

General Practice Assistant (GPA) Competency Framework

This competency framework specifies a range of core capabilities expected of the General Practice Assistant (GPA) working within general practice/primary care.

The framework is structured around 5 key domains:

- Care
- Administration
- Clinical
- Communications
- Managing Health Records

Within the domains are a total of 58 capabilities. The capabilities are numbered for ease of reference - this does not indicate a prescribed pathway, process or hierarchy. The capabilities set out what the GPA working in general practice/primary care settings should demonstrate.

To further support GP practices in identifying and reviewing capabilities, specific assessment criteria has also been included in the framework. This will help GPAs to build a portfolio of evidence and demonstrate the required knowledge, skills and behaviours essential to the GPA role, and promote clinical thinking and reflection.

Further guidance to support GP practices and GPAs can be made available, upon request.

Domain 1: CARE	Assessment Criteria	
Section A - Person centred care		
1. Understand the application of person-centred approaches in health and social care but specifically in general practice.	1.1	Explain how and why person-centred values must influence all aspects of health and social care work
	1.2	Evaluate the use of care plans in applying person centred values
2. Be able to work in a person-centred way	2.1	Work with an individual and others to find out the individual's history, preferences, wishes and needs
	2.2	Give examples of ways to put person centred values into practice in a complex or sensitive case
	2.3	Describe how actions and approaches may need to be adapted in response to an individual's changing needs or preferences
3. Be able to promote individual's well-being	3.1	Explain the links between identity, self-image and self-esteem for an individual
	3.2	Analyse factors that contribute to the well-being of individuals
	3.3	Give an example of where you have supported an individual in a way that promotes their sense of identity, self-image and self esteem
	3.4	Describe ways to contribute to an environment that promotes well-being
4. Understand the role of risk assessment in enabling a person-centred approach	4.1	Compare different uses of risk assessment in health and social care
	4.2	Explain how risk-taking and risk assessment relate to rights and responsibilities
	4.3	Explain why risk assessments need to be regularly revised
Section B – Care Plans		
5. Be able to support the implementation of care plans	5.1	Carry out assigned aspects of a care plan generated by the practice or wider team
	5.2	Support others to carry out aspects of a care plan for which they are responsible
	5.3	Give an example of where the practice has had to adjust the plan in response to changing needs or circumstances
6. Be able to monitor a care plan	6.1	Agree methods for monitoring the way a care plan is delivered
	6.2	Collate monitoring information from agreed sources
	6.3	Record changes that affect the delivery of the care plan

7. Be able to facilitate a review of care plans and their implementation	7.1	Seek agreement with the individual and others about: <ul style="list-style-type: none"> • Who should be involved in the review process • Criteria to judge effectiveness of the care plan 	
	7.2	Seek feedback from the individual and others about how the plan is working	
	7.3	Use feedback and monitoring/other information to evaluate whether the plan has achieved its objectives	
	7.4	Work with the individual and others to agree any revisions to the plan or an action plan	
	7.5	Document the review process and revisions as required	
Section C – Infection control		8.1	Explain employees’ roles and responsibilities in relation to the prevention and control of infection
8. Understand roles and responsibilities in the prevention and control of infections	8.2	Explain employers’ responsibilities in relation to the prevention and control of infection	
9. Understand legislation and policies relating to prevention and control of infections	9.1	Outline current legislation and regulatory body standards which are relevant to the prevention and control of infection	
	9.2	Describe local and organisational policies relevant to the prevention and control of infection including COVID-19	
10. Understand systems and procedures relating to the prevention and control of infections	10.1	Describe procedures and systems relevant to the prevention and control of infection	
	10.2	Explain the potential impact of an outbreak of infection on the individual and the organisation	
11. Understand the importance of risk assessment in relation to the prevention and control of infections	11.1	Define the term risk	
	11.2	Outline potential risks of infection within the workplace	
	11.3	Describe the process of and importance of carrying out a risk assessment	
Section D – Mental Health and Wellbeing		12.1	Evaluate two different views on the nature of mental well-being and mental health
12. Understand the different views on the nature of mental well-being and mental health and the factors that may influence both during a patient’s life.	12.2	Explain the range of factors that may influence mental well-being and mental health problems across the life span, including: <ul style="list-style-type: none"> • Biological factors • Social factors • Psychological factors 	
	12.3	Explain how the following types of risk factors and protective factors influence levels of resilience in individuals and groups in relation to mental well-being and mental health: <ul style="list-style-type: none"> • Risk factors including inequalities, poor quality social relationships, substance misuse • Protective factors including socially valued roles, social support and contact 	

