



The IDEAL tool: Identifying and Disseminating the Exceptional to Achieve Learning (IDEAL) discussion tool for general practice

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The IDEAL Tool

IDENTIFYING AND DISSEMINATING
THE EXCEPTIONAL TO ACHIEVE LEARNING
(IDEAL) DISCUSSION TOOL FOR GENERAL
PRACTICE

What is the IDEAL Discussion Tool for General Practice?

This tool is designed to help clinicians, teams and practices understand their level of capacity for delivering exceptionally good patient care in general practice. These dimensions were identified through a systematic review(1) and research(2, 3) carried out with clinicians, administrative staff, and patients in general practice.

- **Exceptional care** relates to an exceedingly high-quality of care that is perceived as effective, safe, efficient, patient-centred, timely, and equitable.
- **Capacity for exceptional care delivery** relates to the presence, and nurturing, of important behaviours, strategies, processes, tools and contextual factors that enable the delivery of an exceptionally high quality of care.

Why use the IDEAL Discussion Tool?

- To: give your team a **better understanding** of important strategies, behaviours, and processes that support and foster the delivery of exceptional care; and
- **stimulate discussion and reflection** around how your team/practice can move to a higher level of performance in important aspects of care delivery.

How can the IDEAL Discussion Tool be used?

The IDEAL discussion tool is a **team-based self-reflection** exercise that should be **1) completed once a year**, as part of internal audits and/or improvement efforts; or **2) sections of the IDEAL Tool could be completed in shorter cycles**.

- it should be completed by **all appropriate members of the team**, or a subset of your team;
- initial assessments should be completed **individually and privately** before collating and reflecting on scores as a team. This tool aims to support learning through discussion and reflection, and **should not be used for performance management/assessment purposes or to apportion blame**.

1. O'Malley, R., O'Connor, P., Madden, C., & Lydon, S. (2022). A systematic review of the use of positive deviance approaches in primary care. *Family Practice*, 39(3), 493-503.

2. O'Malley, R., Lydon, S., Faherty, A., & O'Connor, P. (2023). Identifying Factors that Support the Delivery of Exceptional Care in General Practice and Development of the IDEAL Framework: A Qualitative Study. *Qualitative Health Research*, 10497323231197387.

3. O'Malley, R., O'Connor, P., & Lydon, S. (2024). Strategies that facilitate the delivery of exceptionally good patient care in general practice: a qualitative study with patients and primary care professionals. *BMC Primary Care*, 25(1), 141.

Facilitator guide

INSTRUCTIONS FOR IMPLEMENTING THE IDEAL TOOL INTO PRACTICE

First, we recommend that you decide upon a **champion** for the IDEAL Toolkit. The champion should be someone interested in learning, improvement, and guiding the IDEAL Process.

There are two ways the tool could be used:

1. The **full assessment** could be implemented as part of the yearly audit cycle in general practice (over a 1 year period). Ensure the full process is completed, including planning for improvements and implementing changes.
 2. **Specific sections** of the IDEAL Tool could be completed in shorter cycles (e.g., focusing on clinician dimensions only over 3 months, then team or practice dimensions)
- Use this tool in a way **most suited to your individual needs and goals** - but ensure all four stages of the process are completed.

Complete the IDEAL Assessment and Improvement Process

1. ASSESS: Complete the initial assessments (pages 4-12)

- We suggest completing the initial **assessments individually** before meeting as a team, however, assessments can be conducted during the meeting as a team.
- Using the assessment sheets each member of the team should assign a score of **1-3 for each item of the 9 dimensions of care**.

2. COLLATE: Collate scores into the evaluation sheet (page 13)

- Before meeting, the **tool champion should collate scores into the evaluation sheet**. If scores fall between two levels, we suggest discussing and deciding upon an appropriate score as a team, or selecting the lower dimension as there are areas impeding a higher score.

- If assessments are conducted during the meeting, discuss scores and decide upon the most appropriate stage as a team.
- You might also discuss potential reasons for differences in scores between staff.
- **Finally, select which dimensions of care** you would like to improve over the next period (e.g., the following year). You could select **one exceptional** and **one basic dimensions** per level (clinician, team, practice), or select **specific items** within dimensions to address (e.g., 1.1 How do clinicians coordinate follow-up care for patients?).

3. DISCUSS: Discuss areas of exceptional and basic capacity (page 14)

- Reflect upon the areas of care you have selected and **ask the questions** described on page 14.
- You might ask clinicians to reflect upon a ‘basic’ and an ‘exceptional’ dimension they selected, and stimulate a group discussion around a ‘basic’ dimension and ‘exceptional’ dimension at both the team and practice level.

4. PLAN: Complete the improvement plan (pages 15-16)

- **Plan how you might address the dimension(s)** over the next period according to the PDSA template. We suggest consulting the strategies toolkit (page 18) for inspiration.

This is a newly developed toolkit; if you have any queries about implementing this toolkit into your practice or making modifications to the tool to suit your team, local context, or quality improvement goals, please get in touch at roisin.omalley@universityofgalway.ie

1. Assess – Clinician assessment

FOR CLINICIANS: Clinicians should read the items below and select the description that they believe best describes their current capacity (over the last period or since last assessment). Responses to items are scored as follows: **Basic (left option): 1 point; Proficient (middle option): 2; and Exceptional (right option): 3.** Add item scores and input the total score in the relevant level at the bottom of the page. If you cannot decide between two different stages, select the lower stage and think about what areas need to be targeted to reach the higher stage. **THINK** - is the description something I do occasionally, or is it a standard part of my practice?

1. CLINICIAN: COORDINATION OF CARE

1. HOW DO CLINICIANS COORDINATE FOLLOW-UP CARE FOR PATIENTS?

Clinicians direct follow-up care or referrals as they deem suitable for the patient, who receives follow-up from the next service.

Clinicians make plans for referral or follow-up care that they feel will suit the patient's needs, and inform the patient of these plans.

Clinicians make sure that follow-up care, either internally or externally, is organised and suited to the patient's needs and preferences (medical or non-medical). Clinicians clarify different options for care and ensure the referral process is understood by patients.

2. HOW ARE PATIENTS' CONDITIONS AND LONG-TERM NEEDS MANAGED BY CLINICIANS?

Patients are advised of abnormal test results only. Patient care outcomes are planned from consultation to consultation, and patients are expected to present for necessary monitoring.

Patients are advised of important test results promptly. Clinicians encourage patients to present for required monitoring (e.g. for reviews).

Patients are advised of all test results (incl. normal) promptly. Clinicians contact/check up on certain patients (e.g. new treatment, infrequent attenders) as necessary.

