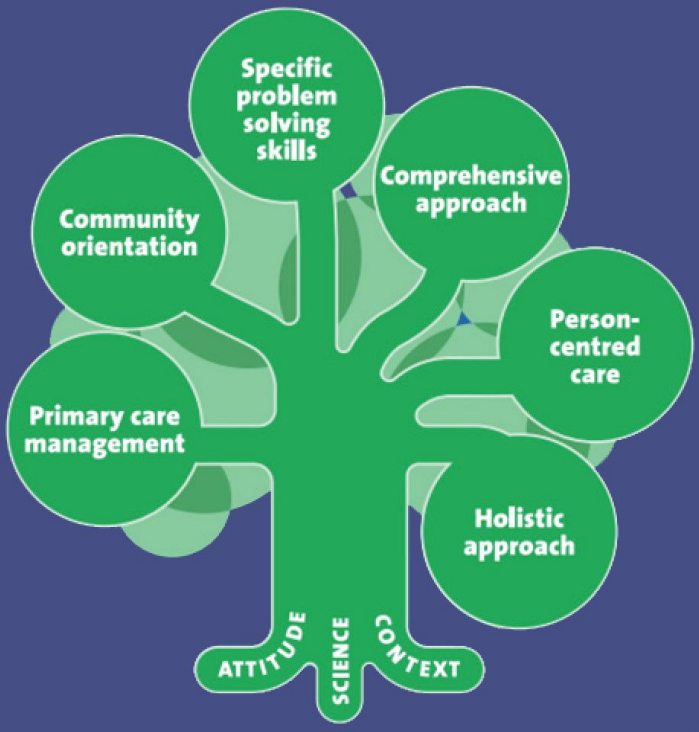
Irish College of General Practitioners

ICGP Curriculum for GP Training in Ireland



2020 (Version 5.0)

Foreword

"It has to be high yield"

-Trainee, Day Release Meeting in 2017/18

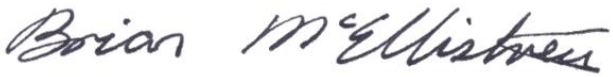
I am delighted to launch this new version of the ICGP Curriculum for GP training in Ireland for 2020 which contains incremental improvements over the recent versions. These improvements reflect the evolving face of General Practice in Ireland.

The improvements of this version were guided directly from meetings with members of the training community; programme directors, tutors, trainers and trainees. These meetings took place over late 2017 and early 2018 all over the country, and many of the features you will find in this version, such as the coding and community generated resources were directly sought. Other incremental improvements too have been added, such as the extensive use of hyperlinks throughout the document and the standardised inclusion of ICGP resources within improved resource sections, all to aid your quick and easy use of the curriculum. This version is a continuation of the excellent work of the 2006 and 2016 curriculums, the latter under the leadership of Dr Niamh O Carroll. We appreciate the time and commitment of the many individuals who contributed to previous versions of the ICGP curriculum. It is envisaged in the future the curriculum will move to an online platform which will further improve its delivery.

I would like to thank Dr Karena Hanley, National Director of GP Training, and Dr John Cox, Chair of the Curriculum Development Sub-Committee, for their unending enthusiasm for curricular progression and assistance. I would also like to thank our librarians Patricia Patton, Gillian Doran and web editor Teresa Curtin for their assistance with generating this document, along with the Curriculum Development Sub-Committee members.

I trust that you find this key document beneficial in all aspects of GP training and, as ever, if you have any feedback, suggestions or improvements please contact me at curriculum@icgp.ie.

Yours,



Dr Brian McEllistrem
Curriculum Development Fellow, ICGP,
3rd September 2020.

2019

"Simply Skin"

An ICGP/RCPI podcast series based around presentations in dermatology generated specifically for GP's in Ireland

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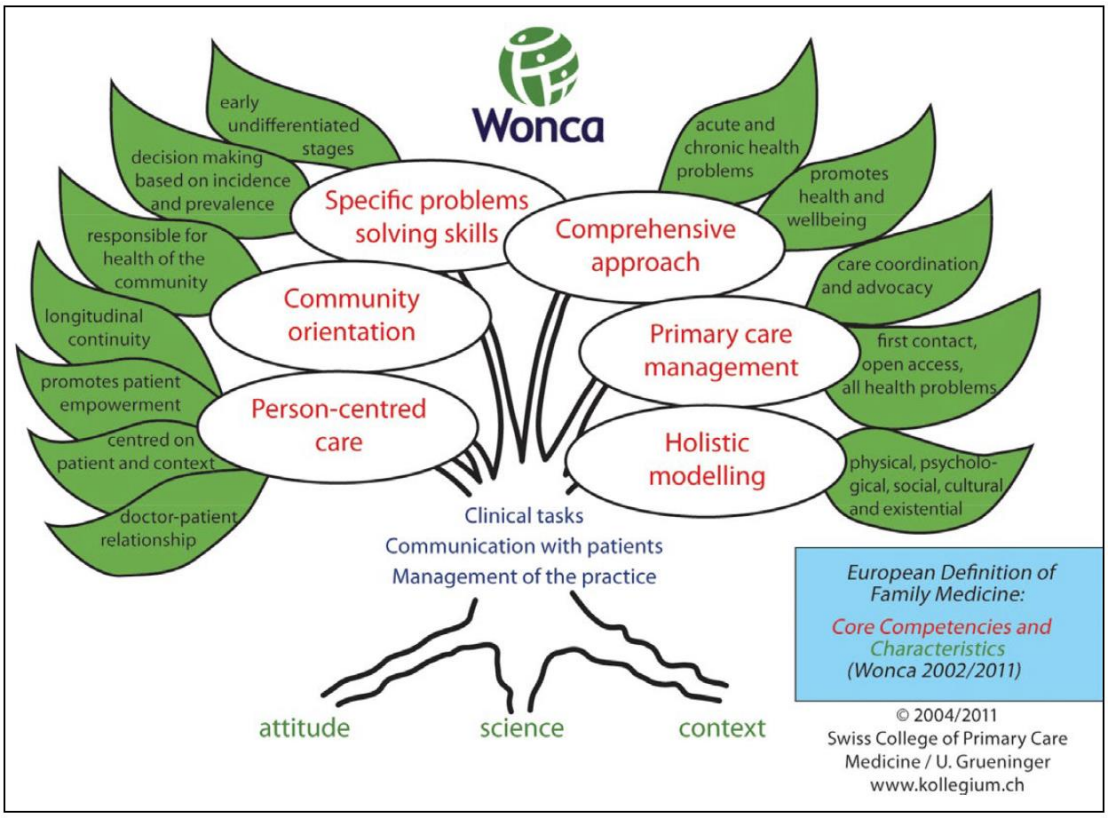
Introduction

The Irish College of General Practitioners (ICGP) curriculum defines the learning outcomes for the specialty of general practice and describes the competences you require to practise medicine as a general practitioner in Ireland.

As a doctor in general practice you do not deal simply with organ systems and symptoms, but with people and problems. The ICGP curriculum has been developed to reflect this. The meaning of the curriculum will increasingly be conveyed by showing not just how you as a GP must manage illnesses, but how problems present differently in different types of patients with different implications and in ways that require different types of management. The ICGP curriculum, approved in 2006, was the first attempt in the Ireland to define the indefinable; the complex competences that are required by doctors in undertaking the work of the expert clinical generalist.

Curriculum framework



The curriculum is based on the original framework statement for the discipline of general practice that was developed by WONCA Europe (World Organization of National Colleges and Academies of General Practice/Family Medicine) and formally launched during its meeting in London in 2002, and revised in 2005 and again in 2011.The WONCA framework describes the fundamental characteristics of general practice, a role description of the specialist in family medicine, and the competencies required of you. These characteristics of the discipline of general practice relate to the abilities that every family doctor should master and are the basis of developing the curriculum for training in Irish general practice.

The core competences which you will need to master to be a GP are grouped into six areas of competence and three essential features of you as a doctor. In the curriculum chapters these are

subdivided into specific learning outcomes.

They are derived from the characteristics of general practice in the European definition. The framework is set within a pedagogical approach that supports the preparation of lifelong learners as a necessary pre-requisite for doctors to sustain their capacity to practice effectively in an environment of changing expectations about appropriate practice. It is an approach that also recognises that individuals learn at different rates using different styles and, typically, that learning is enhanced when individuals are actively involved in identifying their learning needs and contribute to planning, implementing and evaluating their programme of learning.

The core GP competencies are:

1. **Primary care management** is about how you manage your contact with patients, dealing competently with any and all problems that are presented to you and coordinating their care using resources appropriately. (This area of competence is not limited to dealing with the management of the practice.)
2. **Person-centred care** is about understanding and developing an effective doctor patient relationship.
3. **Specific problem-solving skills** is about the context-specific aspects of general practice: Selective history taking, physical examination and investigations leading to an appropriate management plan. It is about how you deal with early and undifferentiated illness and the skills you need to tolerate uncertainty, without medicalising normality.
4. **Comprehensive approach** is about how general practitioners must be able to manage co-morbidity, multiple complaints and pathologies both acute and chronic health problems in the individual and also applying health promotion and disease prevention strategies.
5. **Community Orientation**. Reconciling the health needs of individual patients and the health needs of the community in which they live in balance with available resources.
6. **Holistic Approach**. Taking into account clinical factors, but also any psychological, social, economic or cultural factors that are important and understand the ways in which these will affect the experience and management of illness and health.

Applying Core Skills

In applying these core skills in General Practice, three personal features are important. These personal features relate to factors which have an impact on your ability to deliver the competences in real life in your work setting:

7. **Contextual aspects of care**. The environment in which you work; working conditions, community, culture, financial and regulatory frameworks; the impact of workload and the practice facilities and how that may influence the quality of your care.
8. **Attitudinal aspects of care**. Your awareness of your attitudes and capabilities; ethical aspects of clinical practice; achieving a good balance between work and private life.
9. **Scientific aspects of care**. Adopting a critical and evidence-based approach to your practice and maintaining this through continued learning.

Medical Council Requirements

The Irish Medical Council is the sole regulator in Ireland of the medical profession and of its training standards. Its publication Guide to Professional Conduct and Ethics for Registered Medical Practitioners (2016) provides another framework against which you as a doctor can judge your own performance and by which you can also be judged. The ICGP curriculum domains have been mapped to the eight domains of good professional practice to ensure that coverage of the professional expectations of the discipline and of the regulator are complete. (Appendix 2 gives you an illustration of this cross-referencing.)

This curriculum is competency based, in other words the knowledge, skills, attitudes and expertise will be clearly spelt out. The curriculum content must cover both generic professional competencies, the qualities that are expected from all doctors and those competencies that are specific to the specialty of general practice.

As set out, the curriculum has three principal audiences. Above all, it must meet the needs of its primary users, GP trainees and educators. For GP Registrars, it must contain the elements of knowledge, skills and attitudes that will assist them in reaching and demonstrating required competences. For educators with responsibilities as facilitators or managers of learning, it must be a resource that is a guide or framework and which, shaped by their professional practice is a basis for their dialogue with trainees as learners. For educators with responsibilities as assessors, it must be a resource that enables them to interpret learning outcomes into valid and reliable tests of those competences.

Coding Nomenclature

A new system

One of the major requirements for the 2018 curriculum was a new coding nomenclature. To this end the below system was devised to be robust against additions, deletions and revisions in the future. It is meant primarily for educators and administrators.

Example; **EYLPM4A** Understand the importance of early diagnosis of ocular conditions to optimise outcomes

Chapter (A)	Reflective Questions / Learning Outcome (B)	WONCA Domain (C)	Subsection Sequential Number (D)	Revision Version (E)
Eye Problems	**Learning Outcome**	**Primary care management**	**4th**	**1st**
EY	L	PM	4	A

Table A		
Short Code	**Chapter Title**	**Chapter Number**
PD	Personal and professional development	1
CC	Communication in the consultation	2
PT	Practice management	3
PS	Patient safety and quality of care	4
EB	Evidence based practice, critical thinking and research	5
CV	Cardiovascular health	6
GI	Digestive health	7
RN	Renal health	8
RS	Respiratory health	9
NE	Neurology	10
MS	Musculoskeletal health	11
EM	Endocrine medicine	12
SK	Care of people with skin problems	13
SU	Surgery	14
WN	Woman specific health	15
MN	Man specific health	16
CH	Child health	17
AD	Adolescent's health	18
OP	Older person's health	19
SX	Sexual health	20
GE	Genetic health	21
ID	Infectious disease and travel health	22
SH	Social Health	23
MH	Mental health	24
DA	Drugs and alcohol misuse	25
PA	End of life care	26
EN	ENT/oral and facial problems	27
EY	Eye problems	28
PI	Pain management	29
DP	Care of people with physical disability	30
DI	Care of people with intellectual disability	31
HP	Health promotion	32
MC	Multicultural health	33
OH	Acute care and out of hours	34

Table B	
Short Code	**Section**
R	Reflective Question
L	Learning Outcome

Table C	
Short Code	**WONCA Competencies / Personal Features**
PM	Primary care management
PC	Person-centred care
SP	Specific problem-solving skills
CA	Comprehensive approach
CO	Community Orientation
HA	Holistic Approach
AC	Contextual aspects of care
AA	Attitudinal aspects of care
AS	Scientific aspects of care

Table D
Subsection (chapter and WONCA domain) sequential number If subpoint after decimal 4.2, 4.3 etc

Table E	
Short Code	**Revision Version**
A	1st
B	2nd
(...)	(...)

