the adolescent, appreciating the unique health beliefs of adolescents and the various sources of their beliefs, in particular peers, media/social media. The GP is able to appreciate the unique challenges and legislative requirements associated with adolescent care while also recognising and supporting the critical role of parents.

Example Presentations

Tonsillitis, emergency contraception, sports injury, respiratory illness

Supervision Levels EPA 5: Manage the care of adolescents (12-18) with acute conditions

	Domain	Close supervision	Moderate supervision	Low supervision	Ready for independent practice	Could teach/supervise others
PIP-C + CBD	Primary Care Management	Shows awareness of working in a team rather than in isolation Documents patient encounters. Aware of the need to check clinical guidelines	Appreciates the increased efficiency in delivering patient care when teams work collaboratively Maintains rapport with the child/carer while documenting patient encounters Accesses the available evidence, and guidelines for patient care.	Is an effective team member, working flexibly with the various teams involved in day-to-day primary care. Produces computer records which are sufficient. Addresses learning needs and shows the application of learning in subsequent consultations.	Formulates an action plan, utilising practice, and primary care team resources responsive to the urgency of the situation Maintains accurate patient records, which are succinct, coding if appropriate. Chooses, performs, and interprets relevant management options according to the evidence	Participates in health policy advocacy activities. Actively facilitates improvement in primary care systems. This includes the evaluation of any changes implemented. Initiates/collaborates in research which addresses unanswered questions

	Person centred care	<p>Aware of need to consider adolescent and guardian/parent in communication.</p> <p>Recognises easily identifiable barriers to effective communication, e.g. language, culture</p>	Uses language and non-verbal communication to demonstrate respect and establish rapport	<p>Assures duty of confidentiality. Follows ethical and legal guidance on maintaining/breaching confidentiality as appropriate.</p> <p>Engages the adolescent in decision making about care choices where appropriate</p>	<p>Establishes the level of maturity of the adolescent. Establishes rapport and gains trust in light of varying level of maturity.</p> <p>Engage an accompanying adult in a consultation with an adolescent, appreciating the nature of the dynamic between them</p>	Mentors others in communication strategies in consultations with adolescents
	Specific problem-solving skills	<p>Accumulates information from the patient.</p> <p>Generates a differential diagnosis for presentations</p> <p>Identifies normality</p>	<p>Uses relevant information from the patient record</p> <p>Prioritises the differential diagnosis for presentations</p> <p>Identifies abnormal findings and results</p>	<p>Identifies the nature and scope of enquiry needed to investigate the problem or multiple problems within a short time frame</p> <p>Uses time as a diagnostic aid</p> <p>Develops a differential diagnosis for patients with undifferentiated illness.</p>	<p>Makes a diagnosis in a structured way using a problem-solving method, recognising the common acute presentations in primary care.</p> <p>Uses a clinical evidence base to inform diagnosis and management.</p> <p>Follows ethical or legal guidance in maintaining or breaching confidentiality where appropriate</p>	Is able to use and justify discretionary judgement in complex situations.
	Comprehensive Approach	Able to address a sole presenting complaint.	Demonstrates an appreciation of the GP role in managing concordance.	Effective in exploring patient concordance	Manages complex consultations with several presenting complaints and/or multimorbidity.	Proactively plans patient care on practice level (e.g. Quality improvement of

		Requires assistance with multiple presentations and co-morbidities	Some experience in managing several presenting complaints and multi morbidities.	Regularly demonstrates in acute consultations the ability to manage both multiple issues in and multi morbidity.	Can manage a presentation of unexpected pregnancy.	asthma care) and/or outside practice level.
	Community Orientation	Identifies the needs of the patient	Understands the relationship between GP and available services, and the limited resources available.	Demonstrates, through referrals which are mostly appropriate, familiarity with a wide range of resources.	Incorporates all clinical and social information into a structured management plan, with appropriate safety-netting measures	Understands local processes that are used to shape service delivery, e.g. primary care units, and how these can be influenced
	Holistic Approach	Aware there may be physical, psychological, and social aspects of the patient's problem.	Enquires into the physical, psychological, and social aspects of the patient's problem.	Elicits the adolescent's understanding and beliefs of their illness/condition or health needs	Applies understanding of adolescent development, beliefs, and culture to the relationship with the patient Determines if/when there is a need to engage a guardian/accompanying adult in the consultation or treatment plan. Appreciate the unique nature of the sexual health needs of the adolescent.	Promotes better understanding of adolescent culture and beliefs and their effect on healthcare choices.
PIP - P	Choice of Procedure/ examination	Identifies procedures which GPs can perform. Chooses examination broadly in line with the patient's problem(s).	Chooses examinations/procedures appropriately targeted to the patient's problems	Varies options of procedures according to the circumstances and preferences of the patient.	Uses a clinical evidence base to inform diagnosis and management Actively promotes safe practice in relation to	Identifies procedures needed in future practice and pursues supplemental training.

		Understands procedures which are available elsewhere.	Refers for procedures elsewhere when indicated.	Declines support for procedures which are not in the patient's best interest	examination and procedural skills	
	Communication with patient	Understands the importance of adequate patient counselling and consent prior to an examination/procedure.	Shows awareness of medico-legal issues, informed consent, and mental capacity. Counsels patients about the expectations of common procedures including risks and side effects.	Ensures the patient understands the reason for an intimate examination, offers a chaperone. Identifies and reflects on ethical issues in regard to examinations and procedures.	Tailors communication skills and methods to the needs/understanding of the patient/carer Incorporates all clinical and social information into a structured management plan, with appropriate safety-netting measures	Creates practice protocols/ consent standard leaflets around patient counselling pre procedure. Audits patient satisfaction rates with explanations and/or consent systems in regard to procedures.
	Technical skills	Refers appropriately when a procedure is outside their competence.	Conducts examinations which are appropriate, being prompted if necessary. Demonstrates a step wise approach to the procedure, being prompted if necessary.	Has a smooth and systematic approach to examination/procedure Conducts an intimate examination with respect for patient privacy and dignity.	Manages the procedure/examination appropriately in the context of the primary care setting with due regard for clinical evidence, patient safety and appropriate use of resources	Engages in quality improvement activities in regard to procedural skills.
	Interpretation of findings	Interprets results of common examinations and procedures.	Develops a prioritised differential diagnosis for common presentations.	Synthesises complex examination findings with other diagnostic data to reach high probability diagnoses.	Formulates an action plan, utilising practice, and primary care team resources responsive to the urgency of the situation Determine a follow-up plan with safety netting	Pursues knowledge of new and emerging examinations and procedures.

3.6 EPA 6: Manage the care of adolescents (12-18) with chronic conditions

Description of the activity

At the end of training the GP is able to appreciate the unique nature of the adolescent consultation and address the particular issues associated with consent in the daytime practice and out-of-hours settings. The GP recognises the impact of a chronic illness on the physical, social, biological, and psychological development of the adolescent. They are able to gain the trust and confidence of the adolescent. The GP can appreciate the unique health beliefs of adolescents and the various sources of their beliefs, in particular peers, media/social media. The GP recognises the unique challenges and legislative requirements associated with adolescent care while recognising and supporting the critical role of parents.

Example Presentations

Psoriasis, asthma, juvenile chronic arthritis, coeliac disease

Supervision Levels EPA 6: Manage the care of adolescents with chronic conditions.

	Domain	Close supervision	Moderate supervision	Low supervision	Ready for independent practice	Could teach/supervise others
PIP-C + CBD	Primary Care Management	Shows awareness of working in a team rather than in isolation Documents patient encounters	Appreciates the increased efficiency in delivering patient care when teams work collaboratively Uses computer systems during consultations while maintaining rapport with the patient.	Is an effective team member, working flexibly with the various teams involved in day-to-day primary care. Produces computer records which are sufficient. Addresses learning needs and shows the	Considers practice systems to optimise care. Prioritises the problems, understanding the best resources for each. Co-ordinates the flow of information and maintains accurate patient records, which are succinct, coding if appropriate	Participates in health policy advocacy activities. Actively facilitates improvement in primary care systems. This includes the evaluation of any changes implemented. Initiates/collaborates in research which addresses unanswered questions