3. WHAT TYPES OF QUESTIONS ARE PATIENTS ASKED DURING THE CONSULTATION?

Clinicians use consultations to ask medical questions about the patient's presenting symptoms only.

Clinicians use consultations to gather information on the person's condition and share pertinent bio-medical information with other clinicians.

Clinicians use regular consultations to gather key personal information about the patient and pick up on relevant non-clinical aspects of care, and share this with other clinicians involved in the patient's care.

4. HOW DO CLINICIANS PREPARE FOR AND MANAGE THE CONSULTATION?

Clinicians read pertinent patient notes during the consultation as necessary. Clinicians manage the consultation in order to get patients out in time.

Clinicians familiarise themselves and clarify the reason for presenting early in the consultation, and manage the consultation effectively to allow patients enough time to discuss their concerns.

Clinicians are prepared for (e.g., reading new patients' notes), and actively manage consultations (e.g., eliciting patient agenda early in consult) to deliver care safely.

Basic (3-6): _____

Proficient (7-9): _____

Exceptional (10-12): _____

1. HOW DO CLINICIANS PERCEIVE AND INTERACT WITH PATIENTS FROM DIFFERENT BACKGROUNDS OR CULTURES?

Clinicians understand that some external factors might impact how patients experience care, but focus on treating the illness.

Clinicians are aware of, and consider, major social determinants of health (e.g. socio-economic status) when providing care, and are aware of potential personal biases that impact care and make efforts to manage these biases.

Clinicians are aware of social determinants of health and try to provide care equitably to all patients regardless of their background. Clinicians continuously self-reflect on how personal biases or the patient's background may impact their practice.

2. HOW COMMITTED ARE CLINICIANS TO PROVIDING CARE IN GENERAL PRACTICE?

Clinicians are motivated to provide care to as many patients as possible and don't have the time to offer additional care to patients in the practice.

Clinicians are highly motivated to provide care efficiently and use available time to complete administrative or other tasks.

Clinicians are motivated by a genuine interest in patients and use every opportunity to provide necessary care to patients (e.g., offering the flu vaccine while an elderly patient is in the practice).

3. WHAT PHILOSOPHY OF HEALTH DOES THE CLINICIAN HAVE IN RELATION TO PROVIDING CARE?

Clinicians focus on the biomedical model of care, and so treatments are suggested based on the patient's physical needs and which option would alleviate the symptoms.

Clinicians sometimes consider the patient's physical or emotional needs in decision-making and suggesting treatments.

Clinicians focus on caring for the whole person, and consider their physical, emotional, social and spiritual needs holistically when making decisions.

4. HOW ARE THE PATIENT'S PERSPECTIVE, NEEDS AND PREFERENCES CONSIDERED IN CLINICAL DECISION-MAKING?

Clinicians are aware of the patient's understanding of their health but make decisions they think are most appropriate. Patients are encouraged to take biomedical treatments suggested by the provider only.

Clinicians consider the patient's perspective and integrate their healthcare needs into care decisions.

Clinicians value the patient's perspective and understanding of their health, and respect their healthcare preferences (e.g. use of safe non-medical treatments).

Basic (3-6): _____

Proficient (7-9): _____

Exceptional (10-12): _____

1. HOW DO CLINICIANS ORGANISE THEIR TIME AND PROBLEM SOLVE?

Clinicians can problem-solve common issues in care in the consultation and practice.

Clinicians manage their time well, and are effective in solving care issues within their remit.

Clinicians solve problems in care pragmatically, and manage time in consultations and the practice safely and effectively.

2. HOW DO CLINICIANS MANAGE RISKS TO SAFETY AND SUPPORT PATIENT SAFETY?

Clinicians provide care in line with clinical guidelines, previously issued or current.

Clinicians manage clinical risk well and consult clinical guidelines when gaps in knowledge arise.

Clinicians proactively manage patient safety threats (e.g., safety netting) in line with evolving best practice.

3. HOW ARE CLINICIANS' STRENGTHS AND WEAKNESSES MANAGED?

Clinicians provide a full range of services to patients regardless of competency or their comfort with certain areas of healthcare.

Clinicians only provide care that they are competent in, referring patients to other clinicians as necessary, and avoid areas of weakness.

Clinicians work to the top of their scope of practice; working to their personal strengths, recognising and addressing limitations, and escalating problems and seeking the help of others when necessary.

4. HOW DO CLINICIANS MANAGE THEIR CAPACITY TO GET NECESSARY CARE FOR PATIENTS?

Clinicians do not have the resources to offer additional care to vulnerable patients, but follow-up on issues as requested by patients.

Clinicians occasionally go slightly above and beyond their role within the practice to get patients the necessary care (e.g. ringing the hospital to follow up on missed care).

Patient advocacy is integral to how clinicians provide care, and oftentimes involves going beyond what is expected (e.g. giving more time to a difficult consultation).

5. HOW DO CLINICIANS CONTINUE THEIR PROFESSIONAL DEVELOPMENT AND KEEP UP TO DATE WITH BEST PRACTICE?

Clinicians fulfil mandatory education requirements to maintain their qualifications.

Clinicians attend different formal educational opportunities to keep up-to-date with best practice.

Clinicians independently try to keep up to date with best practice in addition to attending formal education opportunities and continuously reflect on their own practice to identify ways to improve.

Basic (4-7): _____

Proficient (8-12): _____

Exceptional (13-15): _____

1. WHAT EFFORTS DO CLINICIANS MAKE TO EMPOWER PATIENTS AND ENCOURAGE THEIR COLLABORATION IN DECISION-MAKING?

Consultations are led by the clinician, regardless of the patient's preferences, who educates the patient about their illness and selects appropriate treatment options and goals for the patient's care plan.

Clinicians and patients collaborate within the consultation. Clinicians try to inform the patient's understanding of their illness and suggest suitable treatment options.

Clinicians centre the patient and try to engage them (esp. vulnerable patients) as partners in care, in a way suited to each patient. Clinicians provide unbiased information and work with patients to identify options and make decisions suited to their values.

2. HOW DO CLINICIANS HELP PATIENTS MANAGE CHRONIC DISEASES AND PREVENT FUTURE ILLNESS?

Patients are viewed as responsible for managing their chronic illness or seeking necessary preventative care.

Patients are asked about preventative care or risky health behaviours as they arise in discussion, and clinicians offer advice to patients on managing their chronic illness.

Clinicians are proactive in helping patients self-manage their chronic disease and engage in health-protective behaviours (e.g. ask about risky behaviours in routine consultations).