13. Know how to implement an effective strategy for promoting mental well-being and mental health with individuals and groups	13.1	Explain the steps that an individual may take to promote their mental well-being and mental health
	13.2	Explain how to support an individual in promoting their mental well-being and mental health
	13.3	Describe a strategy for supporting a particular patient in promoting their mental well-being and mental health

Domain 2: ADMINISTRATION	Assessment Criteria	
1. Understand requirements for handling information in health and social care settings	1.1	Identify legislation and codes of practice that relate to handling information in health and social care i.e. confidentiality and information governance
	1.2	Summarise the main points of legal requirements and codes of practice for handling information in health and social care
2. Be able to implement good practice in handling information	2.1	Describe features of manual and electronic information storage systems that help ensure security
	2.2	Demonstrate practices that ensure security when storing and accessing information
	2.3	Give an example of where you have maintained records that are up to date, complete, accurate and legible
	2.4	Demonstrate an understanding of given consent by an individual to share information with another person or body.
	2.5	Demonstrate an understanding of consenting where mental capacity is in doubt or not present.
3. Know ways to support individuals to access information on services and facilities	3.1	Identify the types of services and facilities which patients may require access to and give examples where you have actively signposted them. Demonstrate a good knowledge of local service options
	3.2	Identify possible barriers to accessing and understanding information
	3.3	Describe ways to overcome barriers to accessing information
	3.4	Identify a range of formats, translations and technology that could make information more accessible for individuals
	3.5	Describe types of support individuals may need to enable them to understand information
4. Be able to work with individuals to select and obtain information about services and facilities	4.1	Give an example where you have helped an individual to communicate their needs, wishes, preferences and choices about the information they require to access services and facilities
	4.2	Work with an individual to identify relevant and up to date information on services and facilities that meet assessed needs and wishes
	4.3	Give an example where you have helped a patient to obtain selected information in their preferred format and language
5. Be able to work with individuals to access and use information about services and facilities	5.1	Demonstrate ways to check an individual's understanding of the information (for example if there is illiteracy of foreign language as 1 st language)
	5.2	Share an example where you have worked with an individual to access a service or facility using the information, in ways that promote active participation
	5.3	Give an example where you have supported patients to deal with any issues or concerns that may arise from the content of information
	5.4	Understanding when to gain consent from the patient to share information with other services and facilities both in consultation and out of consultation (3 rd party requests)
	6.1	Demonstrate an understanding of information sharing through outpatient letters

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6. Familiarisation with hospital, out of hours and other communications, and key information to be extracted	6.2	Demonstrate an understanding of the information contained within AED and admission/discharge letters
	6.3	Describe the key information needed within medication requests from patients.
	6.4	Demonstrate an understanding of Out of Hours, extended hours and other GP to GP communication letters.
	6.5	Give examples of care home correspondence
	6.6	Outline other relevant communications that might be received in practices.
7. Be able to support the GP to complete common administrative tasks such as:	7.1	Forms linked to benefits – IB113, HAAS etc
	7.2	Mortgage & holiday insurance forms
	7.3	Private letters and short reports
	7.4	Referral templates
	7.5	Investigation forms – x-ray, blood forms, ECG etc
	7.6	Demonstrate an understanding of the need for the GP to “sign off” such requests for individual patients