		Aware of the need to check clinical guidelines	Accesses the available evidence, and guidelines for patient care.	application of learning in subsequent consultations.	Formulates a management plan which addresses the priority problems	
Person centred care	Establishes a therapeutic relationship in straightforward encounters. Recognises easily identifiable barriers to effective communication, e.g. language, culture	Uses language and non-verbal communication to demonstrate respect and establish rapport Organises the communication, clarifies expectations, checks understanding	Gains trust and confidence even in challenging encounters Uses the patient's understanding to improve discussion and explanation Communicates management plans while responding to the patient's agenda and preferences.	Establishes the level of maturity of the adolescent. Establishes rapport and gains trust in light of varying level of maturity. Engages patients in decision-making about care choices where appropriate. Works in partnership with patients, carers, and families to demonstrate continuity of care	Mentors others in situational awareness and critical self-reflection to consistently develop positive therapeutic relationships Can use advanced consultation skills, such as confrontation or catharsis to achieve better patient outcomes.	
Specific problem-solving skills	Accumulates information from the patient. Generates a differential diagnosis for presentations Identifies normality	Uses relevant information from the patient record Prioritises the differential diagnosis for presentations Identifies abnormal findings and results	Identifies the nature and scope of enquiry needed to investigate the problem or multiple problems within a short time frame Uses time as a diagnostic aid Develops a differential diagnosis for patients	Makes a diagnosis in a structured way using a problem-solving method, recognising the common acute presentations in primary care. Uses a clinical evidence base to inform diagnosis and management.	Is able to use and justify discretionary judgement in situations of uncertainty or complexity	

				with undifferentiated illness.	Demonstrates safe prescribing in the context of polypharmacy	
	Comprehensive Approach	Identifies that co-morbidities may impact the presenting problem. Identifies and acknowledges uncertainty.	Simultaneously manages presentations both acute and chronic. Tolerates uncertainty.	Prioritises management options in complex presentations based on assessment of risk. Anticipates and employs strategies for managing uncertainty.	Manages the consultation with due attention given to all patient problems and co-morbidities. Comfortable with uncertainty. Creates a follow up plan with safety netting	Empowers the patient with confidence to independently manage problems while knowing when to seek help.
	Community Orientation	Identifies the needs of the patient	Understands the relationship between GP and available services, and the limited resources available	Demonstrates, through referrals which are mostly appropriate, familiarity with a wide range of resources.	Integrates care using available primary and secondary care resources	Understands the local processes that are used to shape service delivery, e.g. primary care units, and how these can be influenced.
	Holistic Approach	Enquires into the physical, psychological, and social aspects of the patient's problem.	Recognises the impact of the problem on the patient, their family, and their relationship with peers.	Uses knowledge about the patient's psychosocial circumstances to inform discussion and shared management decisions.	Uses a holistic approach to patient care; Elicits and uses information about the patient's psychosocial history in an effective and non-judgemental fashion which puts the patient at ease.	Facilitates long term support for the patient and/or their carers that is realistic and avoid doctor dependence.
PIP - P	Choice of Procedure/ examination	Identifies procedures which GPs can perform.	Suggests appropriate procedures related to the patient's problems.	Varies options of procedures according to the circumstances and preferences of the patient.	Chooses, performs, and interprets relevant exams and procedures	Actively promotes safe practice in relation to examination and procedural skills

		<p>Chooses examination broadly in line with the patient's problem(s).</p> <p>Understands procedures which are available elsewhere</p>	<p>Chooses examinations appropriately targeted to the patient's problems</p>	<p>Declines support for procedures which are not in the patient's best interest</p>	<p>Knows the common chronic presentations in General Practice.</p>	<p>Identifies procedures needed in future practice and pursues supplemental training.</p>
	Communication with patient	<p>Understands the importance of adequate patient counselling and consent prior to an examination/procedure.</p>	<p>Shows awareness of medico-legal issues, informed consent, and mental capacity.</p> <p>Counsels patients about the expectations of common procedures including risks and side effects.</p>	<p>Ensures the patient understands the reason for an intimate examination, offers a chaperone.</p> <p>Identifies and reflects on ethical issues in regard to examinations and procedures.</p>	<p>Tailors communication skills and methods to the needs/understanding of the patient/carer</p> <p>Incorporates all clinical and social information into a structured management plan, with appropriate safety-netting measures</p>	<p>Creates practice protocols/ consent standard leaflets around patient counselling pre procedure.</p> <p>Audits patient satisfaction rates with explanations and/or consent systems in regard to procedures.</p>
	Technical skills	<p>Refers appropriately when a procedure is outside their competence.</p>	<p>Conducts examinations which are appropriate, being prompted if necessary.</p> <p>Demonstrates a step wise approach to the procedure, being prompted if necessary.</p>	<p>Conducts an intimate examination with respect for patient privacy and dignity</p> <p>Demonstrates confidence and motor skills, without prompting, when performing procedures.</p>	<p>Has a smooth and systematic approach to examination.</p> <p>Uses a clinical evidence base to inform diagnosis and management</p>	<p>Engages in quality improvement activities in regard to procedural skills.</p>

	Interpretation of findings	Interprets results of common examinations and procedures.	Develops a prioritised differential diagnosis for common presentations.	Synthesises complex examination findings with other diagnostic data to reach high probability diagnoses.	Formulates an action plan, which addresses the priority problems Determines a follow-up plan with safety netting	Pursues knowledge of new and emerging examinations and procedures.
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3.7 EPA 7: Manage the mental health needs of adolescents (12-18)

Description of the activity

By the end of training the GP is able to recognise and identify the mental health needs of the adolescent and able to discriminate between normal and abnormal development and behaviour in the adolescent. The GP is familiar with the range of pharmacological and non-pharmacological methods available and is able to address presentations associated with substance abuse, self-harm, and suicidal ideation. They demonstrate knowledge of the mental health services available for adolescents with mental health or gender identity issues. The GP is able to manage care of the adolescent presenting with a mental health issue in the GP surgery, emergency or out-of-hours setting. The GP can appreciate the unique health beliefs of adolescents and the various sources of their beliefs, in particular peers, media/social media.

Example Presentations

Depression, suicide ideation, substance abuse, gender dysphoria, eating disorders.

Supervision Levels EPA 7: Manage the mental health needs of adolescents

	Domain	Close supervision	Moderate supervision	Low supervision	Ready for independent practice	Could teach/supervise others
PIP-C + CBD	Primary Care Management	Shows awareness of working in a team rather than in isolation Documents patient encounters	Appreciates the increased efficiency in delivering patient care when teams work collaboratively Uses computer systems during consultations while maintaining rapport with the child and carer	Is an effective team member, working flexibly with the various teams involved in day-to-day primary care. Produces computer records which are sufficient. Addresses learning needs and shows the	Considers practice systems to optimise care. Prioritises the problems, understanding the best resources for each. Co-ordinates the flow of information and maintains accurate patient records, which are succinct, coding if appropriate	Participates in health policy advocacy activities. Actively facilitates improvement in primary care systems. This includes the evaluation of any changes implemented. Moves beyond the use of existing evidence towards initiating and collaborating

		Aware of the need to check clinical guidelines	Accesses the available evidence, and guidelines for patient care.	application of learning in subsequent consultations.	Formulates a management plan which addresses the priority problems	in research which addresses unanswered questions
	Person centered care	Establishes a therapeutic relationship with the patient and or accompanying adult in straightforward encounters.	Organises the communication, clarifies expectations, checks understanding	Establishes a therapeutic relationship with the adolescent and/or accompanying adult in challenging encounters Assures duty of confidentiality. Follows ethical and legal guidance on maintaining/breaching confidentiality as appropriate.	Tailors communication to the needs of the parent and child in the context of the history and management plan Recognises periods of transition including illness progression and developmental transitions	Mentors others in situational awareness and critical self-reflection to consistently develop positive therapeutic relationships
	Specific problem-solving skills	Generates a differential diagnosis for presentations	Prioritises the differential diagnosis for presentations Identifies normality	Recognises and understands the range of normal behaviour and importance of labelling, able to educate and empower the patient Understands and works with the dynamic between patient and accompanying adult.	Uses a clinical evidence base to inform assessment, diagnosis, and treatment/management decisions. Recognises significant mental illness such as depression, self-harm, etc. and refers for specialist care	Is able to use and justify discretionary judgement in situations of uncertainty or complexity

	Comprehensive Approach	Identifies that co-morbidities may impact the presenting problem. Identifies and acknowledges uncertainty.	Simultaneously manages presentations both acute and chronic. Tolerates uncertainty.	Recognises the mental health needs of an adolescent with an acute, chronic, or life-limiting illness or disability Anticipates and employs strategies for managing uncertainty.	Manages the consultation with due attention given to all patient problems and co-morbidities. Comfortable with uncertainty. Creates a follow up plan with safety netting	Empowers the patient with confidence to independently manage problems while knowing when to seek help.
	Community Orientation	Identifies the needs of the child	Understands the different mental health services which are available to children of different ages	Demonstrates, through referrals which are mostly appropriate, familiarity with a wide range of resources.	Integrates care using available primary and secondary care resources Recognises and responds to child protection issues	Understands the local processes that are used to shape service delivery, e.g. CAMHS availability, Jigsaw and how these can be influenced.
	Holistic Approach	Aware there may be physical, psychological, and social aspects of the presenting problem	Enquires into the physical, psychological, and social aspects of the presenting problem	Uses knowledge about the patient's psychosocial circumstances to inform discussion and shared management decisions.	Recognises the impact of a mental health diagnosis on the adolescent and family Recognises the impact of cultural and societal trends and pressures on adolescents e.g. social media, labelling, transgender issues.	Facilitates long term support for the patient and/or their carers that is realistic and avoid doctor dependence.

