

# GP Specialty Training Programme

## MEDICINE & RHEUMATOLOGY

### GP Curriculum

As this forms part of a GP Specialty Training Programme it is important that GPStRs work towards the learning objectives of the RCGP GP Curriculum throughout the post.

|  |                                      |
|--|--------------------------------------|
| Main sections covered                      | 3.12, 3.13, 3.14, 3.17, 3.3.18, 3.19 |
| Supplementary sections that may be covered | 3.18, 3.20                           |

### Learning Needs

To help identify learning needs in relation to the GP Curriculum the GPStR should refer to the RCGP curriculum in order to identify key learning areas.

This should be completed before the initial meeting of the GPStR with their Clinical Supervisor. It can then be used to help identify areas that require development. In this meeting an educational plan for the post can be drawn up that identifies how these learning needs can be addressed and how and when they will be assessed.

Please note that it may not be possible to cover all of the GP Curriculum learning objectives within this post. The GP Educational Supervisor will be able to assist the GPStR in identifying ways to cover these potential gaps as part of the overall GP Specialty Programme.

### Assessments and Reviews

During this 6 month post it is the responsibility of the GPStR to arrange the following with their Clinical Supervisor:

- An initial induction meeting reviewing the learning objectives and producing an educational plan (within the first 3 weeks of the post)
- 3 CBD assessments
- 3 mini-CEX assessments
- CEP assessments
- An end of post meeting to discuss your progress and entering the Clinical Supervisor's Report on the e-Portfolio

Please note that this is the minimum requirement for assessments and your Clinical Supervisor may feel that more are required in order for you to meet the required competency areas.

### Study Leave

Please refer to the HEMW website for guidance on study leave.

Any study leave must be congruent with learning outcomes of the GP Curriculum and approved by the GP Educational Supervisor and applied for using the approved deanery forms. All Study leave has to be approved in advance and no retrospective study leave can be granted. The GP ST trainees are expected to attend the structured teaching programme on Wednesday afternoon.

# GP Specialty Training Programme

## Learning Objectives & Assessment in MEDICINE

| What the GPStR can learn  | Assessment Modality |          |      |
|---|---------------------|----------|------|
|   | CbD                 | Mini-CEX | CEPS |
| <b><u>Knowledge of Management of Emergencies:</u></b>                             |                     |          |      |
| <b>CARDIOVASCULAR</b>   |                     |          |      |
| 1.Chest pain – may be different issues in different areas e.g. rural thrombolysis | ✓                   | ✓        |      |
| 2.LVF   | ✓                   | ✓        |      |
| 3.Cardiac Arrest  | ✓                   | ✓        |      |
| 4.CVA   | ✓                   | ✓        |      |
| 5.DVT/PTE   | ✓                   | ✓        |      |
| <b>DIGESTIVE</b>  |                     |          |      |
| 1.GI bleeds   | ✓                   |          |      |
| <b>METABOLIC</b>  |                     |          |      |
| 1. DKA  | ✓                   | ✓        |      |
| <b>NEUROLOGICAL</b>   |                     |          |      |
| 1.Fits including Status Epilepticus   | ✓                   |          |      |
| 2.SAH   | ✓                   |          |      |
| 3.Meningitis  | ✓                   |          |      |
| <b>RESPIRATORY</b>  |                     |          |      |
| 1. Acute dyspnoea inc asthma, infection, pneumothorax                             | ✓                   | ✓        |      |
| 2.Anaphylaxis   | ✓                   | ✓        |      |