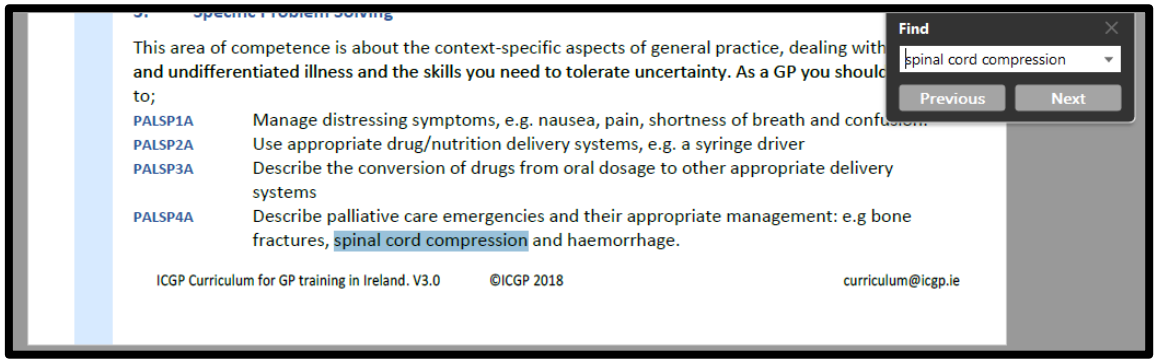
How to Best Use This Document as a PDF

Current Format

This document is presented as PDF (Portable Document Format), in the future it is hoped that an online portal will allow new functionalities and ease of use. For this version please find below some tips and tricks to get them best from this document. Please note to use these features, the author suggests, you save the PDF to your desktop or similar and then open it with the free software Adobe Reader DC (please note this link, as with all others, is subject to terms and conditions in appendix 3. Citation date for these methods 30th September 2018).

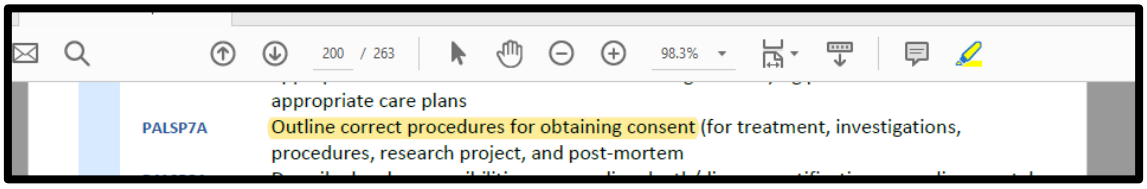
Find

Built within Adobe Reader DC is a find functionality. To use it click Control+F (Windows) or Command-F (macOS), and type into the search box at the top right corner. It will sequentially bring you all occurrences of the entered characters.



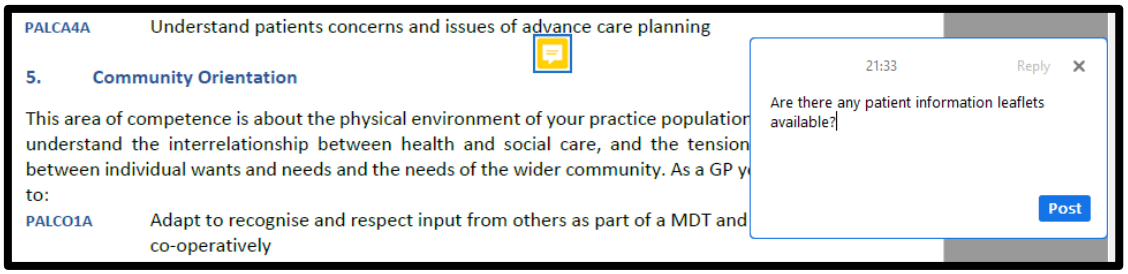
Highlighting

To use the highlight functionality, select the tool first from the toolbar and then select the text. **To keep your highlights, you need to "Save As" from the File menu, otherwise changes will be lost when closing the document.**



Annotating

The annotation tool can be used to either insert a balloon with text or to attach a comment to a selection of text. **Again, to keep your annotations you need to "Save As" from the File menu, otherwise changes will be lost when closing the document.**



1. Personal and Professional Development

Assessments

This chapter was deemed to have been poorly answered in prior ICGP assessments; CKT; **Therapeutics** in 2018, 2017, 2016, 2015, 2014

CPD

Using the curriculum for a tutorial?

New (2018) up 5 hours of internal credits for in-practice tutorials not recorded elsewhere.

"We are what we do. Excellence then, is not an act, but a habit." –*Aristotle*

The Irish Medical Council has defined that good professional practice is based on a shared understanding between the profession and the public of the principles and values that underpin good care. These principles and values, and how they should be applied in practice, are set out using the **three pillars of professionalism – Partnership, Practice and Performance.**[1]

1. **Partnership -** Good care depends on doctors working together with patients and colleagues toward shared aims and with mutual respect. It relies on trust and treating patients fairly and making decisions about providing or withholding treatment without discrimination. It also relies on truthfulness both in communication with patients and colleagues, and in professional work such as recordkeeping, running a practice, managing adverse events, and in research.

   Good communication is central to the 'doctor-patient relationship' and essential to the effective functioning of healthcare teams. GP's act as an advocate for patients in two ways. We speak on behalf of individual patients, to help make sure they receive appropriate healthcare. In addition, GP's should support all patients by promoting the fair distribution of limited resources and fair access to care.

2. **Practice -** This describes the behaviour and values that support good care.
   It relies on putting the interests and well-being of patients first. The main elements of good practice are; caring when treating patients, confidentiality and promoting patient safety. Doctors are entitled to good care and support from their colleagues and employers when they suffer ill-health. However, they should make sure that the condition of their own health does not cause patients harm. GP's are urged to seek and follow independent medical advice promptly when you have signs of physical or mental ill-health.

3. **Performance -** This describes the behaviours and processes that provide the foundation for good care. It requires competence, reflective practice and teaching and training. Competence is required in all aspects of professional practice. A commitment to lifelong learning is essential to providing up-to-date and effective care. You should make sure you are up-to-date with developments in your area of practice by participating regularly in Continuing Professional Development (CPD) and in other formal and informal education, training and development.

Reflective practice includes formal reviews through audit and outcome data. It also includes informal reflection on how personal values may affect communication with patients, colleagues or others, and ultimately

the care provided to patients. Doctors are role models for medical students, trainees and other colleagues. GP's should be aware of the impact behaviour can have on others within the clinical environment.[2]

The commitment to excellence commits us as GPs in delivering a high-quality service while the commitment to continuous improvement requires that we engage in Continuous Professional Development. Audit is a necessary tool to ensure the service achieves the necessary quality standards. It is essential for doctors in training to both learn what professionalism means and display professional values and behaviours in their interactions with patients, their colleagues and their educators. Professional Development also demands that we engage in reflective practice. Reflective practice requires us to reflect on action and so engage in a process of continuous learning from our experiences. Reflectivity can be encouraged in many ways through reflective logs; continuing medical education groups; Balint groups, Problem Case Analysis and Critical Incident Analysis. Mindfulness is a particularly useful approach for the development of reflective practice.

The concept of Personal Development first arose when Balint first introduced the concept of the psychodynamic consultation in his seminal book, The Doctor, The Patient and his Illness. The psychodynamic approach to the consultation recognises that doctors are not robotic scientists and patients are not inhuman presenters of symptoms and signs awaiting the doctor's diagnosis. Both bring in their own feelings, presumptions of how the world words, stereotypes and prejudices and when they engage in a doctor-patient relationship all these conscious and unconscious processes affect the dynamic of the consultation. Accepting the psychodynamic aspect of the doctor-patient relationship entails committing to a process of becoming self-aware and aware of patient's feelings and the social and psychological processes that contribute the psychodynamics of the consultation.

Both personal and professional development also encompass the notion of self- care. It is increasingly recognised that general practitioners and other professional caregivers are prone to high levels of stress which can lead to burnout. Burnout has three components namely, emotional exhaustion, depersonalisation of others and lack of personal accomplishment. This stress and burnout has been recognised as resulting in poor performance, an increased likelihood of making mistakes, lack of motivation to maintain clinical excellence; commit to continuing professional development; and can help explain the high levels of depression, anxiety and addiction to alcohol or drugs amongst the medical profession.

Thus, it is incumbent on us as professionals to be able to recognise and manage stress and potential burnout we are experiencing. Trainees need to develop the ability to self-care and the necessary resilience to cope with the particular pressures and stresses of providing quality general practice care for communities and individuals. Mindfulness Based Stress Reduction (MBSR) courses are again particularly useful in developing such resilience.

All the areas of competence and the essential features as outlined in these chapters will be brought into play during your professional life, but not to the same extent in every encounter. Throughout your training, it is therefore essential to take the time to reflect on your practice. This includes developing a clear understanding of what has been learned and how it can be applied effectively to a general practice setting.

Case Vignette

John is a 69-year-old patient who has a history of hypertension, and a recent diagnosis of atrial fibrillation which was discovered when he presented with a history of transient ischaemic attacks. He was recently started on warfarin and you monitor his INR's. One day you are consulting with his wife, a frequent attender at the practice with minor complaints. She is someone who has always placed huge faith in your opinion and constantly tells you how wonderful the practice is and how she and her husband would be lost without you.

Early in the consultation she tells you that her husband was admitted to hospital with a stroke three weeks previously. You hear he lost power on his left side and had slurred speech but was recovering well had was left with some residual weakness. She thanks you and the practice for the help they have received. You check his chart to find that his last INR had been sub-therapeutic. No one had informed the patient of the result. You also suspect from the conversation with his wife that the family are not aware of this oversight. He had attended another partner in the practice for an upper respiratory tract infection recently and the partner had not informed the patient of the result.

You have been concerned that your partner has been not as sharp in his practice as he used to. You have felt he has seemed to lose his thoroughness that he used to have in practice and that he has seemed not to be himself. You have suspected he has been feeling burnt-out and has acted unsafely on occasion. You also have not seen him attend medical meetings when he previously had been a regular member.

Reflective Questions

Mapping the competencies of general practice to this case.

To help you understand how the GP curriculum can be applied to this case, ask yourself the following questions:

Primary Care Management

PDRPM1A	What are the practice systems for the follow up of test results and how effective are they?
PDRPM2A	Was this an isolated incident or could your system have weaknesses that mean this could happen again?
PDRPM3A	Would an audit of INR results help?
PDRPM4A	How will I approach my colleague's poor performance and possible personal stress/burnout?
PDRPM5A	Do we do critical analysis of such scenarios in the practice?

Person Centred Care

PDRPC1A	How are you going to deal with the fact that the patient is not aware of the practice oversight?
PDRPC2A	What psychological processes could be at play in my relationship with the patients' wife (e.g. using transference/counter transference or Berne's Transactional Analysis)?

PDRPC3A Would this case be suitable for me to bring to a Balint group?

Specific Problem Solving

PDRSP1A Am I aware of my responsibilities under the Irish Medical Council Code of Conduct when a mistake has been made and when I believe a colleague is displaying medical poor performance?
PDRSP2A How do I break it to a patient that I made a mistake?
PDRSP3A How do I address the issue of my colleague's mistake in not informing the patient?
PDRSP4A How do I talk to a colleague about their perceived ill health and their poor performance?

Community Orientation

PDRCO1A Who else in the community had been following up this patient?
PDRCO2A Could the Community Intervention Team have helped with this patient?

Comprehensive Approach

PDRCA1A When ordering tests do I tell patients to call for their results if they do not hear from us?
PDRCA2A What other safety-nets could be considered with INR monitoring?

Holistic Approach

PDRHA1A How might the patients religious beliefs affect their attitude to what has happened?
PDRHA2A How do I deal with the stress that may result from how I address my partner's issues?
PDRHA3A How do I prevent burnout in myself?

Contextual Features

PDRAC1A Is there a local INR hospital clinic that could have taken on this patient?
PDRAC2A Would having INR testing with on the spot results be a suitable possibility for the practice? If so do you have the resources and how would you fund it?

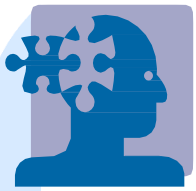
Attitudinal Features

PDRAA1A How do I feel about disappointing this patient and his wife who places great faith in me?
PDRAA2A How do I manage the stress of the incongruity between my desire to do my best for patients and having just let them down?
PDRAA3A How do I feel about not acting on my partner's issues earlier?
PDRAA4A Why have I not acted on my partners poor performance earlier – is it related to our age difference?
PDRAA5A How would a mindful practitioner have approached this scenario?

Scientific Features

PDRAS1A Do I need to learn about new anti-coagulant therapies?
PDRAS2A What is best practice in managing atrial fibrillation?

This chapter outlines the necessary attitudes, skills and expertise required to become a competent General Practitioner in Ireland. It highlights the importance of personal and professional development that is required for a commitment to a lifelong career in the specialty of general practice.



Learning Outcomes

The following learning outcomes demonstrate the core competences in this subject. You will require knowledge, skills and attitudes in the following areas:

1. Primary Care Management

This area of competence is about how you manage your contact with patients, dealing competently with any and all problems that are presented to you. (This area of competence is not limited to dealing with the management of the practice.) As a GP you should be able to:

PDLPM1A Manage your contact with patients, in primary and continuing care

PDLPM2A Deal competently with any and all problems that are presented to you.