3.8 EPA 8: Manage the health promotion and preventive health needs of adolescents (12-18)

Description of the activity

At the end of training, the GP is able to recognise the essential role and responsibility of the GP in adolescent health promotion & preventative health (including health, nutrition, and well-being) in partnership with families, carers, and other care providers. The GP is familiar with current adolescent vaccination options and schedules and their administration. The GP is able to communicate appropriately with the adolescent and maintain a good doctor-patient relationship in an efficient manner. The GP recognises the unique challenges and legislative requirements associated with adolescent care while recognising and supporting the critical role of parents.

Example Presentations

Obesity, vaccinations, contraception.

Supervision Levels EPA 8: Manage the health promotion and preventive health needs of adolescents

	Domain	Close supervision	Moderate supervision	Low supervision	Ready for independent practice	Could teach/supervise others
PIP-C + CBD	Primary Care Management	Consults with adolescents on prevention.	Recognises the role of the GP in health promotion Understands that adolescents have specific health needs	Works with the practice structures to deliver prevention according to guidelines, e.g. immunisations, advise on contraception	Can set up practice structures to deliver prevention according to national guidelines e.g. immunisations. Recognises the sexual health needs of adolescents and advise on contraception	Actively facilitates improvement in primary care systems. This includes the evaluation of any changes implemented.
	Person centred care	Aware of need to consider adolescent and guardian/parent in communication.	Uses language and non-verbal communication to demonstrate respect and establish rapport	Assures duty of confidentiality.	Establishes the level of maturity of the adolescent. Establishes rapport and	Mentors others in situational awareness and critical self-reflection to consistently

		Recognises easily identifiable barriers to effective communication, e.g. language, culture		Engages the adolescent in decision making about care choices where appropriate	gains trust in light of varying level of maturity. Engage an accompanying adult in a consultation with an adolescent, appreciating the nature of the dynamic between them	develop positive therapeutic relationships
	Specific problem solving skills	Aware that screening and prevention guidelines exist	Identifies appropriate screening and prevention guidelines for various conditions	Applies prevention guidelines to develop a plan for an individual patient	Delivers relevant preventive services, e.g. contraception, obesity interventions. This includes reconciling competing prevention guidelines	Contributes to national prevention guideline development.
	Comprehensive Approach	Aware that the consultation is an opportunity for health promotion	Retrospectively identifies missed opportunities for health promotion and prevention	Recognises and acts on opportunities for prevention. e.g. smoking cessation, adolescent obesity	Promotes and advises on evidence-based prevention strategies e.g. obesity prevention/management, smoking cessation in consultations in general	Partners with the community to promote health
	Community Orientation					
	Holistic Approach	Delivers a prevention message	Enquires into the physical, psychological, and social aspects which may affect prevention advice	Uses knowledge about the patient's psychosocial circumstances to inform discussion and shared prevention decisions	Considers the patient's expectations, culture, and beliefs throughout the consultation.	Promotes prevention regionally/ nationally strategies in specific groups of patients.
PIP - P	Choice of Procedure/ examination	Aware that adolescent sexual health guidelines exist	Identifies appropriate adolescent sexual health guidelines.	Applies adolescent sexual health guidelines to the individual patient	Addresses the sexual health needs of adolescents	Develops interest and expertise in adolescent sexual health.

					Advises on contraception and other preventive measures	
	Communication with patient	Understands the necessity of patient counselling and consent prior to a prevention examination/procedure.	Shows awareness of medico-legal issues, informed consent, and mental capacity Counsels patients about the expectations of common procedures including risks and side effects.	Ensures the patient understands the reason for an intimate examination, offers a chaperone Identifies and reflects on ethical issues in regard to adolescent examinations and procedures	Considers the patient's expectations, beliefs, and culture throughout the consultation Counsels on immunisations according to best evidence Communicates risk to patients Promotes and advises on evidence-based prevention e.g. contraception.	Makes effective use of tools in health promotion. e.g. decision aids to enhance understanding.
	Technical skills	Refers appropriately when a procedure/examination is outside their competence	Demonstrates a step wise approach to the procedure/examination, being prompted if necessary.	Demonstrates confidence and motor skills while performing procedures/examinations, including addressing complications	Acquires the skills to independently perform procedures in the current practice environment.	Engages in quality improvement activities in regard to procedural skills

3.9 EPA 9: Manage the care of adults, including older people with acute presentations

Description of the activity

At the end of training, a GP is able to differentiate between emergency, urgent and non-urgent acute presentations among adult and elderly patients. The doctor is able to assess the patient using a thorough history and examination with investigations and to formulate a management plan. The doctor identifies the need for referral with appropriate documentation and follow-up. The GP also makes effective use of practice resources, personnel, and systems to manage acute care during routine day-time practice within the GP practice setting and in out-of-hours settings.

Example Presentations

Chest pain, acute abdominal pain, acute respiratory illness, acute injury, acute neurological presentations

Supervision Levels EPA 9: Manage the care of the adult/older person with an acute presentation

	Domain	Close supervision	Moderate supervision	Low supervision	Ready for independent practice	Could teach/supervise others
PIP-C + CBD	Primary Care Management	Shows awareness of working in a team rather than in isolation Documents patient encounters. Aware of the need to check clinical guidelines	Appreciates the increased efficiency in delivering patient care when teams work collaboratively Maintains rapport with the patient while documenting patient encounters Accesses the available evidence, and guidelines for patient care.	Is an effective team member, working flexibly with the various teams involved in day-to-day primary care. Produces computer records which are sufficient. Addresses learning needs and shows the application of learning	Formulates an action plan, utilising practice, and primary care team resources responsive to the urgency of the situation Maintains accurate patient records, which are succinct, coding if appropriate. Chooses, performs, and interprets relevant management options according to the evidence	Participates in health policy advocacy activities. Actively facilitates improvement in primary care systems. This includes the evaluation of any changes implemented. Initiates/collaborates in research which addresses unanswered questions

				in subsequent consultations.		
	Person centred care	Establishes a therapeutic relationship in straightforward encounters. Recognises easily identifiable barriers to effective communication, e.g. language, culture	Uses language and non-verbal communication to demonstrate respect and establish rapport Communicates management plans while responding to the patient's agenda and preferences.	Establishes a therapeutic relationship in challenging encounters Uses the patient's understanding to improve discussion and explanation	Performs a complete history and tailors communication skills and methods to the needs/understanding of the patient/carer Works in partnership with patients, carers and families and particular partners for what could be a new and possibly distressing life situation	Mentors others in situational awareness and critical self-reflection to consistently develop positive therapeutic relationships
	Specific problem-solving skills	Accumulates information from the patient. Generates a differential diagnosis for presentations Identifies normality	Uses relevant information from the patient record Prioritises the differential diagnosis for presentations Identifies abnormal findings and results	Identifies the nature and scope of enquiry needed to investigate the problem or multiple problems within a short time frame Uses time as a diagnostic aid Develops a differential diagnosis for patients with undifferentiated illness.	Makes a diagnosis in a structured way using a problem-solving method, recognising the common acute presentations in primary care. Uses a clinical evidence base to inform diagnosis and management. Determines a follow-up plan with safety netting	Is able to use and justify discretionary judgement in complex situations.
	Comprehensive Approach	Able to address a sole presenting complaint.	Demonstrates an appreciation of the GP	Effective in exploring patient concordance	Manages complex consultations with several	Proactively plans patient care on practice level (e.g.