|  |     |          |      |
|--|-----|----------|------|
| <b><u>Knowledge of Management of Common Clinic Referrals:</u></b><br><b>CARDIOVASCULAR</b>   |     |          |      |
| 1. New Onset Chest Pain - Risk factor assessment, Who to refer, Lifestyle factors  | ✓   | ✓        |      |
| 2. Palpitations  | ✓   | ✓        |      |
| 3. Vascular Disease Symptoms e.g. Intermittent Claudication  | ✓   | ✓        |      |
| 4. Heart Failure   | ✓   |          |      |
| 5. Uncontrolled BP   | ✓   |          |      |
|  | CbD | Mini-CEX | CEPS |
| <b>DIGESTIVE</b>   |     |          |      |
| 1. Irritable Bowel Syndrome  | ✓   |          |      |
| 2. Inflammatory Bowel Disease – often these patients will not go to hospital for flare up and prefer to contact GP   | ✓   |          |      |
| 3. Dyspepsia   | ✓   | ✓        |      |
| <b>METABOLIC</b>   |     |          |      |
| 1. DM - Opportunity to reflect on changing management of Diabetes. Type 2 now almost exclusively GP. May be only opportunity to get broad Type 1 exposure. | ✓   |          |      |
| - New cases – WHO classification for diagnosis – DM, IFG, IGT  | ✓   |          |      |
| - Starting insulin   | ✓   | ✓        |      |
| 2. Obesity Management  | ✓   |          |      |
| <b>NEUROLOGICAL</b>  |     |          |      |
| 1. General medicine – Headaches  | ✓   | ✓        |      |
| 2. Elderly medicine – Movement disorders inc Parkinson's   | ✓   | ✓        |      |
| 3. Epilepsy including management first fits  | ✓   | ✓        |      |
| 4. TIA/Stroke  | ✓   | ✓        |      |
| 5. Multiple Sclerosis  | ✓   | ✓        |      |

|   |   |  |  |
|---|---|--|--|
| <b>RESPIRATORY</b>  |   |  |  |
| 1. Haemoptysis  | ✓ |  |  |
| 2. Chronic respiratory disease – understanding of management and disease progression e.g. COPD, pneumonitis                                       | ✓ |  |  |
| 3. Awareness relevant protocols/guidance – BTS asthma, GOLD, Domiciliary O2   | ✓ |  |  |
| <b>RHEUMATOLOGY AND MUSCULOSKELETAL</b>   |   |  |  |
| 1. Rheumatoid Arthritis including an awareness of the protocols/guidelines for management and referral e.g. DMARDs – used earlier than previously | ✓ |  |  |
| 2. Polymyalgia rheumatic  |   |  |  |
| 3. Fibromyalgia   |   |  |  |
| 4. Breadth of rheumatology and joint pain presentations and diseases  | ✓ |  |  |
| 5. Osteoporosis   | ✓ |  |  |
| 6. Connective Tissue Disease e.g.lupus  |   |  |  |

| <b><u>Specific Skills/Procedures:</u></b><br>- Should learn about appropriate use of investigations | CbD | Mini-CEX | CEPS |
|---|-----|----------|------|
| <b>CARDIOVASCULAR</b>   |     |          |      |
| <b>Able to Perform</b>  |     |          |      |
| 1.ECG   |     |          | ✓    |
| 2.BP  |     |          | ✓    |
| <b>Able to Explain (Ideally should observe if not seen before)</b>                                  |     |          |      |
| 1.Echocardiogram  |     | ✓        | ✓    |
| 2.Exercise Tolerance Test   |     | ✓        | ✓    |
| 3.Angiography   |     | ✓        |      |
| 4.Doppler   |     | ✓        | ✓    |
| 5.24hr tape   |     | ✓        |      |
| <b>DIGESTIVE</b>  |     |          |      |
| <b>Able to Explain</b>  |     |          |      |
| 1.Colonoscopy   |     | ✓        |      |
| 2.Upper GI Endoscopy  |     | ✓        |      |
| <b>METABOLIC</b>  |     |          |      |
| <b>Able to perform</b>  |     |          |      |
| 1.BM testing  |     |          | ✓    |
| 2.Ketone testing  |     |          | ✓    |
| 3.Interpretation of results e.g. OGTT, TFT  |     | ✓        |      |
| <b>NEUROLOGICAL</b>   |     |          |      |
| <b>Able to perform</b>  |     |          |      |
| 1.Fundoscopy  |     |          | ✓    |
| <b>Able to explain</b>  |     |          |      |
| 1.Radiology – MRI, CT, MRA  |     | ✓        |      |
| 2.Lumbar Puncture   |     | ✓        | ✓    |
| 3.Neurophysiology   |     | ✓        |      |