Domain 3: CLINICAL	Assessment Criteria	
Section A – Background, policies and procedures		
1. Understand relevant legislation, policy and good practice in relation to obtaining, carrying, testing and storing specimens	1.1	Explain current legislation, national guidelines, organisational policies and protocols which affect working practice
	1.2	Describe current legislation, national guidelines, local policies, protocols and good practice guidelines which relate to obtaining venous blood samples
2. Understand how to prepare and manage environments and resources for use during healthcare activities	2.1	Explain how the environment is prepared, maintained and cleaned to ensure it is ready for the healthcare activity
	2.2	Describe the roles and responsibilities of team members in the preparation and management of the environment and resources
	2.3	Explain how to investigate, make the necessary adjustments to and report problems with the environment
	2.4	Describe the impact of environmental changes on resources including their storage and use
3. Preparing environments, medical equipment, devices and resources for use during healthcare activities	3.1	Apply health and safety measures relevant to the healthcare activity and environment
	3.2	Apply standard precautions for infection prevention and control
	3.3	Ensure conditions within the immediate environment are set at levels which maintain individual comfort
	3.4	Ensure that all essential resources are available in advance of planned healthcare activities
	3.5	Ensure all medical equipment, devices and resources are in a suitable, safe condition for the activity to be carried out
	3.6	Report any problems with medical equipment, devices and resources as required
	3.7	Demonstrate the relevant equipment and medical devices are selected, prepared and functioning within the agreed parameters prior to use
	3.8	Prepare resources for the activity in line with clinical governance
	3.9	Demonstrate an understanding of the storage of vaccines and other drugs for use by health care professionals and the need to audit compliance with storage guidance e.g. fridge cold chain audit
4. Be able to ensure that environments and resources are ready for their next intended use	4.1	Describe the importance of ensuring that environments are ready for their next use
	4.2	Outline the factors that influence the readiness of environments for use in health care activities
	4.3	Clean and make safe re-useable items prior to storage in accordance with agreed policies

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	4.4	Dispose of used, damaged or out of date items safely
	4.5	Return un-opened, unused and surplus resources to the correct location for storage
	4.6	Monitor the available levels of consumable materials used in healthcare activities – such as stock check
	4.7	Replenish consumable materials used in healthcare activities in accordance with protocols
	4.8	Ensure all information is accurately recorded as specified in local policies
5. Be able to prepare individuals to undergo healthcare activities	5.1	Confirm the individual's identity and gain valid consent
	5.2	Describe any concerns and worries that an individual may have in relation to healthcare activities
	5.3	Describe ways of responding to these concerns
	5.4	Explain the procedure to the individual
	5.5	Agree the support needed with the individual in a way that is sensitive to their personal beliefs and preferences
	5.6	Refer any concerns or questions to others if unable to answer
	5.7	Support an individual to prepare and position for the procedure ensuring that privacy and dignity is maintained at all times
	5.8	Understand the practice chaperoning policy, guidance and implementation within the practice, including record keeping where appropriate
	5.9	Give 3 examples of where you have acted as a chaperone
6. Be able to support individuals undergoing healthcare activities	6.1	Inform and reassure individuals
	6.2	Apply standard precautions for infection prevention and control
	6.3	Apply health and safety measures relevant to the healthcare activity and environment
	6.4	Recognise any ill effects or adverse reactions
	6.5	Take actions in response to any ill effects or adverse reactions
	6.6	Ensure that an individual's privacy and dignity is maintained at all times
7. Understand the importance of using Personal Protective Equipment (PPE) in the prevention and control of infections including COVID-19	7.1	Demonstrate correct use of PPE
	7.2	Describe different types of PPE
	7.3	Explain the reasons for use of PPE