PDLPM3A Demonstrate the ability to coordinate care and develop links with other professionals in primary care and secondary care specialists

PDLPM4A Manage effective and appropriate care provision

PDLPM5A Act as advocate for the patient when needed.

PDLPM6A Participate in teamwork and delegate tasks, where appropriate, in the general practice setting

PDLPM7A Understand the categories which will be required for ongoing Professional Competence Certification and how to record in these categories.

2. Person Centred Care

This area of competence is about understanding and relating to the context of your patients as individuals, and developing the ability to work in partnership with them. As a GP you should be able to:

PDLPC1A Adopt to a person centred approach treating patients with respect and dignity and developing a relationship/partnership of trust

PDLPC2A Involve the patient in the decision making process and taking responsibility for their health

PDLPC3A Protection of marginalised patients should be a priority, with a focus on an inclusive approach and equality

PDLPC4A The ability to provide a long term continuity of care as determined by health needs

3. Specific Problem Solving

This area of competence is about the context-specific aspects of general practice, dealing with early and undifferentiated illness and the skills you need to tolerate uncertainty. As a GP you should be able to:

PDLSP1A Diagnose and manage early and undifferentiated illness

PDLSP2A Acquire the skills you need to tolerate uncertainty, without medicalising normality

PDLSP3A Utilise a specific decision making process informed by the clinical picture and the prevalence and incidence of illness in the community

PDLSP4A Make effective and efficient use of diagnostic and therapeutic interventions

4. Comprehensive approach

This area of competence is about how you as a general practitioner must be able to manage co-morbidity, coordinating care of acute illness, chronic illness, health promotion and disease prevention in the general practice setting. As a GP you should be able to:

PDLCA1A Manage co-morbidity, co-ordinating care of acute illness, chronic illness, health promotion and disease prevention in the general practice setting

PDLCA2A Manage acute and chronic care health problems simultaneously in the same individual

PDLCA3A Promote health and well-being by applying health promotion and disease prevention strategies appropriately

PDLCA4A Recognise that GPs have a responsibility not to medicalise normality

5. Community Orientation

This area of competence is about the physical environment of your practice population, and the need to understand the interrelationship between health and social care, and the tensions that may exist between individual wants and needs and the needs of the wider community. As a GP you should be able to:

PDLCO1A Reconcile the health needs of individual patients and the health needs of the community in which they live, balanced with available resources

PDLCO2A Recognise the responsibility to maintain their own skills

6. Holistic Approach

This area of competence is about your ability to understand and respect the values, culture, family structure and beliefs of your patients, and understand the ways in which these will affect the experience and management of illness and health. As a GP you should be able to:

PDLHA1A Use a bio-psycho-social model taking into account cultural and spiritual dimensions

PDLHA2A Recognise the role of social, cultural, ethical, religious and family background in the determination of health

PDLHA3A Maintain and nurture your own physical and mental well-being which leads to better patient care (recognising limitations and professional boundaries and the need to seek help when appropriate)

Essential Features

The three essential features (EFs) below are concerned with the features of you as a doctor which may influence your ability to apply the core competences to real life in the work setting.

7. Contextual Features

This essential feature is about your personal context and the environment in which you work; this influences what you can achieve and what you should achieve. Contextual aspects include your working conditions per se, the team in which you work, your co-workers and other health professionals.

The context of the person, the family, the community and their culture in which the definition is applied. In the Irish situation the context of inter-current changes in demographics and manpower needs is particularly relevant. This reality is always present and, because of its impact on your daily practice, must be recognised and managed. The following are listed as possible examples of contextual aspects of your work as a doctor.

PDLAC1A How suitable are the premises in which you work?

PDLAC1A Is your practice fully staffed?

PDLAC1A Are these staff permanent or temporary?

PDLAC1A How does your workload compare to national and local norms?

PDLAC1A What is the ethnic background of your patients, and do you understand how this may impact on their needs and wants?

PDLAC1A Are you being paid fairly for the work you do?

PDLAC1A Is your home life stable and supportive?

(This list is not exhaustive and your list is personal, and will be different)

8. Attitudinal Features

This essential feature is about your professional capabilities, values, feelings and ethics and the impact these may have on your patient care.
As a GP you should aim at understanding and learning to use your own attitudes, strengths and weaknesses, values and beliefs in a partnership with your individual patients. This requires a reflective approach and the development of insight and an awareness of self. Being honest and realistic about your own abilities (strengths and weaknesses) and priorities will help you in dealing with your patients and their problems. Your own values, attitudes, and feelings are important determinants of how you practice medicine.

9. Scientific Features

This essential feature is about the need to adopt a critical and evidence-based approach to your work, maintaining this through continuing professional development and lifelong learning.

General practice should be as much as possible based on scientific evidence. Using experience in the management of your patients remains very important, but should wherever possible be supported by best practice from medical literature. As a GP you should be able to search, collect, understand and interpret scientific research critically and use evidence as much as possible. Reflecting and critically appraising your experience in practice should become an attitude that is maintained during your lifetime of practice.

Where will the learning take place?

The majority of your learning for general practice will occur in the workplace, both in general practice itself and in your hospital placements. A key element of professional behaviour requires you to reflect actively on your experiences and incorporate your learning into your daily work with your patients3 There will also be opportunities for you to learn outside the workplace, through planned educational activities with other healthcare professionals and during formal teaching sessions.

As a GP specialty trainee, your training scheme will provide you with unique insights both into the ways in which your patients and their problems are managed in general practice and in the hospital, and into the interface between these care environments. It will also give you a deep understanding of the meaning of the patient pathway and your role in helping your patient to negotiate this.[4]

As an adult learner you will have your own distinct learning style and preferences. These will influence how you make use of the learning opportunities during your training day and beyond, into your lifelong learning as a general practitioner.

Attachments in the hospitals can provide you with a concentration of clinical experience allowing you to manage patients from point of entry to discharge. It will show you the differences between the primary and secondary care sector. You will appreciate the role of working in teams and managing patient care and you will be able to compare different approaches between the two working environments.

Throughout your training, it is essential to take the time to reflect on your practice. This includes developing a clear understanding of what has been learned and how it can be applied effectively to a general practice setting.

Work-based learning
In your training practice the patient contacts that you make while working there will provide you with the foundation for your development as a generalist medical practitioner. Initially, you will work closely with your trainer when consulting with patients. As you gain in competence, you will work more independently with less direct supervision. Being observed, receiving structured feedback and reflecting on your work while providing care for patients, both in the surgery and in their own homes, are fundamental features of workplace-based learning.

In addition, you will have structured teaching sessions with your trainer, tailored to your learning needs. You will be able to gain an understanding of how your practice functions looking after the needs of its patients and local community.

You will get the opportunity to carry out 360 degree appraisals, significant event analysis and critical incident reporting with your Trainer to recognise and meet your learning needs.

Self-directed learning
You are a self-directed adult learner and self-directed study is an important part of your development as a GP. Examples of this are reading around a topic, reflecting on your experiences, searching for evidence, or preparing for an assessment or facilitating a teaching session. There are many online resources such as forum, BMJ learning and ICGP e-learning modules, which cover many of the outcomes in the ICGP curriculum. You will need to keep reflecting on areas not only of interest but also areas that you may not have experience in before as your training as a GP advances to help you identify new learning needs.

Learning the roles of other health care workers in the primary care team offers you a better insight into the valuable work they contribute to general practice. This may mean a visit to your local primary care centre or health clinic. Direct contact with pharmacist and specialist nurses managing chronic diseases can provide a valuable learning experience. Understanding the interface between the community and your practice and the hospital and the community is key to the running of general practice. Closer to home the roles of the practice managers, receptionists and practice staff can't be underestimated as key decisions on prioritising patients and their needs are made every day and are important to understand.

Finally, there may be opportunities for you to join other healthcare professionals in joint educational events, learning together through in-house or local-based programmes. Small group discussion, Ballint groups, Reflective portfolios and more specific collaborative work with LARC training and Procedural skills.

After CSCST and becoming an independent GP does not mean that your learning stops. Rather, it is the beginning of a process of lifelong learning – not only to keep abreast of medical developments but also to improve in your application of the knowledge and skills that you learnt during your formal training. Your learning needs will differ at different stages of your career and you need to be able to continuously review, identify and meet those needs. By linking in with ICGP CME network can help address ongoing learning needs.

Resources

In the following section you will find ICGP resources. All resources below are subject to the terms and conditions in appendix 3. All weblinks cited 2nd October 2019. In addition to this section the ICGP Library Catalogue is searchable for all ICGP material and ICGP Journals offers online journals via Full Text Finder.

ICGP – Main Website

- ICGP Doctor's Health. Available here: https://www.icgp.ie/go/in_the_practice/doctors_health
- ICGP Professional Competence Scheme. Available here: https:// www.icgp.ie/go/pcs

ICGP – eLearning (Not available at time of curriculum publication 2/10/19, please check https://www.icgpeducation.ie for updates)

- Injuries Board

ICGP – Forum (Please log-in to the ICGP website on your browser before clicking the links)

- McBride A. PCS Focus: Everything you need to know about: Personal learning CPD credits. 2017 Nov; 34 (10): 29.
- Hunter N. Feature: Survey finds GPs retiring later than planned. 2017 Feb; 34 (2): 21.
- O'Dea B, O'Connor P, Lydon S and Murphy M. Mental Health: 'Vital exhaustion' – when GPs crash and burn. 2017 Jan; 34(1): 35-36.
- Hunter N. Cover Story: Time for action to stop 'brain drain'. 2014 Nov; 31 (10): 12-14.
- MacNamara J. Research: Sailing towards the perfect storm. 2014 Sep; 31 (8): 25-26.
- Hanley K. Cover Story: Health of the nation – will the reforms work? 2013 Jun; 30 (6): 14-16.
- O'Kelly S, O'Kelly C and Foy A. Feature: What future for interns in general practice? 2013 Apr; 30(4):38-39.

ICGP – Other Publications

- Pericin I, Mansfield G, Larkin J and Collins C. Future career intentions of recent GP graduates in Ireland: a trend analysis study. BJGP Open 20 February 2018; bjgpopen18X101409.
- Mansfield G, Collins C, Pericin I, Larkin J, Foy, F. Is the face of Irish general practice changing? A survey of GP Trainees and recent GP graduates 2017. 2017.
- ICGP GP Training Handbook (3rd Ed). 2017.
- Lee B, Muldoon O, Folan D (ed). Transition: Retirement Planning for the General Practitioner . 2015.
- Collins C, O'Riordan M. The Future of Irish General Practice: ICGP Member Survey 2015. 2015.
- Mansfield G, Collins C, O'Riordan M, Ryan K. Bridging the gap – How GP trainees and recent graduates identify themselves as the future Irish general practice workforce. 2015.
- Collins C, Mansfield G, O'Ciardha D, Ryan K. Planning for the Future Irish General Practitioner Workforce - informed by a national survey of GP trainees and recent GP graduates. 2014.
- Sloane P. Signposts to Success: a handbook for the establishing general practitioner. 2014.

External Resources

In this section you will find external resources. All resources below are subject to the terms and conditions in appendix 3.

- Website(s);
  - NICE (National Institute of Clinical Excellence). Available here: https://www.nice.org.uk/
- Article(s);
  - Montgomery AJ, Bradley C, Rochfort A, Panagopoulou E. A review of self-medication in physicians and medical students. *Occup Med (Lond).* 2011 Oct;61(7):490-7. doi: 10.1093/occmed/kqr098. Epub

2011 Jul 4.

Community Resources

In this section you will find training resources recommended by those in the training community and recent graduates. All resources below are subject to the terms and conditions in appendix 3.

- Website(s);
  - Doctor Mike's YouTube Page†1. Available here: https://www.youtube.com/channel/UCL-IWPkXQn3JYYYsPnpGIlg
  - GP Buddy – Useful Documents†2. Available here: https://www.gpbuddy.ie/go/useful_documents
  - HSE Preferred Drugs†3. Available here: https://www.hse.ie/eng/about/who/cspd/ncps/medicines-management/preferred-drugs/
  - The Curbsiders Internal Medicine Podcast†4. Available here: https://itunes.apple.com/ie/podcast/curbsiders-internal-medicine-podcast-meded-foamed-internist/id1198732014?mt=

Want to contribute to the Community Resources?

Please email curriculum@icgp.ie . Internal CPD points for submissions: click to record.
Published submissions acknowledged by letter from the ICGP.

Contributors above;

†1: Dr Ronan Kearney. RCSI/Dublin North East TS 2018.
†2: Dr Ciara Keating. 2018.
†3: Dr Laura Nicholson. Sligo TS. 2018.
†4: Dr Victoria Heffron. Mid Leinster TS. 2018.

Self-Assessment

These resource(s) are a sample of those available to all with an OpenAthens account (all HSE employees which includes GP trainees), many of which include self-assessments. Please note these are UK resources, and some differences from Irish primary care can exist.

- Leadership in medicine. BMJ Learning. 2006.
- Maintaining your employability. BMJ Learning. 2018.

