

Hawthorn Medical Centre

Learning Objectives and Learning Opportunities for GP Registrars (ST2 / ST3)

BLUE = Tutor RED = Admin staff and GREEN = attached staff

Registrar Name:

Date started at HMC:

Date training completed:

Core Curriculum (taken from RCGP website)	Learning Objectives	How Achieved in General Practice?	Date Completed
1 a General Induction Week One	Understanding staff and their roles, the practice layout (including resus and oxygen) personal safety and standards whilst working at HMC.	Staff Introductions Staff Roles – who to go to for help Policies – Health and safety / Fire / Infection Control / Information Governance	
		Sit in waiting room	
		Employment Contract	
1 b Basic Consultation Induction Week One	Clinical System and an introduction to QOF	Login IDs and Smart Card use. The clinical system. Recording, Coding, QOF	
	Appointments – Frontdesk – Calling patients, consultation mode, instant messages, messages & phone calls added to templates, panic button	Introduction to FrontDesk	
	Telephone Use	Time with Reception Manager	
	Prescribing Referring - Choose and Book Referring – in house services ie physio, counselling, dietician Typing / Dictation Patient Information Database Pathlinks – checking the day book and processing	Tutor to update re prescribing, referring, typing, accessing patient information online (Patient UK). Protocols, Pathlinks	
	Work flow – post, mail in / out trays, pathlinks, discharge summaries, hospital correspondence	Introduction by Secretarial Team	

<p>2. GP practice Consultation</p> <p>Week One and ongoing</p>	<p>The general practitioner should be able to communicate clearly, sensitively and effectively with patients and their relatives, and colleagues from a variety of health and social care professions. The general practitioner must have a commitment to patient-centred medicine. The general practitioner who lacks a clear understanding of what the consultation is, and how the successful consultation is achieved, will fail his or her patients. Includes:</p> <ul style="list-style-type: none"> - context of the consultation - Communication - Structure - Professional Attitude (ethics, consent, confidentiality, records) 	<p>Undertaking own consultations.</p> <p>Tutor monitoring of consultations and feedback.</p> <p>Video feedback on consultations.</p> <p>Sitting in with other GPs to understand individual styles.</p>	
<p>3.1 Clinical Governance</p>	<p>The principal aims of clinical governance are to improve the quality and the accountability of health care. Clinical governance includes identifying and responding to poor practice. There is a need to create a supportive culture with good teamwork underpinned by clinical audit.</p>	<p>Discussions with Clinical Governance Lead at PCT</p> <p>Conduct a Clinical Audit (Quality Improvement)</p> <p>The Significant Event Process and how it is managed within the practice.</p> <p>Present a case at a Significant Event Meeting</p> <p>Conduct a Significant Event Audit</p> <p>Conduct a project to manage change within a clinical area ie update to NICE guidelines.</p> <p>Develop and organise practice information systems about performance</p> <p>The Complaints Process and handling a complaint</p> <p>Understand CPD / Appraisal / Revalidation</p>	

3.2 Patient Safety	<p>Patient safety concerns everyone in the NHS, and is equally important for general practitioner. Tackling patient safety collectively and in a systematic way can have a positive impact on the quality and efficiency of patient care. Safety in health care is a relatively young field internationally and, as such, it will be some time before we understand its full potential. It is likely that further training throughout a doctor's career will be required. General practitioners are well placed to be active members of the healthcare team and positively influence the safety culture within the practice and the development of the practice as a learning organisation. The knowledge and application of risk assessment tools must become part of general practitioners' skills and, whatever change occurs in their environment, they should assess the effects of change and plan accordingly.</p>	<p>Culture / Structure of the organisation / Policies</p>	
		<p>Significant Event Audits</p>	
		<p>Complaints / PALS – policy</p>	
3.3 Ethics and Values Based Medicine	<p>The provision of health care is guided by a framework of legal and ethical principles that are reflected in professional codes of practice. Ethical decision-making and behaviour in clinical practice requires the application and interpretation of these principles within a specific context, taking into account the perspectives and values of all involved. General practitioners need to be able to justify their decisions with reference to both the clinical evidence and the moral and other values that inform those decisions. The knowledge and skills acquired are applicable across the whole curriculum and should be incorporated into all aspects of clinical, managerial and research practice.</p>	<p>Consultations / tutorials</p>	
3.4 Promoting Equality and Diversity	<p>Equality and diversity are at the heart of the general practitioner training curriculum and in the work of general practitioners, caring for patients as part of the primary healthcare team. Equality is about creating a fairer society in which everyone has the opportunity to fulfil their potential. Diversity is about recognising and valuing difference in its broadest sense. The RCGP, the Postgraduate Medical Education and Training Board (PMETB) and the Departments of Health across the UK are all committed to the principles of promoting equality and valuing diversity.</p>	<p>Consultations / tutorials</p>	