	7.4	State current relevant regulations and legislation relating to PPE
	7.5	Describe employees' responsibilities regarding the use of PPE
	7.6	Describe employers' responsibilities regarding the use of PPE
	7.7	Describe the correct practice in the application and removal of PPE
	7.8	Describe the correct procedure for disposal of used PPE
8. Understand the importance of good personal hygiene in the prevention and control of infections	8.1	Describe the key principles of good personal hygiene
	8.2	Demonstrate good hand washing technique
	8.3	Describe the correct sequence for hand washing
	8.4	Explain when and why hand washing should be carried out
	8.5	Describe the types of products that should be used for hand washing
	8.6	Describe correct procedures that relate to skincare
9. Understand the causes of infection	9.1	Identify the differences between bacteria, viruses, fungi and parasites
	9.2	Identify common illnesses and infections caused by bacteria, viruses, fungi and parasites
	9.3	Describe what is meant by "infection" and "colonisation"
	9.4	Explain what is meant by "systemic infection" and "localised infection"
	9.5	Identify poor practices that may lead to the spread of infection
	9.6	Describe what is meant by pandemic and relate this to COVID-19 and its impact upon general practice
10. Understand the transmission of infection	10.1	Explain the conditions needed for the growth of micro-organisms
	10.2	Explain the ways an infective agent might enter the body
	10.3	Identify common sources of infection
	10.4	Explain how infective agents can be transmitted to a person
	10.5	Identify the key factors that will make it more likely that infection will occur
11. Be able to establish consent when providing care or support to a patient	11.1	Analyse factors that influence the capacity of an individual to express consent
	11.2	Establish consent for an activity or action

	11.3	Explain what steps to take if consent cannot be readily established
12. Understand the processes involved in obtaining and testing specimens from individuals	12.1	Identify the different types of specimens that may be obtained
	12.2	Describe the tests and investigations that may be carried out upon the specimens
	12.3	Identify the correct equipment and materials used in the collection and transport of specimens
13. Preparing to obtain specimens from individuals	13.1	Confirm the individual's identity and obtain valid consent
	13.2	Ensure the individual's privacy and dignity is maintained at all times
	13.3	Identify any aspects of the individual's ethnic and religious background which might affect the procedure
	13.4	Communicate with the individual in a medium appropriate to their needs and preferences
	13.5	Demonstrate that the required preparations have been completed, including materials and equipment
14. Obtaining specimens from individuals	14.1	Provide the correct container for the individual to be able to provide the specimen for themselves
	14.2	Collect the specimen where the individual cannot provide the specimen for themselves
	14.3	Describe possible problems in collecting specimens and how and when these should be reported
	14.4	Demonstrate the correct collection, labelling, transport and storage of specimens
	14.5	Complete and attach relevant documentation
	14.6	Identify the potential hazards and other consequences related to incorrect labelling of specimens
15. Testing specimens from individuals	15.1	Demonstrate the appropriate tests for a range of specimens obtained
	15.2	Demonstrate appropriate health and safety measures relevant to the procedure and environment to include: <ul style="list-style-type: none"> • standard precautions for infection prevention and control • use of personal protective equipment
16. Be able to report on the outcomes on the test of specimens to the GP and patient	16.1	Show the correct process for reporting and recording test results
	16.2	Describe the actions to be taken when the results are outside the normal range
	16.3	Communicate test results in accordance with agreed ways of working
	16.4	Describe why it is important to understand the implications the test results may have on the individual
Section B – Blood samples		