References

1. Medical Council. Guide to Professional Conduct and Ethics for Registered Medical Practitioners. (8th ed) Dublin: Medical Council; 2016. Available from: https://www.medicalcouncil.ie/News-and-Publications/Reports/Guide-to-Professional-Conduct-and-Ethics-8th-Edition-2016-.pdf
2. Jasper M, Rosser M, Mooney G. (eds) Professional Development. Reflection & Decision Making in Nursing and Healthcare. (2nd ed) West Sussex: Wiley-Blackwell; 2013.
3. Schon DA. The reflective practitioner: how professionals think in action. New York: Basic Books; 1983.
4. Lee RT, Ashforth BE. On the meaning of Maslach's three dimensions of burnout. *J Appl Psychol.* 1990 Dec; 75 (6): 743-747.
5. Firth-Cozens J. Doctors, their wellbeing, and their stress. *BMJ.* 2003 Mar 29; 326(7391):670-1.
6. Balint M. The Doctor, His Patient and the Illness. (2nd ed) London: Churchill Livingstone; 2000.
7. Greenhalgh T. How to Read a Paper: the basics of evidence-based medicine. (5th ed) West Sussex: Wiley-

Blackwell, 2014.
8. Berger JA. Fortunate Man: the story of a country doctor London: RCGP, 2005.
9. McWhinney IR. A Textbook of Family Medicine (3rd ed) Oxford: Oxford University Press; 2009.
10. Hopcroft K, Forte V. Symptom Sorter. (4th ed) Oxford: Radcliffe Publishing, 2010.

2. Communication in the Consultation

CPD

Using the curriculum for a tutorial?

New (2018) up 5 hours of internal credits for in-practice tutorials not recorded elsewhere.

Introduction

Communication can be seen as the main ingredient in medical care. It is clear from the literature that better physician communication skills improve patient satisfaction and clinical outcomes and that good communication skills can be taught and learned. It is important that physicians learn the principles of good physician-patient communication and apply them in clinical practice.[1]

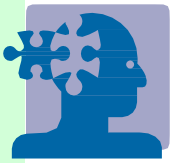
Consulting and communication skills are often used interchangeably, but effective communication skills, while essential, are only a subset of the knowledge, skills and attitudes required to consult effectively. Within the consultation your patients rely on your skills as a doctor not only to identify any significant illness, but also more frequently its probable absence.

The aim is to achieve more effective consultations with respect to accuracy and common ground, efficiency, supportiveness, collaboration, and reduced conflicts and complaints. The prize is improved outcomes in terms of patient and physician satisfaction, understanding and recall, adherence to treatment plans, symptom relief, and physiological outcomes.[2]

Physical examination and investigations should be appropriate, timely and should follow the best available evidence. As a GP, one of the most effective tools at your disposal is the use of time, watching and waiting when it is safe to do so, and also using the continuity of contact with individual patients and their families. The long-term relationship between you and your patient acts as a repository for mutual trust and understanding, which enables high-quality care.

Case Vignette

Isabel a 30 year old single mother of one presents to your surgery on a Monday morning. She says that she has been feeling nauseous over the past few days and has been very bloated. Her main reason for coming is to get a note for work as she has just started a new job and she doesn't want any trouble with her new boss for taking a sick day. She tells you how hard it has been in finding work and getting childcare sorted for her 2 year old. On further questioning she reveals that her period is late but she was told that could happen as she took the morning after pill 3 weeks ago. She gives you a urine sample to check. The urine dipstick is negative but her HCG test shows a positive result.



Reflective Questions

Mapping the competencies of general practice to this case.
To help you understand how the GP curriculum can be applied to this case, ask yourself the following questions:

Primary Care Management

CCRPM1A What process might you put in place in the practice to make sure that this news of a positive pregnancy test is delivered in a sensitive way?
CCRPM2A How might you deliver this news to the patient?

Person Centred Care

CCRPC1A What words would you use that would be sensitive and articulate your advice in a manner commensurate to her level of understanding?
CCRPC2A How might you be empathic?
CCRPC3A How will you manage the balance between delivering the difficult news and making sure her physical wellbeing has also been attended to?
CCRPC4A What other safety nets could you use to help this communication?
CCRPC5A How might you know if she understands your advice?

Specific Problem Solving

CCRSP1A What are the more specific/focused questions that you need to ask to her?
CCRSP2A Could there be any other reason for a positive pregnancy test?
CCRSP3A How much information can you give her regarding the options that are available to her?

Community Orientation

CCRCO1A How might you discuss her job and the implications of being pregnant and working?

Comprehensive Approach

CCRCA1A What local services are in place for early scanning/ antenatal care for mothers?
CCRCA2A What community resources are available for single mothers?
CCRCA3A What grants/ social welfare allowances are available?

Holistic Approach

CCRHA1A How would you advise the patient when they are conflicted as to the options they may have?

Contextual Features

CCRAC1A How could this consultation differ if you were living in a rural v's urban area?
CCRAC2A How might this consultation differ if you were working outside the republic of Ireland?

Attitudinal Features

CCRAA1A How do you reconcile your own attitudes if a patient would prefer to discontinue a pregnancy

Scientific Features

CCRAS1A How can you keep up to date with the legislation and best practice in this area?

Learning Outcomes

The following learning outcomes demonstrate the core competences in this subject. You will require knowledge, skills and attitudes in the following areas:

1. Primary Care Management

This area of competence is about how you manage your contact with patients, dealing competently with any and all problems that are presented to you. (This area of competence is not limited to dealing with the management of the practice.) As a GP you should be able to:

CCLPM1A Understand the common models of the consultation that have been proposed and how you can use these models to reflect on previous consultations in order to shape your future consulting behaviour

CCLPM2A Adapt communication skills to meet the needs of the patient, including working with interpreters to deal with patients from diverse backgrounds

CCLPM3A Demonstrate focused questioning and examination to obtain sufficient relevant information to diagnose, manage and refer appropriately

CCLPM4A Recognise that consultations where three people are present (three-way consultations) require particular skills, for example, checking that the patient consents to having another person present, addressing the patient's needs while maintaining dignity and confidentiality,

CCLPM5A Demonstrate sufficient knowledge of the breadth of scientific evidence in order to provide the best information for patients about their illness

CCLPM6A Recognise the roles of health care professionals and draw on this expertise appropriately.

CCLPM7A Keep accurate, legible and contemporaneous records.

2. Person Centred Care

This area of competence is about understanding and relating to the context of your patients as individuals, and developing the ability to work in partnership with them. A GP should;

CCLPC1A Recognise that patients are diverse: that their behaviour and attitudes vary as individuals and with age, gender, ethnicity and social background, and that you should not discriminate against people because of those differences

CCLPC2A Explore the patient's health understanding and to be aware of the range of values that may influence your patient's behaviour or decision-making in relation to his or her illness.

CCLPC3A Respond flexibly to the needs and expectations of different individuals

CCLPC4A Respond to signals (cues) that lead to a deeper understanding of the problem

CCLPC5A Explain the problem or diagnosis in appropriate language and share any information with patients in an honest and unbiased manner.

CCLPC6A Allow the patient the opportunity to be involved in significant management decisions

CCLPC7A Negotiate a shared understanding of the problem and its management with patients, so that they are empowered to look after their own health

CCLPC8A Achieve meaningful consent to a plan of management by seeing the patient as a unique person in a unique context

CCLPC10A Specify the conditions and interval for follow-up or review.

CCLPC11A Apply ethical guidance on consent and confidentiality to the particular context of an individual patient

CCLPC12A Demonstrate how to use the computer in the consultation while maintaining rapport with your patient

CCLPC13A Apply the law relating to making decisions for people who lack capacity to the particular context of an individual patient

CCLPC14A Understand the importance of continuity of care and long-term relationships with your patient and their family in identifying and understanding the values that influence a patient's approach to healthcare

3. Specific Problem Solving

This area of competence is about the context-specific aspects of general practice, dealing with early and undifferentiated illness and the skills you need to tolerate uncertainty. As a GP you should be able

CCLSP1A Formulate appropriate diagnoses, rule out serious illness and manage clinical uncertainty

CCLSP2A Base treatment and referral decisions on the best available evidence

CCLSP3A Make timely and appropriate referrals, using relevant information

CCLSP4A Demonstrate the ability to communicate risks and benefits in a way that is meaningful to patients

CCLSP5A Demonstrate the skills to offer patients health choices based on evidence so that an informed discussion can occur, taking into account patients' values and priorities

CCLSP6A Demonstrate the ability to suggest speaking to the patient alone where this is appropriate and you feel it is in the patient's best interest.

CCLSP7A Recognise that the order in which people present their problems may not be related to their clinical importance.

4. Comprehensive Approach

This area of competence is about how you as a general practitioner must be able to manage co-morbidity, coordinating care of acute illness, chronic illness, health promotion and disease prevention in the general practice setting. As a GP you should be able to:

CCLCA1A Demonstrate the use of available healthcare resources in a prudent manner, balancing individual patient needs with fairness to other patients

CCLCA2A Manage the potential conflicts between personal health needs, evidence- based practice and public health responsibilities

CCLCA3A Recognise that socio-economic deprivation is a major cause of ill health

CCLCA4A Understand how the values and beliefs prevalent in the local culture impact on patient care

CCLCA5A Understand how ethnic and cultural diversity of your practice population impact on the range and presentation of illness in the individual consultation

5. Community Orientation

This area of competence is about the physical environment of your practice population, and the need to understand the interrelationship between health and social care, and the tensions that may exist between individual wants and needs and the needs of the wider community. As a GP you should be able to:

CCLCO1A Be able to explain the concepts of ethnicity and culture
CCLCO2A Include the cultural values and circumstances of your patient in the consultation
CCLCO3A Understand the process by which patients decide to consult, and how this can affect consulting outcomes
CCLCO4A Understand that consultations have a clinical, a psychological and a social component, with the relevance of each component varying from consultation to consultation (the 'bio/psycho/social model)
CCLCO5A Recognise that episodes of illness usually affect more than merely the patient
CCLCO6A Understand the relationship between the interests of patients and the interests of their carers

6. Holistic Approach

This area of competence is about your ability to understand and respect the values, culture, family structure and beliefs of your patients, and understand the ways in which these will affect the experience and management of illness and health. As a GP you should be able to:

CCLHA1A Negotiate whether and how relatives, friends and carers might become involved, while balancing your patient's right to confidentiality
CCLHA2A Understand that your patient's views and perspectives may change during the course of a chronic disease
CCLHA3A Recognise that emotions such as fear or embarrassment may influence a person's behaviour during the consultation and may impair their ability to absorb information.
CCLHA4A Accept that patients may wish to make their own choices on the basis of their own values and not necessarily on the basis of clinical efficiency or resource implications
CCLHA5A Accept that patients may prefer to delegate their autonomy to you as their GP, rather than accept this responsibility themselves

Essential Features

The three essential features (EFs) below are concerned with the features of you as a doctor which may influence your ability to apply the core competences to real life in the work setting.

7. Contextual Features

This essential feature is about understanding your own context as a doctor and how it may influence the quality of your care. Important factors are the environment in which you work, including your working conditions, community, culture, financial and regulatory frameworks. A GP should:

CCLAC1A Recognize how consultations conducted via remote media (telephone and email) differ from face-to-face consultations and be able to demonstrate skills that can compensate for these differences
CCLAC2A Understand their inter professional boundaries with regard to clinical responsibility and confidentiality
CCLAC3A Demonstrate knowledge of local referral pathways and services to ensure appropriate and efficient provision of care
CCLAC4A Understand how the social context of primary care frames the identification and resolution of ethical issues by general practitioners

8. Attitudinal Features

This essential feature is about your professional capabilities, values, feelings and ethics and the impact these may have on your patient care. A GP should:

CCLAA1A Recognise the role and responsibility you have to patients

CCLAA2A Demonstrate awareness of your limits of knowledge, skills and expertise.

CCLAA3A Manage your own personal emotions arising from the consultation and how personal emotions, lifestyle and ill-health can affect your consultation performance and the doctor–patient relationship

CCLAA4A Understand that attitudes, feelings and values are important determinants of how you practice

CCLAA5A Demonstrate a non-judgmental approach, treating your colleagues, patients, carers and others equitably and with respect

CCLAA6A Clarify people's beliefs and preferences in clinical and everyday working

CCLAA7A Recognise and take action to address discrimination and oppression by yourself and others

CCLAA8A Challenge behaviour that infringes the rights of others

CCLAA9A Reflect on how particular clinical decisions have been informed by ethical concepts and values. E.G consent and confidentiality

9. Scientific Features

This essential feature is about the need to adopt a critical and evidence-based approach to your work, maintaining this through continuing professional development and lifelong learning. A GP should

CCLAS1A Understand the principles of evidence-based practice and how you can apply these principles.

CCLAS2A Demonstrate an awareness a combination of evidence-based treatments is not always evidence-based in itself. Interactions between single interventions may increase or decrease efficacy

CCLAS3A Explore patient values and placing them in context with clinical evidence, so that you can develop an appropriate shared-management plan

CCLAS4A Demonstrate an awareness of your own attitudes, values, professional capabilities and ethics so that, through the process of reflection you are not overwhelmed by personal issues and gaps in your knowledge.

CCLAS5A Undertake self-appraisal through such things as learning needs assessments, reflective logs and video recordings of consultations.

Where will the learning take place?

Secondary Care:

- Communication at the bedside
- Communication in OPD/Clinics

Primary Care:

- Communication through role play, videos at day release
- Communication with patients and direct observation by trainer/videos.
- Consultation models and their use in different contexts.

Resources

In the following section you will find ICGP resources. All resources below are subject to the terms and conditions in appendix 3. All weblinks cited 2nd October 2019. In addition to this section the ICGP Library Catalogue is searchable for all ICGP material and ICGP Journals offers online journals via Full Text Finder.