3. HOW DO CLINICIANS INTERACT WITH PATIENTS, AND WHAT DO PATIENT-CLINICIAN RELATIONSHIPS LOOK LIKE?

Clinicians interact with patients in a respectful manner and try to keep the consulting style and partnership professional.

Clinicians are kind and respectful towards patients and make an effort to get to know them (e.g. asking questions about the patient's work).

Patients are treated in a kind, friendly, and respectful manner and clinicians have developed supportive, sometimes long-term, relationships with their patients where they might know personal details.

4. WHAT EFFORTS DO CLINICIANS MAKE TO LISTEN TO AND REASSURE PATIENTS, AND COMMUNICATE INFORMATION?

Clinicians listen to patients while preparing for the consult (e.g. while on the computer) and provide comprehensive information to the patient that addresses the primary concern for the patient's attendance.

Clinicians listen to patients' concerns, provide pertinent and relevant information to patients in a clear and understandable manner, and try to alleviate any concerns raised by the patient.

Clinicians listen attentively to the patient, effectively communicate information in a clear and direct manner tailored to each patient, and take the time to identify and alleviate the patients' concerns.

Basic (3-6): _____

Proficient (7-9): _____

Exceptional (10-12): _____

Team assessment

FOR TEAMS: All members of the practice team should read the items below and select the description that they believe best describes their current capacity. **Basic (left option): 1 point; Proficient (middle option): 2; and Exceptional (right option): 3.** Add and input the total score in the relevant level at the bottom of the page. If you cannot decide between two different stages, select the lower stage and identify what areas need to be targeted to reach the higher stage. **THINK** - is the description something we do occasionally, or is it a standard part of our practice as a team?

5. TEAM: TEAM-WORKING

1. WHAT ARE THE TEAM'S BELIEFS AROUND THEIR CAPACITY TO COORDINATE AND FUNCTION AS A TEAM?

The practice has a team of professionals who work together regularly. Team members typically have a set role to execute, however, duties are often delegated based on whomever is available.

The practice is an interprofessional team where everyone has a clear role and all team members are respected. Tasks are fairly delegated amongst team members.

The practice is an interprofessional team with an explicit understanding of all team members' expertise and roles. Tasks are delegated according to team strengths and shared when necessary, and everyone is valued and respected.

2. HOW DO THE TEAM COLLABORATE, AND WHAT STRUCTURES ARE IN PLACE TO SUPPORT TEAMWORK AND COMMUNICATION?

Team members work autonomously to deliver good-quality care, but interactions within the team are limited. Team members communicate informally when necessary, and practice meetings are rarely scheduled unless critical safety issues arise in the practice.

The team is managed well, and team members execute their individual roles to deliver care efficiently. Team members communicate ad hoc or mostly informally, and practice meetings are scheduled as they are needed.

Everyone collaborates effectively as an integrated team, and people are open to working together (e.g. asking questions). There are clear systems and opportunities for communication (e.g. via practice system, whiteboards), and regular team meetings are scheduled to ensure effective delegation, communication, and collaboration.

3. WHAT ARE THE WORKING ENVIRONMENT AND STAFF RELATIONSHIPS LIKE?

The working environment is professional, but there are some hierarchies present between team members that impact the quality of relationships, communication and how staff feel valued.

The working environment is friendly, and the team work well together. Team members have good working relationships, and occasionally have the chance to meet informally (e.g. yearly staff dinner).

The working environment is friendly and supportive, and everyone is treated with dignity. Team members enjoy positive interpersonal relationships, and have regular opportunities to meet informally (e.g. coffee mornings).

Basic (3-5): _____

Proficient (6-7): _____

Exceptional (8-9): _____

1. TO WHAT EXTENT DO THE TEAM FOCUS ON PATIENT NEED AND HOW ARE PATIENTS TREATED BY STAFF IN THE PRACTICE?

The team provide care to patients as they deem appropriate with a focus on efficiency, and all patients who access the practice are treated equally.

The team has developed a patient-centred culture, where patients feel cared for and their individual needs are accommodated by the team where possible.

The team culture is focused on making each patient feel valued. The team often advocate for patients' needs and preferences, particularly vulnerable patients (e.g. fitting elderly patients into schedule) and treating patients with compassion is core to the team's ethos

2. HOW DOES THE TEAM RESPOND TO CHANGES, CHALLENGES OR ERRORS IN CARE DELIVERY?

The team responds well to common care problems, however, there is no accessible protocol for dealing with major challenges to care or safety incidents.

The team can adapt to changing circumstances and responds well when things go wrong. Issues in care that arise are dealt with appropriately as a team, and systems are adapted to mitigate future risk.

The team demonstrates good problem sensing, values team-based learning, and is constantly considering its performance proactively to improve ways of working

3. HOW DO THE TEAM REPORT AND MANAGE SAFETY ISSUES, AND WHAT EFFORTS ARE MADE TO LEARN AND IMPROVE?

Major safety incidents are reported by staff, with some fear of reprisal, and practice meetings are held to discuss issues, if necessary, but tend to focus on blame.

Staff are comfortable reporting safety concerns without fear of reprisal, and safety incidents are discussed at following practice meetings, with a focus on identifying why the error occurred.

The team and practice leaders have fostered a no-blame culture where individuals are encouraged to report concerns and support each other. There is an immediate robust team investigation of incidents with a focus on learning and prevention- rather than blame.

Basic (3-5): _____

Proficient (6-7): _____

Exceptional (8-9): _____

Practice assessment

FOR PRACTICES: All members of the team should select the description that they believe best describes their current capacity. **Basic: 1 point; Proficient: 2; and Exceptional: 3.** Input the total score in the relevant level at the bottom of the page. If you cannot decide between two stages, select the lower stage and identify what areas need to be targeted. **THINK** - is the description something we do occasionally as a practice, or is it a standard part of our practice?

7. PRACTICE: APPOINTMENTS AND ACCESS, AND FOCUS ON PATIENT NEED

1. WHAT SYSTEM DOES THE PRACTICE HAVE FOR OFFERING APPOINTMENTS TO PATIENTS?

The practice operates an appointment schedule where appointments for non-urgent issues may require the patient to wait more than a week.

The practice operates an appointment schedule that allows patients requiring urgent care to be triaged by phone and seen that day. Routine appointments can be accessed within 2-4 days, and an appointment slot is reserved each day in case of emergencies.

The practice operates an appointment scheduling system that effectively balances the different needs of patients and waiting times (e.g. appointments retained each day). Patients are triaged, so those needing immediate attention are always seen while care for routine or patient-led issues is available within two days.