		Requires assistance with multiple presentations and co-morbidities	<p>role in managing concordance.</p> <p>Some experience in managing several presenting complaints and multi morbidities.</p>	Regularly demonstrates in acute consultations the ability to manage both multiple issues in and multi morbidity.	presenting complaints and/or multimorbidity.	Quality improvement of asthma care) and/or outside practice level.
	Community Orientation	Identifies the needs of the patient	Understands the relationship between GP and available services, and the limited resources available.	Demonstrates, through referrals which are mostly appropriate, familiarity with a wide range of resources.	Incorporates all clinical and social information into a structured management plan, with appropriate safety-netting measures	Understands local processes that are used to shape service delivery, e.g. primary care units, and how these can be influenced
	Holistic Approach	Aware there may be physical, psychological, and social aspects of the patient's problem.	Enquires into the physical, psychological, and social aspects of the patient's problem.	Uses knowledge about the patient's psychosocial circumstances to inform discussion and shared management decisions.	Recognises the complexities of family dynamics Recognise the implications of cultural context on the consultation	Facilitates long term support for the patient and/or their carers that is realistic and avoids doctor dependence.
PIP - P	Choice of Procedure/ examination	<p>Identifies procedures which GPs can perform.</p> <p>Chooses examination broadly in line with the patient's problem(s).</p> <p>Understands procedures which are available elsewhere.</p>	<p>Chooses examinations/procedures appropriately targeted to the patient's problems</p> <p>Refers for procedures elsewhere when indicated.</p>	<p>Varies options of procedures according to the circumstances and preferences of the patient.</p> <p>Declines support for procedures which are not in the patient's best interest</p>	<p>Uses a clinical evidence base to inform diagnosis and management</p> <p>Actively promotes safe practice in relation to examination and procedural skills</p>	Identifies procedures needed in future practice and pursues supplemental training.
	Communication with patient	Understands the importance of adequate	Shows awareness of medico-legal issues,	Ensures the patient understands the reason	Tailors communication skills and methods to the	Creates practice protocols/ consent

		patient counselling and consent prior to an examination/procedure.	<p>informed consent, and mental capacity.</p> <p>Counsels patients about the expectations of common procedures including risks and side effects.</p>	<p>for an intimate examination, offers a chaperone.</p> <p>Identifies and reflects on ethical issues in regard to examinations and procedures.</p>	<p>needs/understanding of the patient/carer</p> <p>Incorporates all clinical and social information into a structured management plan, with appropriate safety-netting measures</p>	<p>standard leaflets around patient counselling pre procedure.</p> <p>Audits patient satisfaction rates with explanations and/or consent systems in regard to procedures.</p>
	Technical skills	Refers appropriately when a procedure is outside their competence.	<p>Conducts examinations which are appropriate, being prompted if necessary.</p> <p>Demonstrates a step wise approach to the procedure, being prompted if necessary.</p>	<p>Has a smooth and systematic approach to examination/procedure</p> <p>Conducts an intimate examination with respect for patient privacy and dignity</p>	<p>Manages the procedure/examination appropriately in the context of the primary care setting with due regard for clinical evidence, patient safety and appropriate use of resources</p>	<p>Engages in quality improvement activities in regard to procedural skills.</p>
	Interpretation of findings	Interprets results of common examinations and procedures.	Develops a prioritised differential diagnosis for common presentations.	Synthesises complex examination findings with other diagnostic data to reach high probability diagnoses	<p>Formulates an action plan, utilising practice, and primary care team resources responsive to the urgency of the situation</p> <p>Determine a follow-up plan with safety netting</p>	Pursues knowledge of new and emerging examinations and procedures.

3.10 EPA 10: Manage the care of adults, including older people with chronic conditions and complex multimorbidity

Description of the activity

At the end of training, the GP is able to manage the complexity of chronic care both in routine daytime practice within the GP practice and in out-of-hours settings. Using a holistic approach and judicious use of resources and community orientation, the doctor establishes a long-term therapeutic partnership with the patient and their carer(s). The GP is able to recognise acute exacerbations of chronic conditions and coordinate the care and movement of patients between primary and other care settings. The GP ensures the appropriate and thorough management of the flow of information between these care settings and empowers patients to manage their own health needs and care decisions where possible.

Example Presentations

Chronic respiratory illness, chronic neurological illness, congestive cardiac failure.

Supervision Levels EPA 10: Manage the care of the adult/older person with a chronic presentation

	Domain	Close supervision	Moderate supervision	Low supervision	Ready for independent practice	Could teach/supervise others
PIP-C + CBD	Primary Care Management	Shows awareness of working in a team rather than in isolation Documents patient encounters	Appreciates the increased efficiency in delivering patient care when teams work collaboratively Uses computer systems during consultations while maintaining rapport with the patient.	Is an effective team member, working flexibly with the various teams involved in day-to-day primary care. Produces computer records which are sufficient. Addresses learning needs and shows the	Considers practice systems to optimise care. Prioritises the problems, understanding the best resources for each. Co-ordinates the flow of information and maintains accurate patient records, which are succinct, coding if appropriate	Participates in health policy advocacy activities. Actively facilitates improvement in primary care systems. This includes the evaluation of any changes implemented. Initiates/collaborates in research which addresses unanswered questions

		Aware of the need to check clinical guidelines	Accesses the available evidence, and guidelines for patient care.	application of learning in subsequent consultations.	Formulates a management plan which addresses the priority problems	
	Person centred care	Establishes a therapeutic relationship in straightforward encounters. Recognises easily identifiable barriers to effective communication, e.g. language, culture	Uses language and non-verbal communication to demonstrate respect and establish rapport Organises the communication, clarifies expectations, checks understanding	Establishes a therapeutic relationship in challenging encounters Uses the patient's understanding to improve discussion and explanation Communicates management plans while responding to the patient's agenda and preferences.	Performs a complete history and tailors communication skills and methods to the needs/understanding of the patient/carer Engages patients in decision-making about care choices where appropriate. Works in partnership with patients, carers, and families to demonstrate continuity of care	Mentors others in situational awareness and critical self-reflection to consistently develop positive therapeutic relationships Can use advanced consultation skills, such as confrontation or catharsis to achieve better patient outcomes.
	Specific problem-solving skills	Accumulates information from the patient. Generates a differential diagnosis for presentations Identifies normality	Uses relevant information from the patient record Prioritises the differential diagnosis for presentations Identifies abnormal findings and results	Identifies the nature and scope of enquiry needed to investigate the problem or multiple problems within a short time frame Uses time as a diagnostic aid Develops a differential diagnosis for patients	Makes a diagnosis in a structured way using a problem-solving method, recognising the common acute presentations in primary care. Uses a clinical evidence base to inform diagnosis and management.	Is able to use and justify discretionary judgement in situations of uncertainty or complexity

				with undifferentiated illness.	Demonstrates safe prescribing in the context of polypharmacy	
	Comprehensive Approach	Identifies that co-morbidities may impact the presenting problem. Identifies and acknowledges uncertainty.	Simultaneously manages presentations both acute and chronic. Tolerates uncertainty.	Prioritises management options in complex presentations based on assessment of risk. Anticipates and employs strategies for managing uncertainty.	Manages the consultation with due attention given to all patient problems and co-morbidities. Comfortable with uncertainty. Creates a follow-up plan with safety netting	Empowers the patient with confidence to independently manage problems while knowing when to seek help.
	Community Orientation	Identifies the needs of the patient	Understands the relationship between GP and available services, and the limited resources available	Demonstrates, through referrals which are mostly appropriate, familiarity with a wide range of resources.	Integrates care using available primary and secondary care resources	Understands the local processes that are used to shape service delivery, e.g. primary care units, and how these can be influenced.
	Holistic Approach	Enquires into the physical, psychological, and social aspects of the patient's problem.	Recognises the impact of the problem on the patient, their family, and/or carers.	Uses knowledge about the patient's psychosocial circumstances to inform discussion and shared management decisions.	Uses a holistic approach to patient care; Elicits and uses information about the patient's psychosocial history in an effective and non-judgemental fashion which puts the patient at ease.	Facilitates long term support for the patient and/or their carers that is realistic and avoid doctor dependence.
PIP - P	Choice of Procedure/ examination	Identifies procedures which GPs can perform.	Suggests appropriate procedures related to the patient's problems.	Varies options of procedures according to the circumstances and preferences of the patient.	Chooses, performs, and interprets relevant exams and procedures	Actively promotes safe practice in relation to examination and procedural skills

		<p>Chooses examination broadly in line with the patient's problem(s).</p> <p>Understands procedures which are available elsewhere</p>	<p>Chooses examinations appropriately targeted to the patient's problems</p>	<p>Declines support for procedures which are not in the patient's best interest</p>	<p>Knows the common chronic presentations in General Practice.</p>	<p>Identifies procedures needed in future practice and pursues supplemental training.</p>
	Communication with patient	<p>Understands the importance of adequate patient counselling and consent prior to an examination/procedure.</p>	<p>Shows awareness of medico-legal issues, informed consent, and mental capacity.</p> <p>Counsels patients about the expectations of common procedures including risks and side effects.</p>	<p>Ensures the patient understands the reason for an intimate examination, offers a chaperone.</p> <p>Identifies and reflects on ethical issues in regard to examinations and procedures.</p>	<p>Tailors communication skills and methods to the needs/understanding of the patient/carer</p> <p>Incorporates all clinical and social information into a structured management plan, with appropriate safety-netting measures</p>	<p>Creates practice protocols/ consent standard leaflets around patient counselling pre procedure.</p> <p>Audits patient satisfaction rates with explanations and/or consent systems in regard to procedures.</p>
	Technical skills	<p>Refers appropriately when a procedure is outside their competence.</p>	<p>Conducts examinations which are appropriate, being prompted if necessary.</p> <p>Demonstrates a step wise approach to the procedure, being prompted if necessary.</p>	<p>Conducts an intimate examination with respect for patient privacy and dignity</p> <p>Demonstrates confidence and motor skills, without prompting, when performing procedures.</p>	<p>Has a smooth and systematic approach to procedure/examination.</p> <p>Uses a clinical evidence base to inform diagnosis and management</p>	<p>Engages in quality improvement activities in regard to procedural skills.</p>

	Interpretation of findings	Interprets results of common examinations and procedures.	Develops a prioritised differential diagnosis for common presentations.	Synthesises complex examination findings with other diagnostic data to reach high probability diagnoses.	Formulates an action plan, which addresses the priority problems Determines a follow-up plan with safety netting	Pursues knowledge of new and emerging examinations and procedures.
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3.11 EPA 11: Manage the health promotion and preventive health needs of adults, including older people

Description of the activity

At the end of training the GP is able to identify and use opportunities to promote the patient’s understanding of their condition(s) and control of their own health. The GP uses their skills to empower patients to make better lifestyle choices, guiding their patient according to the best evidence on diagnostic and treatment choices. The GP also balances the needs of the individual with those of the community.