3.5 Evidence Based Practice	Evidence-based health care means using scientific rigour to appraise evidence from a wide range of sources to best benefit the patient or delivery of health care. General practitioners must be able to provide each patient with information appropriate to them and their individual circumstances in order to help their decision-making. Knowledge of where and how to search for 'best evidence', the ability to appraise this evidence critically and decide whether it is applicable and if so, when, where and to whom. The skills learnt are applicable to the whole curriculum and should be integrated into all areas of clinical and managerial practice.	Consultations / tutorials	
3.6 Research and Academic Activity	General practice is a scientific discipline at the heart of decision-making in the National Health Service. Research in primary care provides the general practitioner with the means to test and improve clinical practice, evaluate innovative models of service delivery and understand population data. Research on primary care provides the means to improve organisation of services and to question local beliefs or behaviours on the basis of population data. Academic activity comprises not only research, but also teaching and reflective practices such as significant event analysis, writing opinion pieces for medical journals and audit. These are developmental processes in which all general practitioners should be involved to a greater or lesser extent and are fundamental to the continuance of general practice as an academic specialty.	Undertake a research project within the practice in collaboration with the tutor.	
3.7 Teaching, mentoring, clinical supervision	GP Specialty Registrars need guidance in developing their role as teachers, particularly in developing strategies for becoming learner-centred, encouraging learner autonomy and providing support. The skills involved in consulting with patients have striking similarities with the skills required for effective teaching, e.g. active listening, questioning and summarising are required to help reach a shared understanding of the problem or issue to be addressed. There are many opportunities for work-based teaching and learning in general practice.	Consultations / tutorials.	
		Identify an area of learning within the practice and lead a practice meeting to train other staff. Take into account, audience and learning styles. Use IT to facilitate the learning.	

<p>4.1 Management in Primary Care</p>	<p>Primary care is at the centre of the modern NHS and general practice is at the centre of primary care. Primary care is delivered in an increasing variety of ways. The management of primary care in the NHS requires the active involvement of all health professionals in discussion with patients. Management is an activity and not a profession. Leadership is everyone's responsibility.</p>	<p>Understand all roles within the practice:</p> <ul style="list-style-type: none"> - sit in on reception - time with secretaries - sit in with nurses on general nursing and minor illness 	
		<p>Tutorials with Practice Manager to cover</p> <ul style="list-style-type: none"> - PCT contract - Finance & budget - LES / DES - Access issues - Practice communication 	
		<p>Tutorial with Admin Team:</p> <ul style="list-style-type: none"> - QOF, prompts, recalls - End of month / quarter / year 	
		<p>Tutorial with Reception Manager:</p> <ul style="list-style-type: none"> - Managing appointments - Role of the PPG (arrange for registrar to attend a meeting) - Office Management 	
		<p>Tutorial and take part in:</p> <ul style="list-style-type: none"> - recruitment - appraisals - health and safety (attend meeting, undertake risk assessment) 	
		<p>Critically appraise the organisations systems.</p>	
		<p>Undertake a project to look at improving practice systems (identify the project with the Practice Manager)</p>	