2. WHAT EFFORTS ARE MADE TO FACILITATE ACCESS TO CARE IN THE PRACTICE

Minimal efforts are made to facilitate access to care within the practice (e.g. some longer appointments available), and requests for appointments are accepted via phone only.

Some efforts are made to support access where possible (e.g. text reminders for important clinics), and appointments can be requested using more than one method.

The practice actively tries to facilitate the ease which patients access care (e.g. check-in signage, text reminders), and patients can contact the practice or schedule appointments in a number of ways (e.g. email, phone, walk-in).

3. HOW IS ACCESS SUPPORTED FOR PATIENTS WITH COMPLEX OR ADDITIONAL NEEDS?

The practice adheres strictly to its appointment schedule, and offers care to patients, including those with exceptional need, as appointments are available.

Requests for certain appointment times are facilitated when possible, as well as longer appointments for complex procedures or consults (e.g. mental health consults).

There is flexibility in appointment scheduling so as to allow patients to access care at times that suit, and to ensure that patients with additional needs (e.g. vulnerable patients) have longer consultations.

4. HOW ARE THE NEEDS OF PATIENTS AND THEIR RIGHT TO PRIVACY MAINTAINED BY THE PRACTICE?

The set-up of the practice and delivery of services is focused on efficiency and satisfies basic patient need (e.g. bathroom). Patient data is stored privately, and the environment is focused on maximising patient flow rather than maintaining discretion or educating patients.

The set-up of the practice is suited to patient need (e.g. bathroom and baby-changing facilities). Some health information is provided in the practice, and patient's right to privacy (e.g. curtain for privacy in consulting room) is respected.

The needs of the patient cohort is considered in the set-up and offering of services (e.g. retaining acute appointments in flu season). Important health information and resources are available to patients (e.g. posters, leaflets), and patients' privacy and health data is respected (e.g. music in hallways).

Basic (3-6): _____

Proficient (7-9): _____

Exceptional (10-12): _____

1. WHAT MANAGEMENT STRUCTURES ARE IN PLACE TO OPERATE THE PRACTICE?

Partners are responsible for the administrative operations and management of the practice. The practice seeks to deliver good quality care without clear standards or goals.

Practice management is responsible for managing administrative systems, human resources and practice operations. The practice has clear standards that it seeks to achieve.

Highly organised practice manager(s) oversees all administrative and business practice operations. Staff are aware of practice standards, scheduling is maximised to reduce wait times, and there is clear strategic direction.

2. WHAT SYSTEMS AND PROTOCOLS ARE IN PLACE TO MANAGE THE DELIVERY OF CARE WITHIN THE PRACTICE?

Practice systems and records may be paper-based, and common care processes are managed without standardised protocols.

Standardised protocols and systems for managing common care processes (e.g. appointments, prescriptions) are in place.

Standardised care protocols and adaptable systems, supported by technology, are used to support all care processes, and are understood and adhered to by staff.

3. HOW ARE STAFF SUPPORTED BY MANAGEMENT, AND WHAT TRAINING IS PROVIDED, OR ENCOURAGED, TO STAFF?

Staffing is managed appropriately, and mandatory staff training and certificates are up-to-date.

Management support and value staff, and facilitate important staff training and upskilling in necessary areas.

Staff contributions and wellbeing are overtly valued by the practice (e.g. financially), and staff are proactively supported to upskill and develop areas of interest.

4. HOW ACCESSIBLE IS THE PRACTICE BUILDING AND HOW IS PATIENT AND STAFF NEED CONSIDERED IN ITS SET-UP?

The practice building is accessible for most patients, with some access issues, and the environment is clean with adequate seating.

The practice building is accessible to patients with some consideration of accessibility issues. The environment is clean and comfortable, with some thought to staff (e.g. canteen) and patient (e.g. comfortable seating) need.

The practice building is accessible and accommodating of different healthcare needs, and has a clean, spacious and aesthetically pleasing environment that is designed and operated to meet patient and staff needs (e.g. tissues, water fountain, staff canteen).

5. WHAT FACILITIES AND RESOURCES ARE AVAILABLE AT THE PRACTICE?

The practice is stocked with the equipment needed to provide all basic care services, however, it may not be easily accessible.

The practice is well-stocked with all necessary equipment, and technology supports care.

All necessary equipment is easily available, and technology is used effectively to support care delivery.

Basic (4-7): _____

Proficient (8-12): _____

Exceptional (13-15): _____

1. HOW IMPORTANT IS INNOVATION AND QUALITY TO PRACTICE LEADERSHIP?

Leaders in the practice are focused on minimising occurrence of safety incidents.

Leaders in the practice have a genuine interest in improving care quality, and there are examples of high-quality care delivery.

A culture of quality improvement is embedded in the practice. There are individuals in the practice, supported by leadership, who role model excellence.

2. WHAT EFFORTS ARE MADE TO MONITOR INTERNAL PERFORMANCE AND IMPROVE CARE IN THE PRACTICE?

Quality improvement efforts are minimal. Performance on specific processes of care are reviewed in response to incidents, and solutions for improvement are considered.

Efforts are made to monitor the quality of services provided by the practice, and internal reviews (outside of mandatory audits) are conducted on occasion.

Performance is continuously monitored and the practice's own data (e.g. audits, patient feedback) is often used to inform practice improvements.

3. HOW IS GUIDANCE AND LEARNING FROM OUTSIDE OF THE PRACTICE SOUGHT AND UTILISED?

Efforts are focused internally, and so findings are rarely shared and there is little guidance sought from outside of the practice.

The practice is willing to seek guidance from external sources and is occasionally involved in teaching medical students and external research projects.

The practice may be involved in research and medical education, internally and externally, and are open to, and involved in, sharing data and benchmarking with others.

4. WHAT MECHANISMS ARE IN PLACE TO SOLICIT PATIENT AND STAFF FEEDBACK?

Feedback from patients and staff is considered as it arises, however no formal process is in place for eliciting this input.

Methods of soliciting patient and staff input are available for those looking to provide feedback.

Proactive and continuous efforts are made to meaningfully solicit patients' feedback on their experience, and innovations and input are regularly elicited from all staff.

Basic (3-6): _____

Proficient (7-9): _____

Exceptional (10-12): _____

2. Collate– Evaluation Sheet

The Tool champion should **collate scores** from individual assessments prior to meeting as a team. Input the **‘average’ score** below (including clinician dimensions, although differences can be discussed). If you are between two levels, discuss as a team and/or select the lower level, as some areas need improvement. **Select which dimensions and/or individual items** you would like to focus on improving over the next period.