17. Understand the anatomy and physiology relating to obtaining venous blood samples	17.1	Describe the structure of venous blood vessels
	17.2	Explain blood clotting processes and the factors that influence blood clotting
	17.3	Describe the position of venous blood vessels in relation to arteries, nerves and other structures
18. Preparing to obtain venous blood samples	18.1	Confirm the individual's identity and obtain valid consent
	18.2	Communicate with the individual in a manner which: <ul style="list-style-type: none"> • Provides relevant information • Provides support and reassurance • Addresses needs and concerns • Is respectful of personal beliefs and preferences
	18.3	Select and prepare appropriate equipment for obtaining the venous blood sample
	18.4	Select and prepare appropriate equipment for obtaining the venous blood sample
19. Obtaining venous blood samples	19.1	Apply health and safety measures relevant to the procedure and environment
	19.2	Apply standard precautions for infection prevention and control
	19.3	Use the selected blood collection equipment correctly, in a manner which will cause minimum discomfort to the individual
	19.4	Use the agreed procedure to obtain the venous blood sample, to include: <ul style="list-style-type: none"> • Utilisation of containers • Required volume of blood • Correct sequence when obtaining multiple samples • Application and use of tourniquets at appropriate stages • Stimulation of blood flow or selection of alternative site where necessary • Utilisation of anti-coagulant with sample when necessary
	19.5	Respond to any indication of adverse reaction, complication or problem during the procedure
	19.6	Explain the correct procedure to deal with an arterial puncture when it occurs, and any escalation to the GP or GPN.
	19.7	Terminate the blood collection procedure following guidelines and/or protocols to include: <ul style="list-style-type: none"> • Removal of blood collection equipment • Stopping blood flow • Stopping bleeding • Application of suitable dressing • Personal care advice to the individual

20. Be able to prepare venous blood samples for transportation	20.1	Label, package, transport and store blood samples correctly and use appropriate attached documentation ensuring: <ul style="list-style-type: none"> • Legibility of labelling and documentation • Temperature control of storage • Immediacy of transportation
Section C – Other clinical procedures		
21. Common examination procedures. Give examples of your delivery of the following	21.1	Undertake a series of blood pressure tests
	21.2	Complete pulse rate and character tests
	21.3	Measure height, weight & BMI
	21.4	Measure temperature
	21.5	Take peak flow measurements
	21.6	Undertake Oxygen level tests
	21.7	Complete urine dip stick tests and MSU.
	21.8	Undertake ECG tests
	21.9	Complete blood sugar finger prick tests
	21.10	Take 24-hour blood pressure monitor tests or other tests performed by the practice as appropriate
	21.11	Swabs
	21.12	Other tests in your practice
22. Significant events and incident reporting	22.1	Demonstrate an understanding of the practice's significant events and incident reporting policies.

Domain 4: COMMUNICATIONS	Assessment Criteria	
1. Consultation modalities	1.1	Describe the different types of consultation used in clinical practice <ul style="list-style-type: none"> • Face to face in surgery • Face to face at home/care home • Telephone • Video • Email • Text • Group • Supported consultation with translator or signer • Consultations supported by photographs sent by patient to aid diagnosis by the GP
	1.2	Identify which types of patient might benefit from the different modalities.
	1.3	Discuss which clinical scenarios might be optimally delivered by each modality.
	1.4	Provide evidence of use of patient interaction using each modality.
	1.5	Discuss the value of home visiting consultation.
	1.6	Demonstrate awareness of personal safety issues for home visiting.
2. The basic consultation	2.1	Record identity
	2.2	Provide an introduction of self and role
	2.3	Present complaint
	2.4	Past history, family history and drug history
	2.5	Undertake basic clinical observations
	2.6	Prepare for GP assessment
	2.7	Provide post assessment actions to support GP management
	2.8	Provide signposting services

