PORTFOLIO PATHWAY & SPECIALIST REGISTRATION | MODULE 06

Generic professional capabilities: leadership, improvement, teaching and research

Show how leadership, quality improvement, education, scholarship, communication and professional values operate in real practice.

- ✓ 18 min reading
- ✓ Full teaching, practical next steps and reflection
- ✓ Six practice questions with answers and explanations
- ✓ Complete source list and jurisdiction notes

Prepared for SAS, locally employed and other UK doctors

Author: Dr N Aziz

Using this module

Independent education

This is general professional information, not individual clinical, legal, employment, immigration, regulatory, tax or pensions advice. Current official instructions and the circumstances of the individual case remain controlling. Practice scores do not establish professional competence or accreditation.

The short answer

Generic capabilities are not an appendix to clinical work. Applicants must demonstrate how they lead, improve systems, teach, use evidence, communicate and practise professionally at the required level. Titles and attendance certificates are weak unless linked to action, assessment, impact and sustained application.

Three next actions

- Map every generic capability separately rather than using one broad ‘non-clinical’ folder.
- For each claim, capture role, action, evidence of quality, outcome, feedback and what changed next.
- Plan at least one longitudinal improvement and one assessed education or leadership activity where current evidence is weak.

Learning objectives

- Identify persuasive evidence for leadership, QI, teaching and scholarship.
- Distinguish participation from capability and impact.
- Present unsuccessful or incomplete work honestly and usefully.

Leadership without relying on a title

Leadership evidence may include chairing a multidisciplinary meeting, coordinating a rota, redesigning a pathway, managing risk, contributing to appointments, supervising colleagues, mentoring, resolving operational problems or influencing policy. The GMC supporter guidance gives examples such as chairing meetings, appointment panels, rotas and mentoring.

Show the purpose, stakeholder engagement, decision, accountability, challenge, outcome and reflection. A committee membership list or honorary title alone does not demonstrate effective leadership.

- Describe action and accountability.
- Include feedback or outcome.
- Leadership can occur without formal authority.

Quality improvement and audit

A complete audit compares practice with an explicit standard, implements change and remeasures. Quality improvement may use iterative testing, process measures and sustained team learning. Service evaluation, research and clinical audit have different governance and should be labelled accurately.

Evidence can include an approved proposal, baseline data, meeting records, intervention, remeasurement, presentation, adoption and reflection on limitations. If the project did not improve the measure, explain what was learned and what changed; do not rewrite it as success.

- Name the method correctly.
- Show change and remeasurement.
- Discuss limitations honestly.

Teaching, supervision and assessment

A single lecture shows participation. Stronger education evidence demonstrates needs assessment, learning objectives, delivery, inclusive method, feedback, evaluation and improvement over time. Supervisory evidence should show appropriate responsibility, trainee support, feedback quality and escalation.

Use lesson plans, anonymised feedback summaries, peer observation, programme design, assessment roles and reflective change. Do not upload identifiable learner information or confidential assessment material without authority.

- Show the education cycle.
- Include peer or learner evaluation.
- Protect learner confidentiality.

Research, publications and evidence use

The required level varies by specialty. Evidence may include research governance, recruitment, data analysis, authorship, peer review, guideline development, critical appraisal or implementation of evidence. Authorship order or journal status alone does not explain contribution.

For each output, state the question, governance route, personal role, method, result, dissemination and effect. Where an abstract, article or guideline is publicly available, cite it; where it is not, use authorised documents and a clear contribution statement.

- Describe personal contribution.

- Show governance and integrity.
- Link scholarship to practice.

Communication, teamwork, equality and professionalism

Generic capabilities include communication with patients and colleagues, shared decision-making, team contribution, equality, safeguarding, ethical reasoning, resource stewardship and professional values. Use evidence across settings and groups, not only a single favourable feedback exercise.

Possible evidence includes multisource feedback, observed consultations, complaint learning, accessibility improvements, safeguarding work, reasonable-adjustment practice and supervisor reports. Context matters, but claims should remain specific and assessed.

- Sample different settings and people.
- Show inclusive practice.
- Use feedback with action.

Integrate generic capabilities with clinical work

Generic evidence is strongest when it shows how professional capabilities improve clinical care: leadership in an emergency pathway, QI that reduces delay, teaching that improves handover, or scholarship that changes prescribing. A separate folder of courses can obscure this integration.

Map one activity to multiple outcomes only where the evidence truly demonstrates each one. Explain the different link rather than repeating the same description. Keep the overall portfolio proportionate.