Date of current assessment: _____ Date for reassessment: _____		Level	Level at last assessment	Change?	Domain(s) to address this period?
CLINICIAN	1. Coordination of care				
	2. Beliefs, attitudes and motivation				
	3. Capacity, skills and continuing professional development				
	4. Patient activation, communication and rapport building				
TEAM	5. Team efficacy, rapport, and collaboration				
	6. Patient-focused learning culture				
PRACTICE	7. Appointments, access, and considering patient need				
	8. Clinical, business and human resources management, and practice infrastructure				
	9. Innovation and improvement				

3. Discuss

Now, review areas of strength and weakness. The champion should use the following prompts to stimulate reflection around the assessments. Keep discussions to the **team level** where possible, and ensure individual team members **do not feel singled out** for performance issues. These discussions will inform the subsequent improvement plan (page 15).

For Clinicians

Areas of Exceptional Capacity

- What is one area where you/we as clinicians are performing well or exceptionally well?
- What allows you/us to perform so well in this area? What specific strategies are key to our success?
- How can we apply this learning to other areas where we didn't perform as well? What have you learned that you can share with your colleagues? What personal insights can you bring to the team discussion?

Areas of Limited Capacity

- What is one area you/we as clinicians want to improve, and how will you/we do it?
- How does our performance differ from the "exceptional" description? What are the specific gaps?
- How can you and other clinicians move to a higher level of quality in this area? What specific strategies (e.g., Appendix A) or changes can we implement? Where would you like to receive help from others?

For Teams and Practices

Areas of Exceptional Capacity

- Where are we performing well or exceptionally well as a team? and as a practice?
- What allows us to perform so well in this area?
- What specific strategies, systems, behaviors, or people are key to our success? How can we apply this learning to other areas where we didn't perform as well?

Areas of Limited Capacity

- Which areas will you focus on improving over the next period - as a team? - as a practice?
- How does our performance differ from the "exceptional" description? What are the gaps?
- How can we move to a higher level of quality in this area? What specific strategies (e.g., Appendix A) or changes can we implement? Which areas will each individual team member focus on?
- What lessons can you apply from areas where you already excel? What did you learn from your last assessment that is relevant now?

4. Plan and reflect

Use this template to plan for improvements. This should be **updated after every cycle** with a new dimension(s) and should be **reviewed regularly** where new aspects of the dimension (e.g., coordinating follow-up care) can be targeted. Print out additional plans if needed. This structured PDSA approach ensures that the insights gained from the IDEAL Tool translate into **concrete, measurable actions for continuous improvement**. See Appendix B for sample plan.

PLAN						
Dimension(s) and current level	Specific Area(s) for Improvement (e.g., specific strategies from Appendix A)	SMART Aim Statement	Proposed Change(s)(What will we do differently?)	Prediction of Outcome (What do we expect to happen?)	Measures of Success (How will we know if the change is improvement? What data will we collect?)	Resources Needed (Time, training, materials, etc.)
DO						
Dimension(s) and current level	Proposed Change(s) / Intervention(s)	Who is Responsible for what?	Timeline (Start & End Dates)	What happened during implementation? (Observations, challenges, unexpected events)	Data Collected (Raw/Brief Summary) (e.g., feedback survey responses)	

STUDY

Dimension(s) and current level

Analysis of Data against Measures of Success (e.g., did we meet our target?)

Comparison to Prediction (Was it as expected? Better? Worse?)

Key Learnings / Insights (What did we learn from this test?)

Unexpected Outcomes / Observations

ACT

Dimension(s) and current level

Decision (Adopt, Adapt, or Abandon Change?)

Next Steps / Action Plan (What modifications? How to scale? What to try next?)

Responsible Person(s)

New Timeline (if applicable)

Plan for Re-assessment / Re-audit (How/when will we check progress next?)

Appendix A. Strategies Checklist

The following strategies may be used to inform learning and improvement and can help you, your clinicians/team/practice move to a higher level of capacity in areas of basic capacity across each of the 9 dimensions described above. We suggest users **print out** this strategies checklist to use as a **guide for both assessments and improvement efforts**.

IDEAL Strategies checklist STRATEGIES THE CLINICIAN CAN IMPLEMENT

CLINICIAN: COORDINATION OF CARE

Coordinates good future care and clarifies referral pathways

- Understand the referral infrastructure and make effective use of it to get patients the most appropriate services and supports
- Clarify different options for care (e.g., options for private care) and describe what to expect as part of referral

Supports continuity and comprehensive monitoring

- Return results and feedback to patients as promptly as possible and ensure end-to-end investigations
- Contact patients to check how they are doing (e.g., with certain treatments, infrequent attenders, vulnerable patients)
- Comprehensively monitor patients' conditions and develop long-term care outcomes

Gathers key information about the patient

- Use consultations to ask non-medical questions about the patient's background, life and current circumstance
- Pass on important medical and non-medical information to other clinicians involved in the patient's care

Prepares for and manages the consultation

- Prepare adequately for the consultation (e.g., read patient information prior to consult, prioritise by patient need)
- Elicit the patient's agenda for the consultation early and actively manage the consultation

CLINICIAN: BELIEFS, ATTITUDES AND MOTIVATION

Takes a holistic approach to health and healthcare

- Treat the 'whole person', and consider the patient's personal context (e.g., work, social environment), family history and background in decision-making
- Look past the presenting symptoms to try and uncover the cause
- Prescribe both medical and non-medical treatments to patients (e.g., social prescribing)

Is non-judgmental and compassionate

- Understand the role of social determinants of health and treat patients with compassion and an understanding
- Accept the patient without judgement and try to make decisions unbiased by their background, history, age, gender or other patient factors

Is motivated to provide care

- Demonstrate a genuine interest in patients and are suited to providing care in general practice
- Be persistent in providing important care to patients and capitalise on every opportunity to give patients important advice or treatments

Values patient's perspective and respects needs

- Respect the patient's understanding of their health and healthcare preferences (e.g., use of safe non-medical treatments)
- Focus on treating the person and not the illness
- Respect patients' privacy and maintain confidentiality both inside and outside of the consultation