Example Presentations

Hypertension management, Cancer screening programmes, pre symptomatic diagnostic requests, presentations for sick certification.

Supervision levels EPA 11: Manage the health promotion preventive health needs of adults, including older people.

	Domain	Close supervision	Moderate supervision	Low supervision	Ready for independent practice	Could teach/supervise others
PIP-C + CBD	Primary Care Management	Consults with patients on prevention.	Recognises the role of the GP in health promotion	Works with the practice structures to deliver prevention according to guidelines e.g., immunisations, screening programmes.	Can set up practice structures to deliver prevention according to national guidelines e.g. screening programmes Addresses the sexual health needs of adults and advises on contraception	Actively facilitates improvement in primary care systems. This includes the evaluation of any changes implemented.
	Person centred care	Recognises easily identifiable barriers to effective communication, e.g. language, culture	Uses language and non-verbal communication to demonstrate respect and establish rapport	Practiced in verbal and non-verbal communication to achieve effective health promotion/prevention.	Communicates effectively with the patient and/ or carer/family member including use of appropriate and sensitive language	Mentors others in situational awareness and critical self-reflection to consistently develop positive therapeutic relationships

	Specific problem-solving skills	Aware that screening and prevention guidelines exist	Identifies appropriate screening and prevention guidelines for various conditions Has encountered brief intervention/motivational interviewing.	Applies prevention guidelines to develop a plan for an individual patient Practices brief intervention and motivational interviewing.	Delivers relevant preventive services, e.g. contraception, management obesity. This includes reconciling competing prevention guidelines Practices with awareness of how work can affect health positively and negatively	Contributes to national prevention guideline development.
	Comprehensive Approach	Aware that the consultation is an opportunity for health promotion	Retrospectively identifies missed opportunities for health promotion and prevention	Recognises and acts on opportunities for prevention. e.g. smoking cessation, adolescent obesity	Promotes and advises on evidence-based prevention strategies e.g. obesity prevention/management, smoking cessation in consultations in general	Partners with the community to promote health
	Community Orientation	Is aware of some national screening programmes	Familiar with all national screening programmes, their benefits, and risks.	Understands and explains that screening is a programme not a test. Able to communicate risk of screening to patients.	Makes balanced choices about the use of available resources. Counsels on screening programmes (Vs case finding) according to best evidence.	Participates in development of national screening programmes.
	Holistic Approach	Delivers a prevention message	Enquires into the physical, psychological, and social aspects which may affect prevention advice	Uses knowledge about the patient's psychosocial circumstances to inform discussion and shared prevention decisions	Considers the patient's expectations, culture, and beliefs throughout the consultation. Understand the social determinants of health	Promotes prevention regionally/ nationally strategies in specific groups of patients.

PIP - P	Choice of Procedure/ examination	Aware that screening and prevention guidelines exist	Identifies appropriate screening and prevention guidelines for various conditions	Applies prevention guidelines to develop a plan for an individual patient Familiar with several forms of contraception	Provides relevant preventive services, e.g. evidence based cardiovascular prevention/ cancer prevention. Provides contraception advice.	Contributes to national prevention guideline development.
	Communication with patient	Understands the necessity of patient counselling and consent prior to a prevention examination/procedure.	Shows awareness of medico-legal issues, informed consent, and mental capacity Counsels patients about the expectations of common procedures including risks and side effects.	Identifies and reflects on ethical issues in regard to preventive examinations and procedures in adults/older people	Counsels on prevention, e.g. prostate testing according to best evidence Communicates risk to patients	Makes effective use of tools in health promotion. e.g. decision aids to enhance understanding.
	Technical skills	Refers appropriately when a procedure/examination is outside their competence	Demonstrates a step wise approach to the procedure/ examination, being prompted if necessary.	Demonstrates confidence and motor skills while performing procedures/examinations, including addressing complications	Acquires the skills to independently perform procedures in the current practice environment.	Engages in quality improvement activities in regard to procedural skills
	Interpretation of findings					

3.12 EPA 12: Manage the mental health needs of adults including older people

Description of the activity

At the end of training the GP is able to recognise and treat the range of mental health problems which present in the GP surgery and in the out-of-hours setting. The GP can identify psychological distress which manifests as physical ailments. The GP recognises and refers psychosis and serious mental illness. They use the available range of pharmacological and non-pharmacological remedies. They work with the available range of services in primary and secondary/tertiary care. They work within current legislative requirements.

Example Presentations

Depression, mood disorder, addiction disorders, schizophrenia, acquired brain injury, adult learning disorders.

Supervision Levels EPA 12: Manage the care of the adult/older person with a mental health presentation

	Domain	Close supervision	Moderate supervision	Low supervision	Ready for independent practice	Could teach/supervise others
PIP-C + CBD	Primary Care Management	Shows awareness of working in a team rather than in isolation Documents patient encounters Aware of the need to check clinical guidelines	Appreciates the increased efficiency in delivering patient care when teams work collaboratively Uses computer systems during consultations while maintaining rapport with the patient Accesses the available evidence,	Is an effective team member, working flexibly with the various teams involved in day-to-day primary care. Produces computer records which are sufficient. Addresses learning needs and shows the application of learning	Considers practice systems to optimise care. Prioritises the problems, understanding the best resources for each. Co-ordinates the flow of information and maintains accurate patient records, which are succinct, coding if appropriate Formulates a management plan which addresses the priority problems	Participates in health policy advocacy activities. Actively facilitates improvement in primary care systems. This includes the evaluation of any changes implemented. Moves beyond the use of existing evidence towards initiating and collaborating in research which addresses unanswered questions

			and guidelines for patient care.	in subsequent consultations.		
	Person centred care	Establishes a therapeutic relationship with the carer in straightforward encounters.	Organises the communication, clarifies expectations, checks understanding	Establishes a therapeutic relationship with the carer in challenging encounters	Tailors communication to the needs of the patient in the context of the history and management plan Recognises and adapts to reduced mental capacity	Mentors others in situational awareness and critical self-reflection to consistently develop positive therapeutic relationships
	Specific problem-solving skills	Generates a differential diagnosis for presentations Aware of the need to consider legal requirements	Prioritises the differential diagnosis for presentations Knows how to access advise on legal requirements	Recognises common mental health presentations in general practice. Experienced in managing consultations in line with legal requirements	Uses a clinical evidence base to inform assessment, diagnosis, and treatment/management decisions. Manages the consultation in line with all legal requirements	Is able to use and justify discretionary judgement in situations of uncertainty or complexity
	Comprehensive Approach	Identifies that co-morbidities may impact the presenting problem. Identifies and acknowledges uncertainty.	Simultaneously manages presentations both acute and chronic. Tolerates uncertainty.	Recognises the mental health needs of a patient with an acute, chronic, or life-limiting illness or disability Anticipates and employs strategies for managing uncertainty.	Manages the consultation with due attention given to all patient problems and co-morbidities. Comfortable with uncertainty. Creates a follow up plan with safety netting	Empowers the carer with confidence to independently manage problems while knowing when to seek help.
	Community Orientation	Identifies the needs of the patient	Understands the relationship between GP and available	Demonstrates, through referrals which are mostly appropriate,	Integrates care using available primary and secondary care resources	Understands the local processes that are used to shape service delivery, e.g.

			services, and the limited resources available	familiarity with a wide range of resources.		social prescribing, and how these can be influenced.
	Holistic Approach	Aware there may be physical, psychological, and social aspects of the presenting problem	Enquires into the physical, psychological, and social aspects of the presenting problem	Uses knowledge about the patient's psychosocial circumstances to inform discussion and shared management decisions.	Recognises the impact of a mental health diagnosis on the patient Recognises the impact of cultural and societal trends on mental health issues	Facilitates long term support for the patient and/or their carers that is realistic and avoid doctor dependence.