|  |     |          |      |
|--|-----|----------|------|
| 4.EEG  |     | ✓        |      |
|  | CbD | Mini-CEX | CEPS |
| <b>RESPIRATORY</b>   |     |          |      |
| <b>Able to perform</b>   |     |          |      |
| 1.Inhaler techniques   |     |          | ✓    |
| 2.Result interpretation – PEFR, Spirometry   |     |          | ✓    |
| 3.Create Asthma Management Plans   |     | ✓        |      |
| <b>Able to explain</b>   |     |          |      |
| 1.Bronchoscopy   |     | ✓        |      |
| 2.PFTs   |     | ✓        |      |
| 3.Pleural tap/biopsy   |     | ✓        |      |
| <b>RHEUMATOLOGY AND MUSCULOSKELETAL</b>  |     |          |      |
| <b>Able to perform</b>   |     |          |      |
| 1.Joint injection – large joints as documented – knee, shoulder, golfer and tennis elbow   |     |          | ✓    |
| 2.DEXA scan interpretation. Should also be able to explain procedure   |     | ✓        |      |
| <b><u>Appreciation of the roles of others:</u></b>   |     |          |      |
| 1. <b>Nurse specialists</b> – have more of a community focus eg heart failure, diabetes, stoma nurse, IBD, Hep C, Asthma, Rheumatology, MS. Helps develop understanding of what help they can offer to both patients and clinicians. | ✓   |          |      |
| 2. <b>Diabetic Services</b> – Day Unit, Podiatry, Retinal Screening, Dietetic Input, DM Clinic. Aim to attend/have awareness of what happens at each of these.   | ✓   |          |      |
| 3. <b>Weight management service</b> – What available locally   | ✓   |          |      |
| 4. <b>Rehabilitation services</b> e.g. pulmonary, cardiac, stroke – What actually happens there, what staff involved   | ✓   |          |      |
| 5. Rheumatology - <b>Specialist physiotherapy and OT</b> – physiotherapy to focus on examination skills and OT to understand what they can offer   | ✓   |          |      |

|   |   |  |  |
|---|---|--|--|
| 6. <b>Pain Management services</b> – to become familiar with pain management principles and different strategies employed | ✓ |  |  |
|---|---|--|--|



## How the GPStR can learn

### LEARNING OPPORTUNITIES IN HOSPITAL SETTING

1. **Seeing Emergency Attendances and Referrals** – A&E, Post Take Ward Rounds
2. **Following Patient Journey** – Ward Rounds, Involvement Multi-disciplinary meetings and discharge planning, Case based Discussion
3. **Member of ‘Arrest Team’**
4. **Attending clinics** - seeing patients GPs routinely refer to OP – presenting cases and proposing management
5. **Specialised Clinics** (e.g. movement disorder, epilepsy and first fit, rapid access – chest pain/TIA, multiple sclerosis) - It is recognised that access to different clinics will vary by locale and that some areas may need to be addressed in different ways.
6. **Observing or Undertaking Procedures**
7. **Spending Time with Nurse Specialists**
8. **Vascular Clinics** – may mean attending surgical service run clinics
9. **Formal Teaching Sessions**

# GP Specialty Training Programme

MEDICINE/Rheum

**Educational Plan** From: ..... To: .....

GPStR: ..... email: .....

Clinical Supervisor: ..... email: .....

Educational Supervisor: ..... email: .....

**Learning Needs Identified:**

**How will these be addressed?**

## Assessment Planner

| Assessment | Focus of assessment | When? |
|------------|---------------------|-------|
| CbD 1      |                     |       |
| CbD 2      |                     |       |
| CbD 3      |                     |       |
| Mini-CEX 1 |                     |       |
| Mini-CEX 2 |                     |       |
| Mini-CEX 3 |                     |       |
| CEPS       |                     |       |
| CEPS       |                     |       |
| Additional |                     |       |

**Signed & agreed:**

|                             |  |              |
|-----------------------------|--|--------------|
| <b>GPStR:</b>               |  | <b>Date:</b> |
| <b>Clinical Supervisor:</b> |  | <b>Date:</b> |