CLINICIAN: CAPACITY, SKILLS AND CONTINUING PROFESSIONAL DEVELOPMENT

- Manages their time effectively and is organised
 - Actively manage time within the consultation while ensuring patients have enough time to safely discuss their concerns
 - Organise and structure tasks to be performed for the day
- Exceeds patient expectations
 - Advocate for their patients' needs and preferences and follow up on missed care with other services
 - Give patients more time in difficult consultations, and offer to see certain patients more often
 - Go the extra mile to get patients the best care they possibly can and make sure they are prepared for their care plan (e.g., fitting patients into schedule, writing down key information)
- Knows their strengths and limitations
 - Work within their scope of practice and know when to escalate problems and seek second opinions
 - Work to the top of their competency level and know when to escalate problems and seek second opinions
 - Work to strengths and willing to admit and address weakness
- Is skilled in problem solving and decision-making
 - Be able to problem solve independently
 - Be creative and pragmatic, and use available resources efficiently to avoid waste
 - Be comfortable and efficient at making decisions, including distinguishing urgent issues as distinct from non-urgent concerns
- Engages in risk management
 - Conduct an appropriate level of investigations, and diagnose anything dangerous early and deal with it appropriately
 - Pay attention to safety protocols and risk management, and keep on top of admin tasks
 - Engage in safety netting and leave the door open for patients to return if the issue persists or worsens
- Self-reflects and wants to improve
 - Show interest in learning new things and developing specialisations as a provider
 - Reflect on their own practice and look at how to improve, occasionally taking part in research
- Keeps up to date with best practice
 - Independently keep themselves up to date with new protocols and standards, and evidence-based practice
- Attends formal education
 - Attend continuing medical education schemes and take formal courses in areas of specialty

CLINICIAN: PATIENT ACTIVATION, COMMUNICATION AND RAPPORT

- Educates patients and encourages shared decision-making
 - Identify and take into consideration what the patient wants and encourage the patients involvement in clinical decision-making
 - Provide information to patients on their condition and unbiased reputable information on different treatment options
- Supports behaviour change
 - Provide practical advice and encouragement on changing behaviours
 - Ask the patient about health behaviours during routine consultations and investigate the context around behaviours
 - Allow the patient to set their own behaviour change goals
- Engages patients as partner in care
 - Try to enhance patients' sense of agency and empowerment over their health and condition, particularly patients that are hard to reach
 - Centre the consultation on the patient and involve them in decision-making from the consultation to follow-up
- Proactively manages and prevents illness
 - Monitor chronic illness in the practice and help patients manage their illness and treatment plan
 - Ask patients about, and try to engage them in, important preventative care interventions (e.g., flu vaccines, smear test)

CLINICIAN: PATIENT ACTIVATION,
COMMUNICATION AND RAPPORT

Listens to the patient

Reassures the patient and alleviates their concerns

Builds a supportive relationship and gets to know the patient

Trusts the patient and treats them with dignity and kindness

Communicates effectively with the patient

- Give the patient their full attention and make the patient feel like they are listening and not rushing
- Listen attentively to what patient is saying and give it credence
- Try to make patients feel comfortable and use techniques to put them at ease (e.g., making small talk), especially during difficult procedures
- Identify the patients' concerns and reassure them where they can (e.g., explain patients concerns definitively)
- Get to know about the patient on a personal level and find commonalities
- Build a long-term relationship with patients and leverage it to provide necessary care
- Treat patients in a respectful, friendly and caring manner
- Communicate in an open and honest way with the patient
- Trust the patient to follow action plan as best as they can
- Demonstrate clear and direct communication to the patient and focused body language
- Pick up on patient cues and tailor their communication style to suit the patient

STRATEGIES THE TEAM CAN IMPLEMENT

TEAM: PATIENT-FOCUSED LEARNING
CULTURE

Makes the patient feel welcome and valued

Respects and advocates for patients

Learns from when things go wrong

Embraces change and reflects

Dedicates time for learning opportunities

- Treat patients with friendliness and respond in a manner suited to the patient
- Make the patient feel important, involved and valued as part of their team
- Identify and accommodate vulnerable patients (e.g., anxious patients entering the practice)
- Treat patients with respect and understanding from making appointment until follow-up
- Show patients that the team have a plan of action to support them, and investigate complaints with respect for both sides
- Learn from cases, incidents and errors together as a team to mitigate future risk
- Foster a no blame culture where people feel comfortable reporting errors and support each other when things go wrong
- Demonstrate responsiveness, flexibility and a willingness to change
- Demonstrate good problem sensing as a team, noticing and discussing issues pre-emptively and ensuring systems are in place to improve
- Schedule emergency meetings for serious events and allow for staff to debrief after an incident has occurred
- Conduct robust investigations of critical incidents, errors and near misses that have occurred

Values and trusts team members	<ul style="list-style-type: none"> • Value and respect the contributions of every team member (e.g., value admin role in managing workload, triaging patients) • Have a teamwork orientation and trust other team members to complete tasks and execute their role effectively
Understands team roles and needs	<ul style="list-style-type: none"> • Ensure that every team member's role and responsibilities are clarified, and that everyone knows how to execute their role successfully • Discuss and develop a shared understanding of every team member's role, and the needs and challenges of the team
Shares tasks and harnesses team strengths	<ul style="list-style-type: none"> • Share tasks and workloads appropriately, and be willing to share workloads with others who are overburdened • Delegate tasks and roles to the most appropriate person, often based on team strengths and weaknesses
Has a multidisciplinary structure	<ul style="list-style-type: none"> • Have providers with different qualities, qualifications and specialisations (e.g., nurse specialised in diabetes care) • Involve everyone in the practice as part of the team, including the patient, advocates, , cleaners
Collaborates to provide integrated care	<ul style="list-style-type: none"> • Coordinate effectively to provide seamless services for patients (e.g., allow admin staff to pass on messages, review results as a team) • Refer patients within the team and help out colleagues to provide integrated care to patients (e.g., ask questions)
Uses structured lines of communication	<ul style="list-style-type: none"> • Maintain open methods to communicate, debrief and share patient information regularly amongst the team (e.g., whiteboards) • Ensure communication about patients amongst the team remains respectful and discreet • Use technology to support communication and teamworking (e.g., daily electronic tasks, electronic messaging applications)
Has regular practice meetings	<ul style="list-style-type: none"> • Operate regular practice meetings to ensure good management of the practice, with more regular meetings where issues arise • Ensure engagement with meeting and communication of discussions from meetings to all staff (e.g., full team or parts of the team are present, provide minutes of meeting to all staff)
Creates a supportive and friendly working atmosphere	<ul style="list-style-type: none"> • Offer each other emotional support and look out for and support those who are struggling • Foster a happy supportive working environment where everyone is treated in a kind and friendly manner and people are open to having a laugh
Builds and maintains good relationships	<ul style="list-style-type: none"> • Get to know each other on a personal level and try to develop good relationships • Get on well with each other and resolve interpersonal issues pre-emptively
Has opportunities to meet informally	<ul style="list-style-type: none"> • Organise dinners and social meet-ups yearly as well as for special occasions (e.g., new staff member joining the practice) • Meet regularly for lunch and coffee, and allow the team time to bond over non-medical tasks (e.g., picking a colour scheme for practice)
Treats one another with dignity	<ul style="list-style-type: none"> • Treat each other with dignity and respect, and talk about other colleagues respectfully • Be open and honest when communicating with one another