3.13 EPA 13: Patient Advocacy

Description of the activity

At the end of training the GP is able to advocate for patients, encouraging the patient (where possible) to address issues with other healthcare providers. The GP is able to implement a range of methods and techniques - taking in account local constraints and opportunities - to represent the patient as needed. The doctor demonstrates the ability to appreciate hidden and latent patient specific issues which may hinder the patient’s ability to represent themselves and their healthcare needs. The doctor is able to address advocacy for short term episode issues and also longer-term issues and advocate for equitable access to and use of healthcare.

Example Presentations

Patient removed from a waiting list unfairly, inappropriate request from another service in regard to ordering investigations.

Supervision Levels EPA 13: Patient Advocacy

	Domain	Close supervision	Moderate supervision	Low supervision	Ready for independent practice	Could teach/supervise others
PIP-C + CBD	Primary Care Management	Shows awareness of working in a team rather than in isolation	Appreciates the increased efficiency in delivering patient care when teams work collaboratively	Is an effective team member, working flexibly with the various teams involved in day-to-day primary care.	Makes effective use of practice resources, personnel, and systems	Participates in health policy advocacy activities.
	Person centred care	Identifies the need to individualise communication strategies Recognises easily identifiable barriers to effective	Organises the communication, clarifies expectations. Communicates management plans while responding to the patient’s agenda and preferences.	Elicits psychological and social information to place the patient’s problem in context Uses the patient’s understanding to improve discussion and explanation	Comprehensively engages patients in decision-making about care choices Consider public and private care options and advise the patient on benefits and challenges	Mentors others in situational awareness and critical self-reflection to consistently develop positive therapeutic relationships

		communication, e.g. language, culture				
	Specific problem - solving skills	Occasionally asks the patient what they think is wrong	Habitually enquires into the patient's understanding of their illness/condition	Regularly elicits the patient's understanding of their illness/condition	Elicits patient understanding of healthcare structures Enables and empowers the patient (and their carer) to self-advocate where possible	Works with patients and patient support groups to improve care for particular conditions
	Comprehensive Approach	Able to address a sole presenting complaint. Requires assistance with multiple presentations and co-morbidities	Demonstrates an appreciation of the GP role in managing concordance. Some experience in managing several presenting complaints and multi morbidities.	Effective in exploring patient concordance Regularly demonstrates in acute consultations the ability to manage both multiple issues in and multi morbidity.	Manages complex consultations with several presenting complaints and/or multimorbidity.	Proactively plans patient care on practice level (e.g. clinical quality initiative) and/or outside practice level.
	Community Orientation	Identifies the needs of the patient	Aware that the source of the problem may sometimes be other than the patient	Identifies where carer/family dynamics or lack of local supports impacts on the patient and manages the situation in the best interest of the patient	Formulates plans to address systemic issues which may be present in the local healthcare system	Advocates within the primary care system for increased supports in the local community
	Holistic Approach	Aware there may be physical, psychological, and social aspects of the patient's problem.	Enquires into the physical, psychological, and social aspects of the patient's problem.	Uses knowledge about the patient's psychosocial circumstances to inform	Considers the patient's expectations, beliefs, and culture throughout the consultation	Facilitates long term support for the patient and/or their carers that is realistic and avoids doctor dependence



				discussion and shared management decisions.		
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3.14 EPA 14: Manage a pregnancy

Description of the activity

At the end of training the GP is able to provide for both routine and emergency pregnancy care, in conjunction with the local and/or national maternity services as needed and demonstrates knowledge of other, less common, antenatal appointment regimens. The GP demonstrates the ability to manage the common conditions of pregnancy as well as serious presentations. The doctor delivers care at both urgent and routine pregnancy visits, including postpartum routine checks, with appropriate record-keeping, consultation skills, physical exam with measurements as appropriate and use of technologies such as pulse doppler. The doctor practices within the ethical and legal frameworks for termination of pregnancy. The GP is also able to counsel patients presenting with an unplanned/crisis pregnancy and refer for appropriate care.

Example Presentations:

Routine antenatal care, placental abruption, routine 6-week post-natal check, pregnancy loss.

Supervision Levels EPA 14: Manage a pregnancy

	Domain	Close supervision	Moderate supervision	Low supervision	Ready for independent practice	Could teach/supervise others
PIP-C + CBD	Primary Care Management	Shows awareness of working in a team rather than in isolation Documents patient encounters. Aware of the need to check clinical guidelines	Appreciates the increased efficiency in delivering patient care when teams work collaboratively Maintains rapport with the patient while documenting patient encounters	Is an effective team member, working flexibly with the various teams involved in day-to-day primary care. Produces computer records which are sufficient.	Formulates an action plan, utilising practice, and primary care team resources responsive to the urgency of the situation Maintains accurate patient records, which are succinct, coding if appropriate.	Participates in health policy advocacy activities. Actively facilitates improvement in primary care systems. This includes the evaluation of any changes implemented.

			Accesses the available evidence, and guidelines for patient care.	Addresses learning needs and shows the application of learning in subsequent consultations.	Chooses, performs, and interprets relevant management options according to the evidence	Initiates/collaborates in research which addresses unanswered questions
	Person centred care	Establishes a therapeutic relationship in straightforward encounters. Recognises easily identifiable barriers to effective communication, e.g. language, culture	Uses language and non-verbal communication to demonstrate respect and establish rapport Communicates management plans while responding to the patient's agenda and preferences.	Establishes a therapeutic relationship in challenging encounters Challenges unhelpful health beliefs or behaviours while maintaining a productive relationship.	Performs a complete history and tailors communication skills and methods to the needs/understanding of the patient/carer Works in partnership with patients, carers and families and particular partners for what could be a new and possibly distressing life situation	Considers the patient's expectations, beliefs, and culture throughout the consultation Mentors others in situational awareness and critical self-reflection to consistently develop positive therapeutic relationships
	Specific problem-solving skills	Accumulates information from the patient. Generates a differential diagnosis for presentations Identifies normality	Uses relevant information from the patient record Prioritises the differential diagnosis for presentations Identifies abnormal findings and results	Identifies the nature and scope of enquiry needed to investigate the problem or multiple problems within a short time frame Uses time as a diagnostic aid Develops a differential diagnosis for patients	Makes a diagnosis in a structured way using a problem-solving method, recognising the common acute presentations in primary care. Uses a clinical evidence base to inform diagnosis and management. Determines a follow-up plan with safety netting	Is able to use and justify discretionary judgement in complex situations.

				with undifferentiated illness.		
	Comprehensive Approach	Identifies that co-morbidities may impact the presenting problem. Identifies and acknowledges uncertainty. Identifies relevant prevention guidelines.	Simultaneously manages presentations both acute and chronic. Tolerates uncertainty. Reconciles competing prevention guidelines to develop a plan for an individual patient.	Prioritises management options in complex presentations based on assessment of risk. Anticipates and employs strategies for managing uncertainty.	Manages the consultation with due attention given to all patient problems and co-morbidities. Comfortable with uncertainty. Uses the consultation effectively to approach health promotion.	Partners with the community to promote health.
	Community Orientation	Identifies the needs of the patient	Aware of some resources available within the local community, e.g., antenatal classes, breastfeeding supports	Demonstrates, through clinical practice, familiarity with a wide range of resources.	Incorporates all clinical and social information into a structured management plan, with appropriate safety-netting measures	Understands local processes that are used to shape service delivery, e.g. primary care units, and how these can be influenced.
	Holistic Approach	Aware there may be physical, psychological, and social aspects of the patient's problem.	Enquires into the physical, psychological, and social aspects of the patient's problem.	Uses knowledge about the patient's psychosocial circumstances to inform discussion and shared management decisions.	Elicits and uses information about the patient's psychosocial history in an effective and non-judgemental fashion which puts the patient at ease.	Facilitates long term support for the patient and/or their carers that is realistic and avoids doctor dependence.
PIP - P	Choice of Procedure/examination	Identifies procedures which GPs can perform. Chooses examination broadly in line with the patient's problem(s).	Chooses examinations/procedures appropriately targeted to the patient's problems	Varies options of procedures according to the circumstances and preferences of the patient.	Uses a clinical evidence base to inform diagnosis and management Actively promotes safe practice in relation to	Identifies procedures needed in future practice and pursues supplemental training.