<p>4.2 Information Management and Technology</p>	<p>General practice in the UK increasingly relies upon electronic storage of patient records and electronic communication of records. Each year 1200 people die in England and Wales as a result of medication errors. General practitioners need to understand the principles of good electronic record keeping; they should be aware of potential consequences of inaccurate, incomplete or ambiguous health data. General knowledge regarding the use of computers is desirable to at least European Computer Driving Licence (or equivalent) standard; fulfilling contractual requirements is difficult without the effective use of clinical computer systems and accurate and searchable clinical records cannot be maintained without a good knowledge of clinical coding systems (currently Read codes). Connecting for Health and similar initiatives in the other UK countries will have a major effect on general practice in the coming years as paper records systems become unworkable and are phased out. The sharing of electronic records across organisational boundaries, as envisaged by Connecting for Health, demands new ways of working in terms of record quality and information governance.</p>	<p>IM & T DES (Admin Team)</p>	
		<p>Information Governance (Caldicott Guardian)</p>	
		<p>Issues re consent (Tutor)</p>	
<p>5. Healthy People</p>	<p>General practitioners have a crucial role to play in promoting health and preventing disease. More important than the general practitioner's role is that of the patient through self-care. During the consultation there are excellent opportunities to discuss healthy living with the patients and for the early detection of illness. To put patients at the centre of their care, general practitioners need to possess appropriate skills to support people to self-care, taking them through a range of approaches, in partnership, recognising that the individual should make the choices, decisions and take the actions themselves. The general practitioner's defined practice list offers a framework to provide appropriate diagnostic, therapeutic and preventative services to individuals, and to the registered population. Gaining a better understanding about inequalities in health and strategies to address inequalities in health are important aspects of training to be a general practitioner.</p>	<p>Consultations / Tutorials</p>	

6. Genetics in Primary Care	It has been estimated that at least one in 10 of the patients seen in primary care has a disorder with a genetic component. Genetic knowledge, skills and attitudes are important to general practitioners providing support and management to patients and families with, or at risk of, genetic conditions. Consideration of the family history in, for example, cancer, cardiovascular disease and diabetes, and understanding genetic aspects of antenatal and newborn screening, are particularly important. General practitioners have a key role in identifying patients and families who would benefit from being referred to appropriate specialist genetic services.	Consultations / Tutorials	
7. Care of acutely ill people	A competent GP should be able to work effectively in teams and coordinate care. They should be able to prioritise problems and establish a differential diagnosis, make the patient's safety a priority and consider the appropriateness of interventions according to patients' wishes, the severity of the illness and any chronic or co-morbid diseases. A GP should be able to make mental state assessments and ensure patient safety, accept responsibility for action, at the same time recognising any need for involvement of more experienced personnel. They must keep their resuscitation skills up to date – this would normally involve a yearly certified resuscitation course - and act calmly in emergency situations, following agreed protocols.	OOH's sessions	
8. Care of Children and Young People	General practitioners have an important role in the care of children and young people. Most care for children and young people is delivered outside the hospital setting. There is good evidence that providing care in primary care delivers improved outcomes in the health of children and young people. A child's and young person's experiences in early life – and even before birth – have a crucial impact on their life chances. Promoting health in children and young people can be included in all contacts with a child, a young person and their family, and should be targeted particularly at the vulnerable and socially excluded. Safeguarding children and young people requires all general practitioners to be effective when dealing with child abuse. General practitioners should recognise and respond to the needs of children and young people in special circumstances, through referral and joint working. It should be recognised that the needs of young people aged	Consultations / Tutorials	
		Sit in on CHS session	
		Child Protection Policy and accessing SW procedures plus coding on the system	
Session with the Health Visitors: <ul style="list-style-type: none"> - how the practice and HVs work together. - Case load - What is involved if a child is identified as at risk. - How a GP might identify a problem. 			