STRATEGIES THE PRACTICE CAN IMPLEMENT

PRACTICE: APPOINTMENTS, ACCESS, AND CONSIDERING PATIENT NEED

Actively facilitates access to care

Provides timely appointments led by patient need

Has a careful system for scheduling appointment

Provides different ways to book appointments and access the practice

Triages appointments so patients in need always seen

Supports access for complex and hard to reach patients

Constantly considers the patient

Provides patient education resources

Safeguards patients' privacy

- Send reminders of appointments to patients, with important information if necessary
- Make it clear to patients how to check in to the practice, using signage or by directing people
- Provide some flexibility in the timing of appointments where possible (e.g., squeezing in a patient just before lunch)
- Provide appointments for patient-led issues that are non-acute in a reasonable amount of time
- Provide appointments fairly and appropriately to their patient cohort (e.g., additional COVID-related appointments during the pandemic).
- Have a highly organised system for scheduling appointments, that balances continuity of care for chronic disease versus those acutely unwell (e.g., keeping emergency slots open per day)
- Try to support continuity by allowing patients to visit the same GP or nurse when they attend
- Operate a cancellation list and provide a way for patients to cancel appointments easily
- Provide additional means of contacting the practice and making appointments (e.g., email service, online booking of appointments)
- Make sure that lines of communication are always open to patients so they can always get in contact with practice in some manner
- Triage patients to identify those with serious need and prioritise in line with patient need
- Squeeze in those who need immediate care, including children and elderly patients
- Identify and target efforts at high-risk patients, such as developing registers of high-risk patients or informing patients with chronic diseases about flu clinics
- Cater to complex patient needs as much as possible and make exceptions where possible (e.g., give longer appointments for complex procedures, allow in-person appointment-making for elderly patients)
- Support and advocate for the patient from making appointment until follow-up (e.g., following up with the hospital)
- Create an inclusive and safe environment for all (e.g., children)
- Understand their cohort and offer services accordingly (e.g., when providing digital resources, what level of information)
- Gather and share relevant useful patient resources, technologies and leaflets that are appropriate for different patients' needs
- Provide relevant health promotion information on posters, screens and/or monitors within the practice
- Create private area for patients to communicate with reception and ensure communication with or about patients is discreet (e.g., when triaging on phone, directing patients to rooms)
- Maintain the patient's right to privacy while in the practice (e.g., music playing in hallways, curtain for privacy)
- Ensure patient information is maintained in line with GDPR (e.g., eliciting permission for email, managing patient information)

Maximises scheduling and proactively manages wait times

Has highly organised practice management structures

Sets standards and plans extensively

Manages payment systems

Utilises robust systems for clinical management

Implements and adheres to standardised care protocols

Dedicates time to providing high-quality care

Effectively manages staff

Appreciates staff and supports well-being

Provides staff induction and training

Provides a pleasant and safe environment for staff and patients

- Maximise scheduling and allocate an appropriate number of appointments each day so that each patient can be sufficiently engaged
- Be proactive in managing patient flow and investigate if wait times are consistently delayed
- Develop highly organised management structures and systems in the practice, including a practice manager
- Appoint admin in charge of the logistics of practice so providers can focus their time on delivering care
- Set standards for the practice to achieve and set expectations with new staff (e.g., giving new staff a document outlining role expectations)
- Plan extensively for new services and programmes and demonstrate strategic direction (e.g., setting goals for the practice)
- Manage practice finances and payment systems carefully and offer user-friendly methods of payment
- Use technology effectively to support care systems (e.g., electronic referrals, prescriptions, and discharges)
- Maintain efficient and prompt systems for communicating with patients about care or following up to communicate results
- Maintain robust systems for managing common care processes that are clear to staff and patients (e.g., progress of referrals)
- Make sure that patients and staff are aware of protocols, and what is expected of them (e.g., for checking results, making appointments)
- Implement standardised protocols to support care processes and adhere to public health guidance (e.g., COVID protocols), that can be adapted by staff if necessary
- Allow sufficient time for patient consultations to be delivered safely and effectively
- Ensure time is allocated to allow partners to address management or admin issues alongside patient care
- Delegate and rotate responsibilities, tasks and leadership roles to the most appropriate staff members
- Schedule staff clearly and appropriately to allow for flexibility and ensure staff contracts are maintained (appropriate holidays, pay)
- Verbally and overtly show staff they are appreciated from top down (e.g., days off, highlighting it on noticeboards, staff socials)
- Proactively maintain and support staff wellbeing (e.g., no tolerance for abuse policy, designated wellbeing liaison)
- Support clinicians and admin to keep training and knowledge up to date and to develop and maintain areas of interest
- Provide orientation materials and induction training to new staff
- Maintain a well-organised and up-to-date bright, spacious and aesthetically pleasing environment (e.g., plants, artwork) that is conducive to patient flow and allows for flexibility in room organisation.
- Try to create a comfortable environment for patients (e.g., water, comfortable seating, TV or toys for kids) with adequate bathroom and baby changing facilities and potential for a separate waiting room
- Create an environment suited to staff needs, including a comfortable work space, staff room and cafeteria, and bathroom facilities

PRACTICE: CLINICAL, BUSINESS AND HUMAN RESOURCES MANAGEMENT, AND PRACTICE INFRASTRUCTURE

Provides parking facilities and good accessibility

- Provide good and safe access to the practice, with a wheelchair ramp, lift and other methods that improve accessibility for different needs
- Provide clearly marked parking facilities for patients and staff

Has necessary equipment and resources

- Ensure all necessary equipment is available and easily accessible within the consultation room or practice
- Provide comprehensive diagnostic facilities at the practice for bloods, echocardiography, electrocardiogram and other tests

Uses IT systems effectively to support the delivery of care

- Make effective use of different functionalities of the system to optimize care and provide feedback on the tool as necessary (e.g., recall, safety popups, audit, tracking features)
- Provide a practice website that allows for online booking of appointments, ordering of prescriptions and payment
- Use technology to communicate with patients and further care services (e.g., text service, electronic prescriptions, electronic referrals)