	2.9	Provide chaperoning services
3. Common key lines of enquiry	3.1	Demonstrate an understanding of the history of the presenting complaint
	3.2	Demonstrate an understanding of smoking, alcohol & exercise and other lifestyle factors e.g. Drug misuse
	3.3	Understand the impact of past medical history on the presenting complaint
	3.4	Give an example where family history was relevant
	3.5	Share two cases where a drug/medication history has been of benefit to the case.
	3.6	Explain how social history can impact upon a case.
	3.7	Give examples where open and closed questions help understand the patient history.
4. Be able to implement and promote active participation	4.1	Describe different ways of applying active participation to meet a patient's needs
	4.2	Work with an individual and others to agree how active participation will be implemented
	4.3	Give an example of a patient taking responsibility for their own health after your intervention.
	4.4	Demonstrate ways to promote understanding and use of active participation
5. Be able to support the individual's right to make choices	5.1	Support an individual to make informed choices - give an example where a patient made a positive choice to change, and an example where a patient declined appropriate care.
	5.2	Describe how you can manage risk in a way that maintains the individual's right to make choices
	5.3	Describe how to support an individual to question or challenge decisions concerning them that are made by others – promoting 'with me' not 'about me'.
6. Demonstrate the use of resources to support communication	6.1	Understand the need for appropriate consent to obtain further information from third parties e.g. Carers or families
	6.2	Know how to obtain translation services for patients whose first language is not English or is not able to understand English
	6.3	Demonstrate an understanding of how to record and utilise information provided by a third party.
	6.4	Explain the importance of maintaining confidentiality when dealing with a third party.
	6.5	Describe the additional resources available to patients with hearing and visual impairment in your practice.
	6.6	Describe additional resources needed in patients with speech impairments e.g. stroke patients
	6.7	Demonstrate awareness of mental capacity issues and their impact upon consultations.
	6.8	Understand the value of avoiding use of complex medical terminology and acronyms

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	6.9	Demonstrate an awareness of literacy problems in your practice and how the practice supports patients with illiteracy.
7. Consultation skills	7.1	Provide evidence
	7.2	Provide evidence of 5 consultation entries on the clinical system corresponding to these consultations, as validated by the GP.
8. Practice communication	8.1	Describe the importance of communications within the practice team.
	8.2	Explain how your practice ensures important information is shared between staff members.
	8.3	Record examples of your practice meetings and their purposes (both clinical and non-clinical meetings).
	8.4	Describe how you work with your educational supervisor/mentor in terms of protected sessions and supervision.
	8.5	Describe how other members of the practice team have supported you through this process.
9. Complaints	9.1	Confirm your familiarisation with your practices complaints policy and system.

Domain 5: MANAGING HEALTH RECORDS	Assessment Criteria	
1. Be able to utilise GP clinical records to gain and add appropriate information.	1.1	Reading and understanding key health entries
	1.2	Demonstrate the ability to navigate the practice clinical IT system
	1.3	Make entries for appointments
	1.4	Make clinical entries
	1.5	Adding key information to the summary
2. Summarisation	2.1	Detail major, minor, current and past problems
	2.2	Record carer details
	2.3	Record allergies
3. Recording patient encounters	3.1	Recording clinical history into the clinical system
	3.2	Recording the clinical examination findings and tests into the clinical system
	3.3	Demonstrate an understanding of practice protocols and when to highlight a clinical examination or test finding that lies outside accepted limits, and who to escalate this to in an appropriately timely fashion.
	3.4	Demonstrate the appropriate recording of chaperoning activity in the records.
4. Harvesting information from letters	4.1	Identify actions
	4.2	Understand diagnosis and identifying new diagnoses
	4.3	Understand the requirement for further tests
	4.4	Provide appropriate follow up
	4.5	Escalating important information to the GP
5. Understanding drug history	5.1	Identify current medications lists
	5.2	Recognise allergies and their recording including adverse drug reactions.
6. Obtaining results of common tests on behalf of GP	6.1	Blood tests and other laboratory results
	6.2	Radiology tests such as MRI, Xray, CT

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	6.3	Test results obtained during consultation examinations such as BP, O2, BM
	6.4	Reporting normal and escalating abnormal results
7. Be able to navigate the population manager facility within the clinical system to support chronic disease management.	7.1	Give an example of 5 patients you have followed up with a long-term condition to support QOF.
	7.2	Describe how you identify patients who have not yet been reviewed with a long-term condition.
	7.3	Demonstrate an understanding of specific QOF read codes.