	10 to 19 are different from those of children under the age of 10, particularly in terms of their health problems, consent, confidentiality and communication issues.		
9. Care of Older Adults	The United Kingdom has an ageing population. The care of older people will make up a higher proportion of the general practitioner's workload. Co-morbidity, difficulties in communicating, the problems of polypharmacy and the need for additional support for the increasingly dependent patients are important issues in the care of older people. General practitioners with the primary healthcare teams have an important role to play in the delivery of improvements in the care of older people.	Consultations / Tutorials	
		Palliative Care Register and the Gold Standards Framework (see 12. too)	
		Understanding the Mental Health Act and mental capacity	
		Death certification and Cremation – attend a death with a GP.	
		Visit to one of the care homes in the area.	
		Safeguarding Vulnerable adults	
		Working with other agencies to provide support	
10.1 Women's Health	Women-specific health matters account for over 25% of a general practitioner's time. Supporting parents or carers helps them care for their children and ensure that their children have optimum life chances and are healthy and safe. General practitioners have a key role in diagnosing domestic violence and dealing with its physical and psychological effects that include depression, anxiety, post-traumatic stress disorder and suicide attempts. One woman dies every three days as a result of domestic violence. One in nine women using health services has been hurt by someone they know or live with.	Consultations / Tutorials	
		Sit in with other professionals in the practice who undertaking smears.	
10.2 Men's Health	Men suffer more ill health than women, and their life expectancy is five years shorter. Men tend to take more risks with their health than women, which are reflected in higher rates of alcohol excess, smoking, poor diet, sexually transmitted diseases and accidents. Consultation rates with their general practitioner are lower in men than women, and these rates are declining further. Men have a higher risk of committing suicide.	Consultations / Tutorials	

11. Sexual Health	Sexual health is a UK government priority. The general practitioner has an important role in the management of sexual health problems in partnership with other members of the primary healthcare team and specialists. General practitioners and primary healthcare teams are ideally placed to take a holistic and integrated approach to sexual health. Education must promote learning that integrates different disciplines within the complex team of the NHS.	Consultations / Tutorials Sit in with other professionals in the practice who undertake contraceptive advice and administer contraception.	
12. Care of people with Cancer and Palliative Care	One of the great skills of the general practitioner is to recognise cancer illness in its early stages. Cancer is a clear concern for many patients who consult their doctor and it is a concern driven by common life experience. The role of the general practitioner extends from primary prevention through early diagnosis of cancer to terminal care. Many terminally ill patients prefer the option of a death at home. Helping patients die with dignity and with minimal distress has been one of the most fundamental aspects of medicine.	Consultations / Tutorials Fast-track referral Palliative Care Register and the Gold Standards Framework (see 9. too) Attend Gold Standards Meeting	
13. Care of People with Mental Health Problems	Depression is common in general practice: general practitioners should be able to recognise depression and assess its severity and all depressed patients should be screened for suicidal intent. People with severe mental illness have a high prevalence of physical co-morbidity that should be looked for and treated by general practitioners. The skills to both recognise and manage somatisation will lead to considerable savings in patient suffering and healthcare costs. All physical illness has a psychological component; this should be taken into account in management plans. The continuous improvement of communication skills and patient-centred practice is likely to be the single most important factor in improving recognition and effective management of mental health problems.	Consultations / Tutorials Session with Counsellors to look referring and the work they undertake.	
14. Care of People with Learning Disabilities	In managing patients with learning (intellectual) disabilities, general practitioners should: Be aware of likely associated conditions and knowing where to obtain specialist help and advice, understand how psychiatric and physical illness may present atypically in patients with learning disabilities who have sensory, communication and cognitive difficulties and use additional skills of diagnosis and examination in patients unable to describe or verbalise symptoms.	Consultations / Tutorials The Learning Disabilities register and the enhanced service agreement with the PCT. Sit in with the nurses on a health check.	