Supports access for complex and hard to reach patients

- Identify and target efforts at high-risk patients, such as developing registers of high-risk patients or informing patients with chronic diseases about flu clinics
- Cater to complex patient needs as much as possible & make exceptions where possible (e.g., give longer appointments, allow in-person appointment-making for elderly patients)
- Support and advocate for the patient from making appointment until follow-up (e.g., following up with the hospital)

Constantly considers the patient

- Create an inclusive and safe environment for all (e.g., children)
- Understand their cohort and offer services accordingly (e.g., when providing digital resources, what level of information)

Provides patient education resources

- Gather and share relevant useful patient resources, technologies and leaflets that are appropriate for different patients' needs
- Provide relevant health promotion information on posters, screens and/or monitors within the practice

Elicits staff and patient feedback and innovations

- Use proactive methods in the practice to elicit patient and staff suggestions or complaints, such as questionnaires or suggestion boxes
- Try to implement patient and staff input and explain if solutions are not possible

Continuously monitors performance to improve care

- Respond pre-emptively to changes and continuously review, monitor and adapt systems and ways of working to improve care.
- Conduct audits and review performance at aggregate level and use own data to inform improvements
- Look for external guidance and research, and engage in benchmarking and sharing innovations

Promotes role modelling

- Support staff in leadership roles that take on new projects and get everyone on board
- Support clinical role models in the practice who strive for high-quality patient care and set this expectation from the top down

Engaging in research and education

- Engage in teaching medical students and registrars, in the practice and/or university
- Take part in external research projects

PRACTICE: INNOVATION AND IMPROVEMENT

Appendix B. Sample Improvement Plan

Guidance for Using This Plan:

- Team-Based Reflection: Encourage open and non-judgmental discussion at each stage. The IDEAL tool is **not** for performance management/assessment purposes or to apportion blame.
- Iterative Process: Emphasize that **PDSA is a cycle**. Improvements are rarely perfect on the first try. Encourage small, rapid tests of change.
- Documentation: **Keeping this plan updated** will create a valuable record of the practice's improvement journey.

PLAN						
Dimension(s) and current level	Specific Area(s) for Improvement within the Dimension	SMART Aim Statement	Proposed Change(s) / Intervention(s) (What will we do differently?)	Prediction of Outcome (What do we expect to happen?)	Measures of Success (What data will we collect? Patient data?)	Resources Needed (Time, training, materials, etc.)
e.g., Clinician: Coordination of care (Basic)	Clinicians direct follow-up care as they deem suitable; patients receive follow-up from the next service.	By [Date], 80% of patients referred to external services will have their referral process clarified with them at the point of care.	Develop a standardized checklist for clinicians to use when making referrals, ensuring clarification of next steps with the patient.	We expect patients to report greater understanding of their referral pathways, reducing follow-up calls to the practice.	Number of patients who report understanding the referral process (via quick post-consultation survey or follow-up call audit).	1 hour team meeting for checklist development; 15 mins/clinician for training.

DO						
Dimension(s) and current level	Proposed Change(s) / Intervention(s)	Who is Responsible for what?	Timeline for Implementation (Start & End Dates)	What happened during implementation? (Observations, challenges)	Data Collected (Raw/Brief Summary)	
e.g., Clinician: Coordination of care (Basic)	e.g., Implement checklist for referrals	Dr. Kelly & Nurse King	01/08/2025 - 08/08/2025	Checklist was easy to use. Some initial resistance from busy clinicians. Patients seemed receptive when offered.	18 out of 20 patients reported understanding the referral process after clinician used the checklist. (Initial target: 80% or 16/20). Two patients were confused.	

STUDY

Dimension(s) and current level	Analysis of Data against Measures of Success (e.g., did we meet our target?)	Comparison to Prediction (Was it as expected? Better? Worse?)	Key Learnings / Insights (What did we learn from this test?)	Unexpected Outcomes / Observations
e.g., Clinician: Coordination of care (Basic)	e.g., We achieved 90% (18/20) which exceeded our 80% target.	Better than expected for initial small-scale test.	The checklist is effective when used. Clinician buy-in is key.	Two patients being confused highlights a need for further refinement.

ACT

Dimension(s) and current level	Decision (Adopt, Adapt, or Abandon Change?)	Next Steps / Action Plan (If Adapt, what modifications? If Adopt, how to scale? If Abandon, what to try next?)	Responsible Person(s)	New Timeline (if applicable)	Plan for Re-assessment / Re-audit (How and when will we check progress next?)
e.g., Clinician: Coordination of care (Basic)	Adapt	Adapt checklist to include a "patient questions" section. Roll out to all clinicians for 1 month.	Practice Champion	01/09/2025 - 30/09/2025	Re-audit 50 patient referrals in October 2025.

Appendix C: The Patient

In developing the IDEAL Tool, the patient's role in supporting exceptional care delivery was also explored.^{1,2,3} Every patient is different, with their own health challenges, background, needs and resources, so it is important to note that not every patient will be able to engage with and support their health and care in the same manner. However, it is hoped that by improving in the areas proposed by this tool, the provider, team and practice may help patients feel supported to engage more effectively and meaningfully with their own health and healthcare journey. As such, supporting and empowering patients to move towards these characteristics, behaviours and beliefs is the goal of what we do.

Beliefs and motivation

- has reasonable expectations around healthcare use and recognises the constraints of general practice and the larger healthcare system.
- listens to the provider's advice and has positive attitudes toward making suggested changes.
- is motivated by their need for care to make necessary changes to better their health
- works to the best of their abilities to improve their health, given their available resources, background or health-related challenges.

Empowerment and advocacy

- feels empowered in their role as a patient, taking ownership over decisions affecting their health and self-advocating for their needs.
- engages in making care decisions with their provider, and adheres to the agreed management plan.
- actively seeks health information, by educating themselves and asking the provider questions about their condition or treatment.
- recognises and monitors changes in their condition and provides pertinent feedback to inform care decisions and treatments.



Communication and rapport building with provider

- trusts the provider to deliver high-quality care and is open and honest when communicating and sharing information.
- effectively communicates their issues and concerns, and actively listens to the provider during the consultation.
- interacts with the provider respectfully and treats them with friendliness and kindness, and wants to, and makes efforts to, build a supportive interpersonal relationship with the provider.

Attendance and healthcare utilization

- turns up on time or informs the practice a priori if they will be late/unable to attend.
- organises necessary routine appointments and repeat prescriptions within a reasonable time frame, and pays for any healthcare services they avail of within the practice.