		Understands procedures which are available elsewhere.	Refers for procedures elsewhere when indicated.	Declines support for procedures which are not in the patient's best interest	examination and procedural skills	
Communication with patient	Understands the importance of adequate patient counselling and consent prior to an examination/procedure.	Shows awareness of medico-legal issues, informed consent, and mental capacity. Counsels patients about the expectations of common procedures including risks and side effects.	Ensures the patient understands the reason for an intimate examination, offers a chaperone. Identifies and reflects on ethical issues in regard to examinations and procedures.	Communicates effectively with the patient and/ or carer/family member including use of appropriate and sensitive language Incorporates all clinical and social information into a structured management plan, with appropriate safety-netting measures	Creates practice protocols/ consent standard leaflets around patient counselling pre procedure. Audits patient satisfaction rates with explanations and/or consent systems in regard to procedures.	
Technical skills	Refers appropriately when a procedure is outside their competence.	Conducts examinations which are appropriate, being prompted if necessary. Demonstrates a step wise approach to the procedure, being prompted if necessary.	Has a smooth and systematic approach to examination/procedure Conducts an intimate examination with respect for patient privacy and dignity	Manages the procedure/examination appropriately in the context of the primary care setting with due regard for clinical evidence, patient safety and appropriate use of resources Use a clinical evidence base to inform diagnosis and management	Engages in quality improvement activities in regard to procedural skills.	
Interpretation of findings	Interprets results of common examinations and procedures.	Develops a prioritised differential diagnosis for common presentations.	Synthesises complex examination findings with other diagnostic	Formulates an action plan, utilising practice, and primary care team	Pursues knowledge of new and emerging	

				data to reach high probability diagnoses.	resources responsive to the urgency of the situation Determines a follow-up plan with safety netting	examinations and procedures.
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3.15 EPA 15: Care of a patient with a life limiting illness, palliative care, and end-of-life care needs

Description of the activity

At the end of training the GP is able to comprehensively manage the needs of patients approaching the end of life and those with life-limiting illness. The GP demonstrates a patient-centred approach to care, with appropriate involvement of the family / carers, considering the multiple medical, social, and psychological factors involved. The wishes and cultural beliefs of the patient are prioritised, and the GP communicates sensitively, openly, and compassionately with the patient and their family. The GP works closely with the members of the multidisciplinary team (MDT) to achieve the best outcomes for patients. They are able to attend to the specific clinical aspects of palliative care including the specialised drugs for symptom management, recognition of stage of disease, and consider the legal aspects of end-of-life care. They GP attends to their own needs and the needs of the family after death of the patient.

Example Presentations

Malignancy, motor neurone disease, end-stage COPD

Supervision levels EPA 15: Care of the patient with life limiting illness, palliative care, and end of life care needs.

	Domain	Close supervision	Moderate supervision	Low supervision	Ready for independent practice	Could teach/supervise others
PIP-C + CBD	Primary Care Management	Shows awareness of working in a team rather than in isolation Documents patient encounters. Aware of the need to check clinical guidelines	Accesses the available evidence, and guidelines for patient care.	Liaises and works in partnership with specialist palliative care and multidisciplinary teams to optimise care	Achieves a shared management plan with the patient’s wishes at the centre, acknowledging the input of family / carers, that is reviewed regularly. Documents care plans that support patients and carers, e.g. advance care directives	Actively facilitates improvement in palliative care. This includes the evaluation of any changes implemented.

	Person centred care	Recognises easily identifiable barriers to effective communication, e.g. language, culture	Communicates management plans while responding to the patient's agenda and preferences.	Elicits the patient's understanding and what they want to know of their illness/condition.	Initiates discussion with patient and/or family around end-of-life care Communicates sensitively and compassionately.	Mentors others in situational awareness and critical self-reflection to consistently develop positive palliative care relationships
	Specific problem-solving skills	Prescribes for symptom relief of common (non-palliative) symptoms	Prescribes for some palliative specific symptoms	Prescribes appropriately having elicited symptoms and signs of clinical need Identifies deterioration and proactively plan for changes in capacity.	Reviews medications to discontinue where relevant Addresses legal aspects of end-of life care – e.g. coroner, cremation	Is able to use and justify discretionary judgement in complex situations.
	Comprehensive Approach	Manages some individual needs of the patient.	Manages more than one patient need/problem simultaneously.	Prioritises management options based on assessment of need and possible consequences	Manages the general medical care and specific end of life needs of patients taking into account multiple medical, social, and psychological factors.	Develops thinking/research in complex symptoms management in palliative care.
	Community Orientation	Understands that the GP has a role to play in palliative care	Aware of the frequency and workload of end-of-life care in General Practice	Recognises patients who are approaching the end of life, or who have a life limiting illness.	Promote end of life planning where appropriate. e.g. "Think Ahead" Attends to the care of relatives/carers after death	Promotes helpful supports for end-of-life planning to the community e.g. "Think Ahead"
	Holistic Approach	Aware that there may be physical, psychological, and social aspects of the situation.	Recognises the impact of the situation on the patient, their family, and/or carers.	Uses knowledge about the patient's psychosocial circumstances to inform discussion and	Holistically manages the care of the patient and their family/carers	Develops thinking/research in psychosocial effects in palliative care

				shared management decisions.	Adapts care plans and management to the clinical setting, e.g. practice, home, nursing home	
PIP - P	Choice of Procedure/ examination	Identifies procedures which GPs can perform. Understands procedures which are available elsewhere.	Chooses examinations/procedures appropriately targeted to the patient's problems Refers for procedures elsewhere when indicated.	Varies options of procedures according to the circumstances and preferences of the patient.	Actively promotes safe practice in relation to examination and procedural skills, e.g. syringe driver	Identifies procedures needed in future practice and pursues supplemental training.
	Communication with patient	Understands the importance of adequate patient counselling and consent prior to an examination/procedure.	Shows awareness of medico-legal issues, informed consent, and mental capacity. Counsels patients about the expectations of common procedures including risks and side effects.	Identifies and reflects on ethical issues in regard to examinations and procedures.	Tailors communication skills and methods to the needs/understanding of the patient/carer Incorporates all clinical and social information into a structured management plan, with appropriate safety-netting measures	Creates practice protocols/ consent standard leaflets around patient counselling pre procedure. Audits patient satisfaction rates with explanations and/or consent systems in regard to procedures.
	Technical skills	Refers appropriately when a procedure is outside their competence.	Demonstrates a step wise approach to the procedure, being prompted if necessary.	Demonstrates confidence and motor skills, without prompting, when performing procedures.	Has a smooth and systematic approach to procedure/examination.	Engages in quality improvement activities in regard to procedural skills.
	Interpretation of findings					

3.16 EPA 16: Manage investigations

Description of the activity

At the end of training the GP is able to request appropriate laboratory and radiological investigations, consistent with evidence-based primary care management. They can explain and rationalise the requirement to the patient and to the laboratory/radiological department. The interpretation of these tests reflects the clinical context and assists the diagnosis and formulation of differential diagnoses. The GP also manages the volume of tests processed in the practice systematically and safely and audits the management of investigations in a GP practice. The GP coordinates the flow of information arising from the investigations for use in referral to other care providers and services.

Example Presentations

Daily practice blood investigations, Patient request for MRI scan.

Supervision Levels EPA 16: Manage Investigations

	Domain	Close supervision	Moderate supervision	Low supervision	Ready for independent practice	Could teach/supervise others
PIP-C + CBD	Primary Care Management	Understands that investigations are ordered by the practice and results returned to the practice.	Aware of the need for a systematic approach to investigation management by the practice	Identifies the principal features of a safe practice investigation system	Participates in the practice system for management of investigation results of the practice population Able to audit the practice system for the management of investigations	Authors reports/audits/guidance which advise on how to manage practice clinical investigations
	Person centred care	Communicates partially to patients which tests are being ordered and why.	Reliably communicates the reason for test request to laboratory	Communicates effectively to patients why requested tests are not required in relevant situations	Communicates the clinical situation and rationale to patients as necessary and to laboratory and radiology departments	Participates in research to inform patient communication in regard to result/risk communication

			and radiology departments		Explains the investigations results and their implications to patients/and or family	
	Specific problem-solving skills	Aware of information sources to guide investigation of symptoms and presentations	Methodically checks patient and form identity while organising investigations.	Applies best guidance in investigation management according to the presenting condition.	Requests information and screening tests based on history, shared patient decision making, and best practice for the system/condition/complaint being considered Routinely executes procedures e.g. sample taking, filling out forms, to minimise error and maximise patient and own safety	Participates in specificity and sensitivity research in investigation management in General Practice
	Comprehensive Approach	Some appreciation of how to incorporate test results into patient care	Follows up on tests ordered personally or within agreed practice frameworks	Follows up on own and on the test results of other clinicians where appropriate	Follows up on the result and uses it to determine or adjust the patient's management plan according to the practice system	Innovates in the practice investigation management system to maximise safe follow up of all results
	Community Orientation	Aware that investigations have a cost implication	Understands which investigations are resource intensive	Avoids wastage due to unnecessary investigations and duplication	Considers cost effectiveness and risk/benefit analysis of investigations	Leads in waste reduction in investigations in the practice/department/region
	Holistic Approach	Aware there may be patient physical, psychological, and social aspects which affect the situation	Some recognition of how a patient's psychological, social, economic, or cultural situation could	Implements investigations that account for variation of patients in respect of their psychological,	Appreciates the nuances of the psychological, social, economic, or cultural situations of patients when managing investigations.	Engages with organisations outside of the practice, in a patient advocacy role.