ICGP – Quick Reference Guide

- O'Shea, E. Communicating Risk to patients: Quick Reference Guide. 2014.
- Allen, O. Lesbian Gay & Bisexual Patients: the issues for General Practice. 2013.

ICGP – Forum (Please log-in to the ICGP website on your browser before clicking the links)

- Quinlan D, Cotter J, Kapular Z. Feature: The use of chaperones in general practice. 2018 Apr; 35(3): 24.
- Quinlan D. Feature: Patient texting – let's be careful out there. 2017/2018 Dec/Jan; 34 (11): 26-27.
- Hanan T. Feature: Breaking bad news – the best approach. 2017 Nov; 34 (10): 18-19.
- Perecin I, Larkin J, Collins C. Feature: Physical health monitoring tab for chronic disease. 2017 Sep; 34 (8): 19-20.
- Hunter N. Feature: Video consults – a useful addition to GP care? 2017 Apr; 34 (4): 23.
- Stewart J. Feature: Improving access to sign language interpreters. 2017 Apr; 34(4): 35.
- McCarthy D. Medico-Legal: GPs and confidentiality – the dos and the don'ts. 2016 Jun; 33(6):29-30.
- Davin-Power M. Medico-Legal: Access to patient records – dos and don'ts. 2016 Feb; 33 (2): 18-19.

External Resources

In this section you will find external resources. All resources below are subject to the terms and conditions in appendix 3.

- Website(s);
  - GP Notebook – Consultation Models. Available here: http://www.gpnotebook.co.uk/simplepage.cfm?ID=53805126
  - GP Training.net – Communication skills. Available here: http://www.gp-training.net/training/communication_skills/index.htm
- Textbook(s);
  - Neighbour R. The Inner Consultation: How to Develop an Effective and Intuitive Consulting Style. (2nd ed) Oxford: Radcliffe Publishing, 2004.
  - Pendleton D, Schofield T, Tate P, et al. The New Consultation: developing doctor–patient communication. (2nd ed) Oxford: Oxford University Press, 2003.
  - Salinsky J and Sackin P. What are You Feeling Doctor? Identifying and avoiding defensive patterns in the consultation Oxford: Radcliffe Medical Press, 2000.
  - Silverman J, Kurtz S, Draper J. Skills for Communicating with Patients. (3rd Ed) London: CRC Press, 2013.
- Article(s);
  - Bensing JM, Verheul W, van Dulmen AM. Patient anxiety in the medical encounter: A study of verbal and nonverbal communication in general practice. *Health Education.* 2008. 108 (5): 373-383. https://doi.org/10.1108/09654280810899993.
  - Ong LM, de Haes JC, Hoos AM, Lammes FB. Doctor-patient communication: a review of the literature. *Soc Sci Med.* 1995 Apr; 40(7):903-18.
  - Roter DL, Frankel RM, Hall JA, Sluyter D. The expression of emotion through nonverbal behavior in medical visits. Mechanisms and outcomes. *J Gen Intern Med.* 2006 Jan; 21 Suppl 1:S28-34.

Community Resources

In this section you will find training resources recommended by those in the training community and recent graduates. All resources below are subject to the terms and conditions in appendix 3.

- Website(s);
  - Pennine GP Training – CSA Case Scenarios†1. Available here: https://www.pennine-gp-training.co.uk/CSA_case_scenarios.html
  - National Healthcare Communication Programme. Communication Skills†2. Date Accessed: 28th August 2020. Available here: https://www.hse.ie/eng/about/our-health-service/healthcare-communication/reference-cards.html

Want to contribute to the Community Resources?

Please email curriculum@icgp.ie . Internal CPD points for submissions: click to record.
Published submissions acknowledged by letter from the ICGP.
Contributors above;

†1: Dr Ciara Keating. GP (2018 - North Dublin City TS Graduate).

†2: Dr Brian Hannon. GP (2016 - TCD/HSE GP Training Scheme Graduate).

Self-Assessment

These resource(s) are a sample of those available to all with an OpenAthens account (all HSE employees which includes GP trainees), many of which include self-assessments. Please note these are UK resources, and some differences from Irish primary care can exist.

- Communication skills. BMJ Learning. 2016.
- Breaking bad news: a how to do it guide BMJ Learning. 2012.

References

1. Ong LM, de Haes JC, Hoos AM, Lammes FB. Doctor-patient communication: a review of the literature. *Soc Sci Med.* 1995 Apr; 40(7):903-18.
2. Kurtz S, Silverman J, Draper J. Teaching and Learning Communication Skills in Medicine. (2nd ed) London: CRC Press, 2004.

3. Practice Management

Assessments

This chapter was deemed to have been poorly answered in prior ICGP assessments;
MEQ; 2018, 2017, 2016, 2015, 2014. CKT; 2018, 2017, 2016, 2015, 2014. CCT; 2015.

CPD

Using the curriculum for a tutorial?

New (2018) up 5 hours of internal credits for in-practice tutorials not recorded elsewhere.

Introduction

At present the management infrastructure of each Irish General Practice is determined by the individual practice. There are no Health Service Executive (HSE) staff employed in this regard, but partial funding is available if a practice meets required criteria. Thus for the majority of GPs, their career will at some point lead them to the role of business owner, employer and manager of a small to medium size commercial entity.

More than 90% of Irish GP trainees[1], see themselves in group practices wherein one individual usually takes the business lead or 'Managing Partner' role. Whether a GP holds such a role or not, a comprehensive understanding is important to empower you in making prudent career related decisions. This learning remains a critical element to the success of each practice. All managers need managing and an over reliance on external or internal managing partners comes with hazards.

Whilst it is not necessary to be expert in every element of Practice Management, it is essential that GPs who take on the role of the business owner and employer understand the role, the obligations that it carries and the important elements that must be managed to run a successful business. General Practitioners not taking on these roles will still benefit from a comprehensive understanding of the subject matter. It affords them the opportunity to optimise their clinical care provision within the capacity of the business infrastructure upon which that care is provided.

Leadership and innovation in primary care development is a key education area for GPs hoping to mould their future professional role. For GPs to be active in this area, it is important to understand the various roles of our primary care colleagues. This raises the issue of inter disciplinary learning and collaboration. Practice management is a foundation stone for the application of our clinical practice. All elements of our curriculum will be touched in some way by an element of practice management and is therefore recognised within our curriculum as a foundation chapter.

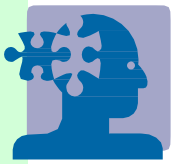
Business management is a wide and varied topic. As it applies to General Practice it can be summarised into a number of different topics, which cover significant elements of practice management but do not cover all aspects of the running of a successful General Practice.

Case Vignette

Dr Bradley is a 35yr old, father of two working as GP principal in a four-person group practice and holds a GMS contract. There has been a recent extension of eligibility for GMS Services to patients of a certain age and he is worried about the impact of this on the practice.

The practice is already struggling to cope because of staff issues with long-term sickness leave, maternity leave and a request for extended unpaid leave over coming summer months. There are also unresolved issues around allegations of bullying and harassment among staff.

As Dr Bradley considers his options, evidence of stealing by one staff member emerges. He prepares a business plan with his partners and he realises they must borrow money to develop the services needed. Dr Bradley is concerned as he is aware that one of his partners invested heavily in the existing practice premises in previous years and is struggling to remain tax compliant.



Reflective Questions

Mapping the competencies of general practice to this case.
To help you understand how the GP curriculum can be applied to this case, ask yourself the following questions:

Primary Care Management

PTRPM1A	What does Dr Bradley need to do to achieve good standards and patient outcomes for his patients?
PTRPM2A	How might he look at ways of maximizing the practice income?
PTRPM3A	How might you identify when practice income is not being maximized and how would you cost a practice development plan?

Person Centred Care

PTRPC1A	What ways does your practice encourage patient centredness?
PTRPC2A	How would you advise Dr Bradley to manage his current staff problems?
PTRPC3A	What do you think might motivate Dr Bradley to take these actions?

Specific Problem Solving

PTRSP1A	How could the issues of potential practice expansion and recruitment of staff effect his practice?
PTRSP2A	Does Dr Bradley have the required knowledge to comprehensively analyse the practice situation before him?
PTRSP3A	How might he develop skills or use resources appropriately to manage his staff?

Comprehensive Approach

PTRCA1A	How can Dr Bradley address health promotion and disease prevention for the patients in his practice?
PTRCA2A	How might you consider self- care in this scenario?

PTRCA3A What is the impact of stress on patient care?

Community Orientation

PTRCO1A What knowledge of the healthcare services does Dr Bradley need to be able to bring about these changes?

PTRCO2A If Dr Bradley does not go ahead with the proposed development and feels he must go elsewhere for career opportunity, how does this impact upon the community he leaves?

Holistic Approach

PTRHA1A If Dr Bradley was working with your own practice population, what issues might arise in relation to culture, ethnicity and socio-economic groups?

Contextual Features

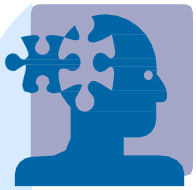
PTRAC1A What is the likely impact on practice resources of Dr Bradley's actions?

Attitudinal Features

PTRAA1A What personal qualities may help Dr Bradley achieve optimal results?

Scientific Features

PTRAS1A How could Dr Bradley use data to drive quality improvement and change and potentially offer a better outcome for the practice and his patients?



Learning Outcomes

The following learning outcomes demonstrate the core competences in this subject. You will require knowledge, skills and attitudes in the following areas:

1. Primary Care Management

This area of competence is about how you manage your contact with patients, dealing competently with any and all problems that are presented to you. (This area of competence is not limited to dealing with the management of the practice.) As a GP you should be able to:

PTLPM1A Coordinate care with other professionals in primary care, and with other specialists

PTLPM2A Describe the roles of all members of the primary care/practice team

PTLPM3A Demonstrate the ability to coordinate a team-based approach to the care of patients

PTLPM4A Demonstrate the ability to be an effective member and leader of a team

PTLPM5A Understand the role of team dynamics in the functioning of a practice/ team.

PTLPM6A Describe strategies for effective communication within the practice.

PTLPM7A Evaluate your own preference for a role within teams and in interaction with others.

PTLPM8A Describe the management structure of the practice, how decisions are made and how responsibilities are distributed

PTLPM9A Understand how the practice functions as a business and the implications various activities and expenses have for profitability

PTLPM10A Understand primary care in the context of the wider health care system in Ireland.

PTLPM11A Critically appraise the organisational systems of the practice

PTLPM12A Delegate tasks effectively

PTLPM13A Understand and participate in the motivation of staff

PTLPM14A Contribute to staff development and training
PTLPM15A Produce job descriptions for members of the practice staff.
PTLPM16A Complete performance assessments for members of the practice staff.
PTLPM17A Produce confidentiality agreements for members of the practice staff.
PTLPM18A Have knowledge of grants and allowances available in practice, e.g. rural practice allowance, grants for practice manager or practice nurse.
PTLPM19A Organise planned care for specific populations (e.g. people with chronic conditions) through use of registers, recall and reminder systems.
PTLPM20A Delegate administrative aspects of planned care to appropriately trained administrative staff.
PTLPM21A Participate in the recruitment and selection of staff or colleagues in accordance to the law relating to equal opportunities
PTLPM22A Successfully manage a research project/audit/quality initiative project.
PTLPM23A Understand the responsibilities as an employer or co-worker in looking after the occupational safety of their staff.
PTLPM24A Understand the process of, and factors that influence change.

2. Person Centred Care

This area of competence is about understanding and relating to the context of your patients as individuals, and developing the ability to work in partnership with them. A GP should;

PTLPC1A Encourage patient involvement in their health and provide information on patient support groups.
PTLPC2A Act as an advocate for the patient which includes negotiating effectively with colleagues on behalf of them and provide appropriate choices for patients in relation to their future healthcare.
PTLPC3A Maintain a patient-focus in practice in the midst of structural and political change.
PTLPC4A Be aware of the expectations that patients, carers and families have of their practice and local primary care services
PTLPC5A Involve patients in the management of the local primary care services
PTLPC6A Be aware of the importance of confidentiality for all team members in general practice
PTLPC7A Demonstrate appropriate communication skills when dealing with team members both within and outside the practice
PTLPC8A Accept and acknowledge the role of the GP in complaints management

3. Specific Problem Solving

This area of competence is about the context-specific aspects of general practice, dealing with early and undifferentiated illness and the skills you need to tolerate uncertainty. As a GP you should be able to;

PTLSP1A Understand the duties, rights and responsibilities of the doctor as employer and the fundamentals of employment law as it applies to general practice
PTLSP2A Describe the methods needed to assist in effective time management to include appointment systems, home visits, emergencies and out-of-hours cover
PTLSP3A Outline the principles of best practice in budget management, to include taxation and financial control within the legislative frameworks governing revenue compliance
PTLSP4A Outline what needs to be included in a business plan to include financial management/analysis, basic information management/planning and systems organisation
PTLSP5A Describe the various means by which GPs are contracted and the key features of contractual agreements

PTLSP7A Identify sources of income for the practice
PTLSP8A Define the role of the GP in the management of patients in nursing homes
PTLSP9A Construct a practice health and safety statement

4. Comprehensive Approach

This area of competence is about how you as a general practitioner must be able to manage co-morbidity, coordinating care of acute illness, chronic illness, health promotion and disease prevention in the general practice setting. As a GP you should be able to;

PTLCA1A Discuss the important role as a GP working with other practice team members and other members of the primary healthcare team to develop appropriate systems for delivering healthcare e.g. chronic disease management.
PTLCA2A Understand the role of the GP in the organisational aspect of general practice in out of hours care, nationally and at local level.