15.1 Cardiovascular Problems	Cardiovascular problems are an important cause of morbidity and mortality. Management of the risk factors for cardiovascular problems is an essential part of health promotion activity in primary care. All general practitioners should be competent in the management of cardiovascular emergencies in primary care. Accurate diagnosis of symptoms that may potentially be due to cardiovascular causes is a key competence.	Consultations / Tutorials	
15.2 Digestive Problems	Digestive problems are common in general practice. The general practitioner has a central role in the diagnosis and management of digestive problems in primary care. Dyspepsia and gastro-oesophageal reflux disease (GORD) are common conditions, affecting around 28% of the population. Prevention and early treatment of colorectal cancer are priorities of the Departments of Health.	Consultations / Tutorials	
15.3 Drug and Alcohol Problems	The use of illicit drugs, such as heroin or cocaine, is common. All general practitioners have a responsibility for providing general medical care to drug-using adults. General practitioners are ideally placed to identify drug misuse before it becomes problematic and to be able to intervene effectively. Drug use is amenable to treatment, using a combination of psychological, social and medical interventions. Substitution treatment, such as the use of methadone, is effective and properly administered results in improvements in social, medical and psychological functioning, and a reduction in criminal behaviour. General practitioners must be familiar with ways of identifying excess alcohol consumption. Despite the prevalence of patients presenting to general practitioners with problems relating to heavy alcohol intake, they often fail to make the association. General practitioners should be aware of the morbidity (physical, psychological and social) caused by alcohol. Health professionals can have a major impact in reducing alcohol consumption in their patients by a simple technique called brief intervention.	Consultations / Tutorials Sit in with representative from Drug Agency / GP trained in drug misuse.	
15.4 ENT and facial problems	Many ENT symptoms including deafness are common in general practice. The Disability Discrimination Act 1995 gives people with disabilities equal and enforceable rights, and access to all areas of life, including health care. Guidelines for appropriate management are widely available but not always used. Inappropriate referrals to secondary care increase waiting times, consume resources and can be harmful to patients. Early detection of head and neck cancer is vital.	Consultations / Tutorials	

15.5 Eye Problems	Eye problems are common – around two million people in the UK have a sight problem. Eye problems account for 1.5% of general practice consultations in the UK with a rate of 50 consultations per 1000 population per year. Eye problems are significant causes of preventable disabilities. The general practitioner has a key role as part of the primary healthcare team in the prevention and treatment of eye problems.	Consultations / Tutorials	
15.6 Metabolic Problems	The prevalence of obesity and diabetes mellitus is increasing to alarming proportions. The management of diabetes, hyperthyroidism and hypothyroidism in primary care are key competences for general practice. All general practitioners should be competent in the management of diabetic, thyroid and adrenal emergencies. Hyperuricaemia is a common cause of morbidity that is usually diagnosed and managed in primary care.	Consultations / Tutorials Sit in with Nurses on Diabetic Clinic	
15.7 Neurological Problems	The management of epilepsy in primary care is a key competence for general practice. All general practitioners should be competent in the management of neurological emergencies. Making appropriate referrals for neurological problems is a key competence, because of the potential to manage many neurological conditions in primary care (e.g. chronic headache) and the UK shortage of neurologists.	Consultations / Tutorials	
15.8 Respiratory Problems	Respiratory problems are the most common reason for general practice consultation and emergency medical admission to hospital. Smoking cessation advice is an essential part of health promotion activity in primary care. The full involvement of patients in the management of their respiratory problems is essential. The management of asthma and chronic obstructive pulmonary disease (COPD) in primary care is a key competence for general practice. There is little evidence to support antibiotic prescribing for upper respiratory infections. Antibiotics prescribing needs to be rationed to reduce the development of antimicrobial resistance.	Consultations / Tutorials Sit in with Nurses on Chest Clinic Initiate HOOOF	
15.9 Rheumatology, musculoskeletal and trauma	Most musculoskeletal conditions are chronic conditions that cause significant disability and have huge resource implications because of incapacity to work. Traditionally general practitioners' training in musculoskeletal problems has been limited. Appropriate referral to allied health professionals, complementary therapists and secondary care is a key competence for general practice.	Consultations / Tutorials	

15.10 Skin Problems	The management of skin problems in primary care is a key competence for general practice. Traditionally undergraduate and postgraduate training in skin problems has been very limited. Diagnosis and urgent referral of potential melanomas can save lives. Skin disfigurement causes considerable psychological distress.	Consultations / Tutorials	
		Sit in on Minor Ops session	