			impact their investigations/results	social, economic, or cultural situations.		
PIP - P	Choice of Procedure/ examination	Aware of information sources to guide investigation of symptoms and presentations	Methodically checks patient and form identity while organising investigations.	Applies best guidance in investigation management according to the presenting condition.	Requests information and screening tests based on history, shared patient decision making, and best practice for the system/condition/complaint being considered	Participates in specificity and sensitivity research in investigation management in General Practice
	Communication with patient	Communicates partially to patients which tests are being ordered and why.	Reliably communicates the reason for test request to laboratory and radiology departments	Communicates effectively to patients why requested tests are not required in relevant situations	Communicates the clinical situation and rationale to patients as necessary and to laboratory and radiology departments Explains the investigations results and their implications to patients/and or family	Participates in research to inform patient communication in regard to result/risk communication
	Technical skills	Understands the need to take responsibility for investigation results Aware of information sources to guide investigation of symptoms and presentations	Aware of the need for a systematic approach to investigation management by the practice Methodically checks patient and form identity while organising investigations.	Identifies the principal features of a safe practice investigation system Applies best guidance in investigation management according to the presenting condition.	Participates in the practice system for management of investigation results of the practice population Able to audit the practice system for the management of investigations Routinely executes procedures e.g. sample taking, filling out forms, to	Authors reports/audits/ guidance which advise on how to manage practice clinical investigations

					minimise error and maximise patient and own safety	
	Interpretation of findings	Aware that investigations have a cost implication	Understands which investigations are resource intensive	Avoids wastage due to unnecessary investigations and duplication	Considers cost effectiveness, risk benefit analysis and community awareness	Leads in waste reduction in investigations in the practice/department/region

3.17 EPA 17: Manage the integration of evidence-based therapeutics into patient care and prescribe and manage medications

Description of the activity

By the end of training the GP is able to safely prescribe medications for symptomatic relief and disease modification in normal daytime and in the out-of-hours setting. The GP communicates with patients to check contraindications, explain side effects, and encourage adherence; sets up and manages practice systems to manage medication reviews, medication monitoring, transitional care prescribing and polypharmacy. The GP also demonstrates critical thinking in prescribing ethically and ensuring cost effective decision-making.

Example Presentations

Benzodiazepine requests, post-hospital discharge prescriptions, patient on anticoagulants, patient on multiple medications

Supervision levels EPA 17: Manage the integration of evidence-based care into therapeutics and prescribe and manage medications

	Domain	Close supervision	Moderate supervision	Low supervision	Ready for independent practice	Could teach/supervise others
PIP-C + CBD	Primary Care Management	Understands that the GP practice has a central role in management of a patient's medications	Aware of the need for a systematic approach to medication management by the practice	Participates in the practice system for all aspects of management of patient medications including acute prescribing, repeat prescriptions, hospital discharge prescriptions and prescription reviews	Make effective use of practice resources, personnel and systems including local pharmacist, when prescribing Able to audit the practice system for the management of medications.	Authors reports/audits/guidance which advise on how to manage practice clinical investigations
	Person centred care	Communicates partially to patients which medications are being prescribed and why.	Communicates to patients most of the important information about	Communicates effectively to patients all necessary information about	Communicates effectively to patients/carers why medications are being de-prescribed and why certain	Participates in research to improve patient communication in regard to medications

			indications, side effects, and interactions of medications	indications, side effects, and interactions of medications	patient requests for medication are declined. Uses sensitive language	
	Specific problem-solving skills	Aware of information sources to guide prescribing. e.g. clinical guidelines, HSE and ICGP websites	Methodically checks if unsure of dosages and prescribes correctly with awareness of any underlying medical condition/organ damage.	Knows side effects and Interactions of common medications in General Practice Ensures all blood/weight/other monitoring of medication occurs	Prescribes with due regard for clinical evidence and patient safety. Complies with all legislative guidance according to drug classification Prescribes ethically in particular with benzodiazepines, antibiotics prescribing, telephone prescriptions	Leads on local/national initiatives to improve prescribing practice in Irish General Practice
	Comprehensive Approach	Aware of the risks of patient polypharmacy	Reliably checks medication list to avoid interactions when prescribing	Proactive in addressing polypharmacy and deprescribing where possible	Can structure a patient problem list to prioritise prescribing Minimises polypharmacy where possible	
	Community Orientation	Aware that medications have a cost implication	Understands which medications are expensive	Avoids wastage due to unnecessary prescribing	Considers cost effectiveness and risk/benefit analysis of medications	Leads in waste reduction in prescribing in the practice/department/region
	Holistic Approach	Aware there may be patient physical, psychological, and social aspects which affect the situation	Some recognition of how a patient's psychological, social, economic, or cultural situation could	Considers the patient's expectations, beliefs, and culture throughout the consultation	Appreciates the nuances of the psychological, social, economic, or cultural situations of patients when managing medications	Engages with organisations outside of the practice, in a patient advocacy role.



			impact prescribing for them			
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3.18 EPA 18: Manage the GP practice and available resources

Description of the activity

At the end of training the GP is aware of the overarching importance of promoting and preserving high quality general practice and improved care within their practice, their primary care team, and their local community. The GP works with the practice team (GP colleagues, nurses, administrative staff, and other primary care team members in the practice) to ensure that appropriate systems, protocols, and procedures are formulated and implemented to safeguard all aspects of patient care.

The GP is aware of his/her responsibilities as an employer and of the need for compliance with legal, contractual, and ethical obligations in this regard. The GP is also aware of the importance of the gatekeeper, the importance of appropriate use of resources in both primary and secondary care and is willing and able to implement these principles in his/her own practice.

The GP interacts with the wider primary care team in order to enhance patient care within his/her practice and community. The GP is aware of the need for self-care, including time management, within the practice.

Example Presentations

Health and safety protocol, staff contracts, staff confidentiality agreements, chronic disease management protocols.

Supervision levels EPA 18: Manage the GP Practice and available resources

	Domain	Close supervision	Moderate supervision	Low supervision	Ready for independent practice	Could teach/supervise others
PIP-C + CBD	Primary Care Management	Shows awareness of working in a team rather than in isolation	Appreciates the increased efficiency in delivering patient care when teams work collaboratively	Is an effective team member, working flexibly with the various teams involved in day-to-day primary care. Contributes to development of practice	Works in partnership with GP colleagues, practice nurses, administrative staff, and all other primary care team staff in the practice Formulates appropriate protocols and procedures	Leads locally/regionally/nationally in developing patient care pathways

			Understands the importance of robust practice systems	protocols and procedures	within the practice to ensure safe delivery of general practice services to all patient groups	
	Person centred care	Aware of how patients access the practice services Attends to necessary healthcare communications	Understands that a balance needs to be struck between resources and access to services for patients	Referral letters have the correct balance of sufficient important information and brevity	Organises access to services for patients. Communicates effectively (in writing or in person) with healthcare teams including primary, secondary, and tertiary care teams	Engaged in liaison between primary and secondary care services
	Specific problem-solving skills	Understands that General Practice is a small business	Understands the GMS payments system Aware of revenue implications of private practice	Identifies appropriate resources to advise on employment law, practice income and outflows and revenue obligations	Understands how to manage practice finances effectively, availing of accountancy supports when appropriate. Follows appropriate legal and ethical guidelines for the management of staff	Advises the practice/ other practices in business administration
	Comprehensive Approach	Aware of the requirement for time keeping	Time keeping (including arrival at work) is satisfactory	Use of time throughout the day is efficient and productive	Effectively manages his/her own time within the practice being cognisant of the need for self-care	Identifies time saving initiatives which are beneficial to the practice
	Community Orientation	Understands that General Practice interacts with many other agencies	Understands the role of the HSE Primary Care team and available local community resources	Demonstrates, through clinical practice, familiarity with a wide range of local resources	Makes balanced choices about use of available resources. Works cooperatively with HSE Primary Care team	Advocates within the primary care system for increased supports in the local community



	Holistic Approach	Aware of the need to balance personal and practice demands	Addresses self-care physically, psychologically, financially	Has a healthy work-life balance with good care of own health	Ensures effective personal financial planning, seeking appropriate external financial advice as required	Is recognised as a role model for effective work-life balance.
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References

1. Ten Cate O. Nuts and bolts of entrustable professional activities. *J Grad Med Educ.* 2013 Mar;5(1):157-8. doi: 10.4300/JGME-D-12-00380.1. PMID: 24404246; PMCID: PMC3613304.
2. Ten Cate O, Scheele F. Viewpoint: competency-based postgraduate training: can we bridge the gap between theory and clinical practice? *Acad Med.* 2007;82(6):542-7.