5. Community Orientation

This area of competence is about the physical environment of your practice population, and the need to understand the interrelationship between health and social care, and the tensions that may exist between individual wants and needs and the needs of the wider community. As a GP you should be able to:

PTLCO1A Understand the individual's needs, the GP's needs and the practice's needs and reconcile these with the needs of the wider health economy
PTLCO2A Demonstrate knowledge of the structure of the local healthcare system and its economic limitations
PTLCO3A Understand the variety of ways in which healthcare and health promotion may be appropriately delivered in the community.
PTLCO4A Understand the impact of the practice on the local business community.
PTLCO5A Understand the contribution of the private sector in healthcare delivery

6. Holistic Approach

This area of competence is about your ability to understand and respect the values, culture, family structure and beliefs of your patients, and understand the ways in which these will affect the experience and management of illness and health. As a GP you should be able to:

PTLHA1A Recognise the positive benefits of involving patients in their care and in the systems of healthcare provision and quality improvement.
PTLHA2A Describe how to foster a practice culture that respects diversity
PTLHA3A Describe how to tailor practice services to the cultural needs of specific individuals and populations
PTLHA4A Understand the broad knowledge base that GPs with management input require
PTLHA5A Demonstrate knowledge of employment legislation, taxation, accountancy and business finance

Essential Features

The three essential features (EFs) below are concerned with the features of you as a doctor which may influence your ability to apply the core competences to real life in the work setting.

7. Contextual Features

This essential feature is about understanding your own context as a doctor and how it may influence the quality of your care. Important factors are the environment in which you work, including your working conditions, community, culture, financial and regulatory frameworks. A GP should:

PTLAC1A Understand the impact of the local community, including socio-economic factors, geography and culture, on the workplace and patient care

PTLAC2A Know how the health service is organised locally and nationally, and how variation in resources can impact provision of care

8. Attitudinal Features

This essential feature is about your professional capabilities, values, feelings and ethics and the impact these may have on your patient care. A GP should:

PTLAA1A Be aware of the relevant issues concerning entry into general practice, including negotiation to entry into partnership arrangements, locum work, or assistantships

PTLAA2A Identify triggers for and manage change within the business of general practice

PTLAA3A Identify ethical aspects relating to management and leadership in primary health care, e.g. approaches to use of resources/rationing, approaches to involving the public and patients in decision-making

PTLAA4A Be self-aware: an understanding that your own attitudes and feelings are important determinants of how you manage and lead

PTLAA5A Take appropriate action when faced with staff or colleagues who act unprofessionally or irresponsibly

PTLAA6A Take personal responsibility and holding oneself accountable

9. Scientific Features

This essential feature is about the need to adopt a critical and evidence-based approach to your work, maintaining this through continuing professional development and lifelong learning. A GP should:

PTLAS1A Understand the process of change and factors that influence it, and using resources for obtaining support in developing and leading change

PTLAS2A Understand key national guidelines that influence healthcare provision in the locality and country in which you work

PTLAS3A Demonstrate knowledge of coding systems in current use for effective recording and audit

PTLAS4A Use call and recall systems within general practice

PTLAS5A Demonstrate the skill to research and audit services in general practice, eg framing a research question, methodology, literature review, critical analysis, accurate conclusion

PTLAS6A Identify critical incidents and managing risk to include development of protocols and procedures

PTLAS7A Utilise web-based information systems in patient care and the ability to search the internet for medical and scientific information

PTLAS8A Demonstrate the ability to improve the quality of health care delivered to patients by the practice

Where might the learning take place?

Work-based learning – in primary care
Practice team meetings
Structuring tutorials: Finance, prescribing, referral management, service development
Pharmacy
Primary care centers; nurses, physiotherapy, chiropody
Work based learning- secondary care
Value of teams
Journey of patient from primary to secondary care and back again

Resources

In the following section you will find ICGP resources. All resources below are subject to the terms and conditions in appendix 3. All weblinks cited 2nd October 2019. In addition to this section the ICGP Library Catalogue is searchable for all ICGP material and ICGP Journals offers online journals via Full Text Finder.

ICGP – Main Website

- ICGP – The National General Practice Information Technology (GPIT) Project. Available here: https://www.icgp.ie/go/in_the_practice/information_technology

ICGP – Quick Reference Guide

- Quinlan, D. Text Messaging in Irish General Practice. 2018.
- Bradley, C. Repeat Prescribing. 2013.

ICGP – eLearning (Not available at time of curriculum publication 2/10/19, please check https://www.icgpeducation.ie for updates)

- Information Skills
- Confidentiality.
- Infection Prevention & Control in General Practice.
- Maintaining Good Quality Medical Records in Primary Care.

ICGP – Forum (Please log-in to the ICGP website on your browser before clicking the links)

- Duffy D. Medico-Legal: Medical records – ensuring continuity of GP care. 2018 May; 35 (4): 31-32.
- Hunter N. Cover Story: Solving the practice succession conundrum. 2017/2018 Dec/Jan; 34(11):12-14.
- Malone A. Medico-Legal: Are you prepared for GDPR? 2018 Apr; 35 (3): 21-22.
- O'Mahony B. Cover Story: Data protection law – no longer a toothless tiger. 2017 Nov; 34 (10): 14-15.
- Rochfort A. Quality in Practice: Why it's important to expect the unexpected. 2015 Sep; 32(8): 18-19.
- Buckley D, Guckian A, MacConmara C, Hillick A et al. Research: What do patients want from a modern practice? 2014 Oct; 31 (9): 19-20.
- Goodman M, Gahan D. Finance: Growing your pension pot for the years ahead. 2013 Oct; 30 (10): 16-17.
- Connolly A. Practice Management: Some simple steps for avoiding a Revenue Audit. 2013 May; 30 (5): 20-21.
- Clarke S. Practice Management: Does your practice have VAT exposure? 2013 Mar; 30 (3): 22-23.
- O'Brien B. Practice Management: Avoiding conflict with your colleagues. 2013 Jan; 30(1): 13-14.

ICGP – Other Publications

- ICGP IT FAQs – General Data Protection Regulation. Available here:

https://www.icgp.ie/go/in_the_practice/it_faqs/gdpr

- Submission of the Irish College of General Practitioners to the Oireachtas Joint Committee on Health in Relation to Primary Care Expansion: Building capacity in GP led Primary Care: Essential for health system transformation and sustainable health care. 2017.
- ICGP Pre-Budget Submission 2018. 2017.
- O'Kelly M, Teljeur C, O'Kelly F, Ni Shuilleabhain A. et al. Structure of General Practice in Ireland 1982-2015. 2016.
- Collins C, ICGP Professional Competence Audit Sub-Committee. ICGP Audit Toolkit. 2011.

External Resources

- *In this section you will find external resources. All resources below are subject to the terms and conditions in appendix 3*

  Website(s);
  - BeSMART.ie. Available here: https://www.besmart.ie/
  - HPSC (Health Protection Surveillance Centre). Available here: https://www.hpsc.ie/
  - HIA (The Health Insurance Authority). Available here: https://www.hia.ie/
  - HSE (Health Service Executive). Available here: https://www.hse.ie/eng/
  - Citizens Information. Available here: http://www.citizensinformation.ie/en/
    - Health and Safety Act 2005
    - Maternity Protection Act 1994-2004
    - Minimum Notice and Terms of Employment Act 1973-2001
    - National Minimum Wage Act 2000, Order 2017
    - Carers Leave Act 2001
    - Data Protection Act 1988-2018
    - General Data Protection Regulation, 2018
    - Employment Equality Act 1998-2015
    - Freedom of Information Act 1997-2014
    - Organisation of Working Time Act 1997
    - Parental Leave Act 1998
    - Payment of Wages Act
    - Protection of Employees (Part Time Work Act) 2001
    - Redundancy Payments Act 1976-2014
    - Terms of Employment (Information) Acts 1994–2014
    - Employment Permits Acts 2003–2014
    - Adoptive Leave Act 1995-2005

Community Resources

In this section you will find training resources recommended by those in the training community and recent graduates. All resources below are subject to the terms and conditions in appendix 3.

Want to contribute to the Community Resources?

Please email curriculum@icgp.ie . Internal CPD points for submissions: click to record.
Published submissions acknowledged by letter from the ICGP.

Self-Assessment

These resource(s) are a sample of those available to all with an OpenAthens account (all HSE employees which includes GP trainees), many of which include self-assessments. Please note these are UK resources, and some differences from Irish primary care can exist.

- Developing negotiation skills. BMJ Learning. 2011.

References

1. Mansfield G, Collins C, O'Riordan M, Ryan K. Bridging the gap – How GP trainees and recent graduates identify themselves as the future Irish general practice workforce. Dublin: Irish College of General Practitioners; 2015.
2. BeSMART.ie. Available here: https://www.besmart.ie/

4. Patient Safety and Quality of Care

CPD

Using the curriculum for a tutorial?

New (2018) up 5 hours of internal credits for in-practice tutorials not recorded elsewhere.

Introduction

The purpose of the ICGP is to improve the quality of healthcare by upholding the highest standards for general practice, the promotion of the best health outcomes for patients and the public and to support GPs while promoting general practice as the heart and the hub of our health services.

As a GP you are in a strong position to influence your own care of patients, that of your practice and that of the wider healthcare community.

Understanding how and when to apply tools and methods to improve the quality of care is a key skill that can, and should, be learned during your training, and enhanced in lifelong learning and continuous professional development.

How we learn from and share lessons regarding quality improvement in general practice care is an important marker of our personal and collective professional development.

Working in partnership with your patients and understanding their needs is vital to improving health care. Patients, their families and carers have an important role in the assessment of health care; their views are therefore essential for the development of high-quality health care. Patients should be actively involved in planning their care and in the development of services.

Case Vignette

The following case illustrates how the quality and safety curriculum applies to general practice:

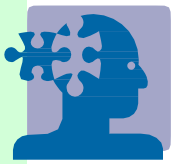
Mary works as a cleaner in the local factory and is aged 47 years. She attends frequently with her 10 year old son who has numerous medical problems and challenging behaviour. At the end of a particularly long consultation with her son, she requests a prescription for pain-killers for back pain.

Over the next few months, the prescription is re-issued by different doctors in the practice. On one occasion, she is referred to the local A/E department because her back-pain is particularly severe. The hand-written discharge letter from A/E notes a marginally reduced Hb.

Three months after the initial presentation, Mary's husband requests an urgent house call as his wife is feeling weak and unwell and fainted earlier that morning. You visit, to find Mary pale and hypotensive, and send her urgently to the local A&E. Following the house call to Mary, you attend a practice meeting at lunch-time. Among the items for consideration at the meeting is a recent correspondence from HSE about patterns of prescribing of benzodiazepines, including data comparing practice patterns to national averages. A recent letter of complaint from a patient is also on the agenda.

After the practice meeting you contact the hospital and learn that Mary died shortly after arrival there, from a presumed upper GI bleed.

You are due to go on holidays that evening… Some months later you receive a letter from the Medical Council indicating that you will be subject to a Fitness to Practice Inquiry.



Mapping the competencies of general practice to this case

To help you understand how the GP curriculum can be applied to this case, ask yourself the following questions:

Primary Care Management

PSRPM1A What are the systems and processes that a practice puts in place to ensure requests for repeat prescriptions are handled safely and effectively?

PSRPM1A What are the systems and processes that a practice needs to put in place to ensure that hospital discharge letters are dealt with safely and effectively?

Person Centred Care

PSRPC1A What are the particular issues do you need to consider when a patient requests medication? How would you share decision-making with the patient?

PSRPC2A Cost implications for patient: Barriers to patient health seeking behaviour.

Specific Problem Solving

PSRSP1A How would I use clinical audit and the team-based use of significant event audit to identify the issues in this situation?

PSRSP2A What tools could I use to monitor improvement in the practice once agreed changes have occurred?

Comprehensive Approach

PSRCA1A How can I manage the clinical risk issues of blood results and other correspondence?

Community Orientation

PSRCO1A How might I predict and meet the needs of patients who present infrequently and ensure their follow-up?

PSRCO2A How might the practice look at opiate/ codeine prescribing patterns and their impact on the local community?

PSRCO3A After reviewing benzodiazepine prescribing, it emerges that the prescribing behavior of one doctor was questionable. What are your responsibilities in this situation?

Holistic Approach

Duty of care….

PSRHA1A After Mary's death what is your duty to her?

PSRHA2A After Mary's death what is your duty to her family

PSRHA3A After Mary's death what is your duty to the practice?

PSRHA4A After Mary's death what is your duty to yourself?

Contextual Features

PSRAC1A How might organisational and contextual factors e.g. seeing extra patients at the end of a long consultation, impact upon clinical care?

Attitudinal Features

PSRAA1A How would your approach change if, on reviewing the situation, other doctors in the practice felt there was no need to modify practice systems and processes?

PSRAA2A How might your approach to frequent attenders and, those whose behaviour you find difficult, affect the thoroughness with which you carry out the consultation?

Scientific Features

PSRAS1A How might different approaches to appointment system management predict that a vulnerable time for patients and doctors might occur?

PSRAS2A How do general practitioners reach diagnosis and where is error is likely to occur in this process?

PSRAS3A What evidence of good practice would you be able to furnish for consideration at a Fitness to Practice hearing?