- Connect capability to patient care.
- Map honestly across outcomes.
- Avoid a certificate dump.

Common mistake

Avoid this	Treating generic capabilities as a collection of course certificates overlooks the required evidence of behaviour, responsibility, application and impact.

Pause and reflect

Which generic capability is visible in your daily practice but currently lacks independent evidence of quality or effect?

Takeaways

- Leadership and generic capabilities are demonstrated through action, accountability and effect.
- QI, audit, research and service evaluation should be named and evidenced accurately.
- Integrating professional capabilities with clinical work produces more authentic evidence.

Knowledge check

Choose one best answer. These practice questions support reflection; they do not assess a real case or confer accreditation. Answer positions match the browser edition.

1. Which item best supports a leadership claim?

A. A senior-sounding job title

B. A leadership-course attendance certificate alone

C. A committee name on a CV

D. A verified account of a service change, stakeholder decisions, outcome and reflection

2. An audit has baseline data and recommendations but no remeasurement. How should it be presented?

A. As proof of sustained improvement

B. Without mentioning the missing re-audit

C. As an incomplete cycle with a plan or later evidence, not a completed audit cycle

D. As a completed improvement cycle despite the lack of remeasurement

3. What turns repeated teaching into stronger evidence?

A. A self-written praise statement

B. Named trainee feedback uploaded without consent

C. More slides

D. Documented objectives, evaluation, feedback and changes to later sessions

4. How should a multi-author publication be used?

A. As proof the applicant did every task

B. With a clear, supportable account of the applicant’s contribution

C. Without checking publication ethics

D. By uploading confidential raw data

5. Which evidence best demonstrates inclusive communication?

A. A policy copied into the portfolio

B. Observed practice and feedback across relevant patient contexts, with changes made

C. One colleague’s generic praise

D. A statement that no complaints occurred

6. One QI project is mapped to leadership and improvement. When is this appropriate?

A. Only if the project won an award

B. When distinct evidence within the project demonstrates both outcomes

C. Limit it to one outcome without considering distinct supported claims

D. Map it to every generic outcome without explaining the evidence for each claim

Answers and explanations

1. D — A verified account of a service change, stakeholder decisions, outcome and reflection

A verified account of a service change, stakeholder decisions, outcome and reflection This follows the principle explained in “Leadership without relying on a title”.

Re-read “Leadership without relying on a title” and write down the evidence or decision you would need before acting.

2. C — As an incomplete cycle with a plan or later evidence, not a completed audit cycle

As an incomplete cycle with a plan or later evidence, not a completed audit cycle This follows the principle explained in “Quality improvement and audit”.

Re-read “Quality improvement and audit” and write down the evidence or decision you would need before acting.

3. D — Documented objectives, evaluation, feedback and changes to later sessions

Documented objectives, evaluation, feedback and changes to later sessions This follows the principle explained in “Teaching, supervision and assessment”.

Re-read “Teaching, supervision and assessment” and write down the evidence or decision you would need before acting.

4. B — With a clear, supportable account of the applicant’s contribution

With a clear, supportable account of the applicant’s contribution This follows the principle explained in “Research, publications and evidence use”.

Re-read “Research, publications and evidence use” and write down the evidence or decision you would need before acting.

5. B — Observed practice and feedback across relevant patient contexts, with changes made

Observed practice and feedback across relevant patient contexts, with changes made This follows the principle explained in “Communication, teamwork, equality and professionalism”.

Re-read “Communication, teamwork, equality and professionalism” and write down the evidence or decision you would need before acting.

6. B — When distinct evidence within the project demonstrates both outcomes

When distinct evidence within the project demonstrates both outcomes This follows the principle explained in “Integrate generic capabilities with clinical work”.

Re-read “Integrate generic capabilities with clinical work” and write down the evidence or decision you would need before acting.

Official and professional sources

Confirm the current source version and applicable nation, contract, scheme or specialty. A source list is not a statement that every rule applies to every reader.

GMC: Information for Responsible Officers and supporters
UK · https://www.gmc-uk.org/cdn/documents/portfolio-pathway-applications---information-for-responsible-officers---dc21350_pdf-104695809.pdf

GMC: specialist/GP registration overview and application route finder
UK · https://www.gmc-uk.org/registration-and-licensing/join-our-registers/applying-for-specialist-or-gp-registration

NHS Employers: SAS development guidance
England · https://www.nhsemployers.org/publications/sas-development-guidance

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