Learning Outcomes

The following learning outcomes demonstrate the core competences in this subject. You will require knowledge, skills and attitudes in the following areas:

1. Primary Care Management

This area of competence is about how you manage your contact with patients, dealing competently with any and all problems that are presented to you. (This area of competence is not limited to dealing with the management of the practice.) As a GP you should be able to:

PSLPM1A Demonstrate effective recording of clinical encounters with patients

PSLPM2A Demonstrate an understanding of the connection between good data entry and improved patient health outcomes

PSLPM3A Demonstrate use of a call/recall system within the practice to the benefit of patient care

PSLPM4A Demonstrate the use of the practice computer system to improve the quality and usefulness of the medical record e.g. through audit

PSLPM5A Recognise the difference between an effective handover of clinical care between health professionals from an ineffective handover

2. Person Centred Care

This area of competence is about understanding and relating to the context of your patients as individuals, and developing the ability to work in partnership with them. A GP should;

PSLPC1A Describe factors (doctor factors / patient factors / system factors) that might facilitate or impede the patient-doctor communication

PSLPC2A Identify factors that may contribute to distracting the GP during patient care tasks

PSLPC3A Describe elements of situational awareness theory (MPS)

PSLPC4A Describe and implement elements of shared decision-making with patients

PSLPC5A Analyse the different ways of gaining feedback from patients in the general practice setting

PSLPC6A Discuss occasions when a patient might positively contribute to maintaining the safety of their care

PSLPC7A Demonstrate ability to communicate openly, listen and take patient's concerns seriously

PSLPC8A Demonstrate ways of gaining feedback from patients in the general practice setting

PSLPC9A Recognise the issues involved in disclosing and discussing an adverse event with patients

PSLPC10A Show how the magnitude, likelihood and impact of risk can be explained to patients with poor literacy skills

3. Specific Problem Solving

This area of competence is about the context-specific aspects of general practice, dealing with early and undifferentiated illness and the skills you need to tolerate uncertainty. As a GP you should be able to;

PSLSP1A List common factors that are causes of error in medical practice
PSLSP2A Describe common forms of harm to patients in medical practice
PSLSP3A Outline the difference between a 'person based' and a 'systems based' approach to patient safety
PSLSP4A Compose effective ways to manage complaints by patients
PSLSP5A Define a near miss and adverse event, and explain why the distinction between near misses and adverse events is important
PSLSP6A Describe use of safety-netting in general practice

4. Comprehensive Approach

This area of competence is about how you as a general practitioner must be able to manage co-morbidity, coordinating care of acute illness, chronic illness, health promotion and disease prevention in the general practice setting. As a GP you should be able to;

PSLCA1A Describe examples of a positive contribution to creating a 'safety culture' and their application to the current workplace
PSLCA2A Analyse the use of metrics such as Health and Safety Statements as tools for quality improvement
PSLCA3A Evaluate the quality improvement systems and processes within your current workplace setting
PSLCA4A Show how safeguards to patient safety operate within the systems of the practice
PSLCA5A Complete a structured and systematic analysis of the causes of a near miss or adverse event.
PSLCA6A Demonstrate effective strategies to raise concerns with a colleague about a lapse in safety.
PSLCA7A Recognise how to give constructive feedback on performance to other members of the team.
PSLCA8A Prioritise factors that would facilitate discussion of patient safety among practice team and among CME peers.

5. Community Orientation

This area of competence is about the physical environment of your practice population, and the need to understand the interrelationship between health and social care, and the tensions that may exist between individual wants and needs and the needs of the wider community. As a GP you should be able to:

PSLCO1A Outline characteristics of effective practice based teams and primary care teams (if relevant)
PSLCO2A Outline strategies for quality improvement in general practice.
PSLCO3A Appraise the involvement of patients and carers in quality improvement processes
PSLCO4A Evaluate the challenges in sharing of information within the practice, within the wider primary care team, between GP/hospital sectors.
PSLCO5A Demonstrate an understanding of the need for information recorded in the practice clinical system to be fit for sharing with different health professional in different organisations

PSLCO6A Demonstrate how to use information management and technology to share information and co-ordinate care with other health professionals

PSLCO7A Demonstrate how to use electronic booking systems to tailor healthcare provision to the needs of individual patients

PSLCO8A Demonstrate effective use of interagency systems such as pathology links and GP-GP transfer.

PSLCO9A Recognise the difference between effective leadership and the ability to take direction and work within teams when necessary.

6. Holistic Approach

This area of competence is about your ability to understand and respect the values, culture, family structure and beliefs of your patients, and understand the ways in which these will affect the experience and management of illness and health. As a GP you should be able to:

PSLHA1A Recognise the need to apologise and admit error for failings in delivery of care and communicate openly when error occurs.

PSLHA2A Recognise the need to tell patients and their families as soon as possible when incidents occur and do so fully, honestly and compassionately.

PSLHA3A Demonstrate learning from event by embedding any lessons learnt in the practice processes and systems

Essential Features

The three essential features (EFs) below are concerned with the features of you as a doctor which may influence your ability to apply the core competences to real life in the work setting.

7. Contextual Features

This essential feature is about understanding your own context as a doctor and how it may influence the quality of your care. Important factors are the environment in which you work, including your working conditions, community, culture, financial and regulatory frameworks. A GP should:

PSLAC1A Describe common causes of harm to patients in hospital and how this may differ from the general practice setting.

PSLAC2A Demonstrate familiarity with the Medical Council Guide to Professional Conduct and Ethics for Registered Medical Practitioners

PSLAC3A Describe your ethical duties in the event of an adverse outcome with reference to the Medical Council Guide to Professional Conduct and Ethics for Registered Medical Practitioners

PSLAC4A Outline the concept of quality healthcare with reference to HIQA National Standards for Safer Better healthcare

PSLAC5A Describe how to locate information about standards, clinical guidelines and databases

PSLAC6A Analyse the appropriate use of clinical guidelines and protocols

PSLAC7A Describe the symptoms of stress and fatigue and how these may impact on the workplace

PSLAC8A Describe relationship between Medical Council requirements for CPD and the role of ICGP in this process

PSLAC9A Describe the role of Patient Safety Directorate of HSE and its role in patient safety

PSLAC10A Describe principles of medicines management

PSLAC11A Describe how to report adverse drug reactions and clinically significant errors through appropriate national reporting system

8. Attitudinal Features

This essential feature is about your professional capabilities, values, feelings and ethics and the impact these may have on your patient care. A GP should:

PSLAA1A Develop and maintain an approach to continuing learning and professional development

PSLAA2A Demonstrate understanding of principles of continuing professional development as outlined in Medical Council Standards for Maintenance of Professional Competence

PSLAA3A Demonstrate awareness of your own capabilities, values and ethics

9. Scientific Features

This essential feature is about the need to adopt a critical and evidence-based approach to your work, maintaining this through continuing professional development and lifelong learning. A GP should:

PSLAS1A Demonstrate awareness of national referral guidelines produced by HIQA

PSLAS2A Produce a quality improvement activity focused on improving practice processes.

Work-based learning…

In general practice

All trainees should complete an audit/re-audit cycle relating to patients in their training practice and actively contribute to practices' significant event audit meetings. Recognising this as an opportunity for reflection as well as possible celebration of good care is a particular feature of primary care.

The processes that occur during a consultation when a decision to refer is made, as well as the practical systems in place to achieve referral, should be explored. Reflection on cases that illustrate a delay in diagnosis can help in understanding the complex process of diagnosis.

Trainees should observe systems developed by each practice to manage repeat prescribing, hospital referral and other areas where there are significant risks. They should learn how to quantify risk in the two dimensions of probability and impact. The level of risk which is "tolerable" (risk appetite) in each situation should be defined.

It is important that the trainee observes, and is aware of, the varying levels of influence arising from the different roles of partner, sessional doctor and locum.

Trainees should observe the role of the patient in shared decision-making.

In secondary care

There should be opportunities to undertake clinical audit and critical event analysis and root cause analysis with hospital colleagues.

The primary/secondary care interface is especially vulnerable to patient safety incidents. Observing and understanding how different systems and processes influence this can be appreciated during a secondary care-based experience.

Non-work-based learning

There are many web-based sites that offer educational modules in patient safety and quality of care. Websites hosted by companies indemnifying medical professionals in particular are useful in this regard.

Learning with other healthcare professionals

Primary care teams are evolving along with opportunities for chronic disease management in the community and afford opportunities for collaborative working with allied health professionals.
Unscheduled care in the community is provided by a variety of different contractors including paramedics, emergency care practitioners, crisis mental health teams and insurance-sponsored walk-in centres. These provide opportunities for you to understand skill-mixing in healthcare and to compare and contrast the benefits and disadvantages of each option.

Resources

In the following section you will find ICGP resources. All resources below are subject to the terms and conditions in appendix 3. All weblinks cited 2nd October 2019. In addition to this section the ICGP Library Catalogue is searchable for all ICGP material and ICGP Journals offers online journals via Full Text Finder.

ICGP – Forum (Please log-in to the ICGP website on your browser before clicking the links)

- Sullivan G. Innovation: Success of a GP ultrasound service. 2017 Mar; 34 (3): 46-47.
- Davin-Power M. Cover Story: Crossing European borders for care. 2017 Feb; 34(2): 10-12.
- O'Connor N, Rochfort A. Quality in Practice: Dealing with sharps incidents in practice. 2016 July/August; 33 (7): 33-34.
- Murphy L, O'Donohue A. Quality in Practice: The problem with test results. 2016 Jun; 33 (6): 48.
- Johnson N, Ivers J. Research: Why hospitals aren't discharging their duties. 2015 Nov; 32 (10): 18-21.
- O'Driscoll A. Feature: Promoting Health Literacy in your practice. 2015 Oct; 32(9): 21-23.
- Rochfort A. Quality in Practice: Developing a patient charter in your practice. 2015 Apr; 32 (4): 16-17.
- Carroll H, Redmond P, Grimes T. Cover Story: Mind the gap – addressing the risks of medication errors. 2014 Dec; 31 (11): 14-16.
- O'Sullivan MK. Quality in Practice: Quality improvement science – how it works. 2014 Mar; 31(3):18-19.
- Flynn M. Quality in Practice: Developing a culture of quality and safety. 2014 Feb; 31 (2): 16-17.

ICGP – Other Publications

- ICGP Clinical Audit. Available here: https://www.icgp.ie/go/pcs/scheme_framework/clinical_audit
- Murphy M, Osborne B, Delargy I, O'Brien J. Submission to the Joint Committee on Health on Prescribing Pattern Monitoring and the Audit of Usage and Effectiveness Trends for Prescribed Medications. 2018.
- ICGP submission to the Joint Oireachtas Committee on Health: Manpower and General Practice. 2017.
- ICGP submission to the Oireachtas Committee on Future Healthcare: General Practice is key to sustainable healthcare.2016.
- O'Shea MT, Collins C, ICGP, Irish Cancer Society. Access to Diagnostics Used to Detect Cancer. 2016.
- O'Shea MT, Collins C. A survey of GP experience with the work of the National Cancer Control Programme and their views in relation to service priorities. 2016.
- ICGP. Beyond 2020 – Statement of Strategy 2016–2021. 2015.
- O'Riordan M. ICGP Vision for the future of Irish rural general practice. 2015.

External Resources

In this section you will find external resources. All resources below are subject to the terms and conditions in appendix 3.

- Website(s);
  - HSE – Open Disclosure. Available here: https://www.hse.ie/eng/about/who/qid/other-quality-improvement-programmes/opendisclosure/
  - HSE. Managing Complaints using the A.S.S.I.S.T model of communication. Nov 2016. Available here: https://www.hse.ie/eng/about/who/qid/other-quality-improvement-programmes/opendisclosure/opendiscfiles/managing-complaints-using-the-mps-assist-model-of-communicationpdf.pdf
  - Medisec Ireland – Medical Factsheets. Available here: https://medisec.ie/Medical-Indemnity-Insurance-Cover/Medisec-Factsheets
  - Medical Protection Society – Factsheets. Available here: https://www.medicalprotection.org/ireland/resources/factsheets
  - Information for General Practitioners Working with Transgender People. Available here; https://www.hse.ie/eng/about/who/primarycare/socialinclusion/about-social-inclusion/news/information-for-gps-working-with-transgender-people.pdf

Community Resources

In this section you will find training resources recommended by those in the training community and recent graduates. All resources below are subject to the terms and conditions in appendix 3.

- Website(s);
  - GP Website Camden - Pathways†1. Available here: https://gps.camdenccg.nhs.uk/pathways

Want to contribute to the Community Resources?

Please email curriculum@icgp.ie . Internal CPD points for submissions: click to record.
Published submissions acknowledged by letter from the ICGP.
Contributors above;
†1: Dr Ciara Keating. GP (2018 - North Dublin City TS Graduate).

Self-Assessment

These resource(s) are a sample of those available to all with an OpenAthens account (all HSE employees which includes GP trainees), many of which include self-assessments. Please note these are UK resources, and some differences from Irish primary care can exist.

- Patient safety in primary care. BMJ Learning. 2010.
- Learning from patient safety incidents. BMJ Learning. 2014.

References

1. WONCA working party on quality and safety in family medicine. Quality and safety in family medicine. Available here: http://equip.woncaeurope.org/working-groups/wonca-working-party
2. World Health Organization. The conceptual framework for the international classification for patient safety. Version 1.1. Final technical report. Geneva; 2009. Available here: http://www.who.int/patientsafety/taxonomy/icps_full_report.pdf

3. Agency for Healthcare Research and Safety. Patient Safety Primers. Available here: https://psnet.ahrq.gov/primers
4. HIQA. National Standards for Safer Better Healthcare. Dublin: Health Information and Quality Authority; 2012. Available here: https://www.hiqa.ie/system/files/Safer-Better-Healthcare-Standards.pdf
5. Medical Council. Available here: https://www.medicalcouncil.ie/
6. HSE Quality and Patient Safety Directorate. Available here: https://www.hse.ie/eng/about/who/qualitypatientsafetydirectorate/
7. Barraclough K, du Toit J, Budd J, Raine JE, et al. Avoiding errors in general practice. Oxford: Wiley-Blackwell; 2013.
8. Medical Protection Society. Available here: https://www.medicalprotection.org/
9. ICGP. ICGP Professional Competence ePortfolio: a step-by-step guide. Available here: https://www.icgp.ie/go/pcs/about_the_eportfolio_test

5. Evidence Based Practice, Critical Thinking and Research

CPD

Using the curriculum for a tutorial?

New (2018) up 5 hours of internal credits for in-practice tutorials not recorded elsewhere.

Introduction

In 2001 the Department of Health and Children acknowledged 'the central role of general practice in the future development of modern health services' (Primary care – a new direction) General practice research enables GPs to contribute to their discipline and generate necessary improvements in patient care. Familiarity with the processes of conducting and appraising research are a pre-requisite for all GPs, as we strive to incorporate best evidence appropriately into clinical care. In addition, the increasing use of clinical audit as a means to quality improvement in general practice requires the application of strong research skills.

Mant (UK Report on R&D in Primary Care, 1997) has cited four reasons as to why active involvement in clinical research improves quality of care and the ease with which research evidence is disseminated and adopted:

- The actual process of conducting research has a direct impact on quality of care (e.g. control patients in clinical trials have better outcomes than usual care)
- Quality standards and audit protocols for service delivery often arise from clinical research
- Engagement in research and development promotes a self-critical professional culture
- In secondary care, patient outcomes are better in centres engaged in research and there is no reason why this should be different in general practice.

General practice research is needed to provide answers to the unique problems that arise in general practice (Mant, Primary care R&D in Ireland, 2006). Such problems include:

- Discovering how best to treat illness seldom seen in hospitals (e.g. otitis media, hay fever)
- Reviewing the evolution of symptoms before hospital admission to avoid diagnostic delay (e.g. meningitis, ovarian cancer)
- Determining how best chronic diseases can be managed in general practice, in collaboration with hospital services (e.g. type 2 diabetes, kidney disease).

In addition, research on the organisation and staffing of Irish primary care must be undertaken in Irish primary care.

All this will involve the input of GPs, members of primary care teams and their patients. The context of general practice is different from specialist and hospital contexts, especially regarding the holistic treatment of people with multimorbidities, the management of undifferentiated illness, and dealing with uncertainty. GPs have a leading role in posing clinically relevant research questions that incorporate the specific complexity of general practice, acknowledge the psychosocial dimensions of wellness, adopt a multidisciplinary approach and utilize multiple methodologies to provide patient-centred answers.

GPs may engage with research in general practice at multiple levels:

1. Reading, appraising, and integrating new evidence and guidelines into practice
2. Conducting practice based research including audit, significant event analysis, critical incident analysis, quality improvement
3. Supervising research by medical students, other undergraduate training in health care professions or GP trainees
4. Participating in academic or pharmaceutical company research projects, including facilitating and recruiting patients and monitoring for studies instigated by academic or pharmaceutical bodies
5. Conceptualising, designing, leading, conducting and publishing research to address gaps in the medical literature on health care in general practice.

The skills necessary to conduct high quality, clinically meaningful research are closely aligned with skills in teaching and reflective practice. They enable GPs to act as advocates for improvements in patient care in their local communities or nationally, and are fundamental to the continuance of general practice as an academic specialty.

Case Vignette

An 8-year-old girl attends your practice accompanied by her Mum. She reports three days of increasingly sore throat. On examination she is afebrile, and her throat shows pustules on her tonsils. Mum is keen to avoid antibiotics if possible but is also worried about prolonged infection as her daughter is making her Communion next week.

Reflective Questions

Mapping the competencies of general practice to this case.
To help you understand how the GP curriculum can be applied to this case, ask yourself the following questions:

Primary Care Management

EBRPM1A Where are my strengths and weakness in understanding the evidence base around antibiotic prescribing?

EBRPM2A How will I know if my patients will understand my explanation of no antibiotics needed in viral conditions?

EBRPM3A Are my prescribing patterns different for certain populations?

EBRPM4A Are my prescriptions given out more readily at certain times of the day or week?

Person Centred Care

EBRPC1A What are the health inequalities that exist in my practice area and how has this impacted on the practice prescribing policies?

EBRPC2A In what ways could I improve both the way I consult and my skills in shared decision-making?

EBRPC3A How do I know if I communicate well enough with my staff and patients to foster

improvements in the practice?

EBRPC4A How do I know if my patients have unmet needs from this consultation?

EBRPC5A How do I use medical evidence in a way that is patient-centred, and appropriate to their needs and preferences?

Specific Problem Solving

EBRSP1A What evidence base should I use to inform my prescribing?

EBRSP2A If I wanted to implement a change in my practice regarding antibiotics, how would I know what quality improvements to make?

EBRSP3A How do I measure my current prescribing practice?

EBRSP4A How would I measure changes in my practice?

EBRSP5A How would I identify the appropriate patient population?

EBRSP6A How do I incorporate the latest high quality evidence to my practice, to help diagnose and manage patients?

Community Orientation

EBRCO1A What does the research evidence tell us about antibiotic prescribing and the effect on health at a community level?

EBRCO2A Why is there a national variation in prescribing and what evidence-based factors may influence the care of my patients in my locality?

EBRCO3A What is the need for patient education? Are there specific groups within my community that need tailored education or approaches?

EBRCO4A How can we work with other primary care/community disciplines to improve prescribing?

Comprehensive Approach

EBRCA1A How consistent are the approaches to prescribing at a practice level? How can consistency be improved, to better modify patients' expectations regarding antibiotics?

EBRCA2A How can we provide longitudinal care that will best facilitate patient satisfaction, high quality of care, and improvements in measures of prescribing?

EBRCA3A How accurate is our data recording, and how might it be improved?

EBRCA4A What data would be useful for me to capture on an on-going basis?

Holistic care

EBRHA1A What are the important psychosocial factors relating to antibiotic prescribing in my patients/my community?

EBRHA2A How can I identify the important psychosocial influences on patient demand for antibiotics?

EBRHA3A How can I address these factors within my practice/my consultations, to improve my prescribing?

Essential Features

Contextual Features

EBRAC1A What are the features that influence my prescribing here in my practice?

EBRAC2A What resources are available to me to utilize the evidence base to improve my practice?

Attitudinal Features

EBRAA1A What are my thoughts on changing my current practice or adopting change to improve my practice?

EBRAA2A What prejudices do I have regarding the evidence base/guideline recommendations?

Scientific Features

EBRAS1A How can I ensure that I maintain high quality, evidence-based practice?

EBRAS2A How do I stay abreast of updates in the evidence, relevant to my practice?

EBRAS3A How do I know that the information is the best available evidence to hand?

EBRAS4A What contributions can I make to improve the evidence base on prescribing antibiotics?

Learning Outcomes

The following learning outcomes demonstrate the core competences in this subject. You will require knowledge, skills and attitudes in the following areas:

1. Primary Care Management

This area of competence is about how you manage your contact with patients, dealing competently with any and all problems that are presented to you. (This area of competence is not limited to dealing with the management of the practice.) As a GP you should be able to:

EBLPM1A Use appropriate study designs to answer clinical questions or improve the quality of care in general practice

EBLPM2A Outline the essential components of the research process (e.g. developing a research question, identifying appropriate research methods, basic qualitative and quantitative analysis skills, appropriate data interpretation, writing up and disseminating research findings)

EBLPM3A Demonstrate adherence to ethical principles of consent and confidentiality when undertaking research or quality improvement activities

EBLPM4A Obtain approval from appropriate human research ethics committees for research activities where necessary

EBLPM5A Understand the difference between pharmaceutical interventions and complex/behavioural interventions

EBLPM6A Understand the complex processes involved in implementing change in practice.

2. Person Centred Care

This area of competence is about understanding and relating to the context of your patients as individuals, and developing the ability to work in partnership with them. A GP should;

EBLPC1A Communicate the evidence for management, diagnosis or screening to patients in a manner that is both understandable to the patient and is patient-centred

EBLPC2A Involve the patient in the decision making process about their health and acknowledge the informed patient's right to choose to accept or decline new interventions based on research evidence

EBLPC3A Recognise that some patients may be involved in research or may want to be involved in research and, where appropriate, communicate and comply with the appropriate researchers

EBLPC4A Ensure that practice information systems highlight which patients are involved in research trials

EBLPC5A Ensure that vulnerable patients who may be involved with research trials are

appropriately counselled and monitored appropriately

EBLPC6A Inform patients of their choices regarding research studies, and the research protocols regarding consent and confidentiality.

3. Specific Problem Solving

This area of competence is about the context-specific aspects of general practice, dealing with early and undifferentiated illness and the skills you need to tolerate uncertainty. As a GP you should be able to;

EBLSP1A Compare and contrast different study methodologies:

- **EBLSP1.1A** Cross sectional
- **EBLSP1.2A** Cohort
- **EBLSP1.3A** Randomised trials
- **EBLSP1.4A** Meta-analyses

EBLSP2A Interpret results of research including:

- **EBLSP2.1A** confidence intervals for population means and proportions
- **EBLSP2.2A** p-value
- **EBLSP2.3A** absolute and relative risk
- **EBLSP2.4A** number needed to treat

EBLSP3A Understand the limitations and strengths of screening programmes including the criteria for what makes a good screening test

EBLSP4A Explain key metrics of screening:

- **EBLSP4.1A** Sensitivity and specificity
- **EBLSP4.2A** Likelihood ratios
- **EBLSP4.3A** Number needed to screen
- **EBLSP4.5A** Number needed to harm

EBLSP5A Describe when survival analyses are used and understand their interpretation

EBLSP6A Explain features of diagnostic tests (i.e. sensitivity, specificity, positive and negative predictive values) and defend their use in including and excluding diagnoses

EBLSP7A Interpret confounding and interaction in studies

EBLSP8A Identify sources of bias and confounding in clinical research, especially clinical trials

EBLSP9A Calculate incidence and prevalence of disease in a defined population.

4. Comprehensive Approach

This area of competence is about how you as a general practitioner must be able to manage co-morbidity, coordinating care of acute illness, chronic illness, health promotion and disease prevention in the general practice setting. As a GP you should be able to;

EBLCA1A Record patient data on clinical software systems in a way that enables quality improvement activities and research to be reliably conducted at a later date

EBLCA2A Use clinical software to retrieve data for quality improvement activities or research (e.g. performing a database search)

EBLCA3A Evaluate professional performance in clinical and non-clinical areas, using appropriate research methods (e.g. clinical audit, needs analysis, significant event analysis, and critical incident analysis)

EBLCA4A Use appropriate methods to implement and evaluate change in clinical and non-clinical practice (both individually and with peers and within primary care teams)

EBLCA5A Describe and analyse the harm caused by system errors and failure

EBLCA6A Recognise and manage adverse events and near misses

EBLCA7A Plan quality improvement initiatives in your practice

EBLCA8A Understand that most clinical interventions in general practice are complex and require

the use of multiple or mixed research methods to evaluate them (i.e. quantitative (what?/how much?) and qualitative methods (why?/how?/ who?)).

5. Community Orientation

This area of competence is about the physical environment of your practice population, and the need to understand the interrelationship between health and social care, and the tensions that may exist between individual wants and needs and the needs of the wider community. As a GP you should be able to:

EBLCO1A Understand that much clinical research is conducted in secondary care settings; the studies and the results may not be applicable in general practice

EBLCO2A Judge relevance, applicability and validity of research findings to your own practice

EBLCO3A Apply the principles underlying generalizability of research evidence when using evidence about screening, diagnosis and treatment in the management of individual patients

EBLCO4A Demonstrate skills in applying research evidence from clinical trials to individual patients within their unique context and comorbidities

EBLCO5A Where indicated, demonstrate an ability to disseminate the results of research, or critical evaluation/literature review to peers or other health professionals

EBLCO6A When you are asked for your expert opinion, take care to ensure this is evidence based, and be clear when you are stating an opinion based on experience rather than evidence.

6. Holistic Approach

This area of competence is about your ability to understand and respect the values, culture, family structure and beliefs of your patients, and understand the ways in which these will affect the experience and management of illness and health. As a GP you should be able to:

EBLHA1A Identify and formulate research questions as they arise in clinical practice

EBLHA2A Use reflective skills to generate important research questions for the benefit of oneself and other practitioners

EBLHA3A Describe and understand the differences between qualitative research, observational research and trials/intervention studies in general practice

EBLHA4A Consider psychosocial dimensions to care when formulating research questions and quality improvement plans.

Essential Features

The three essential features (EFs) below are concerned with the features of you as a doctor which may influence your ability to apply the core competences to real life in the work setting.

7. Contextual Features

This essential feature is about understanding your own context as a doctor and how it may influence the quality of your care. Important factors are the environment in which you work, including your working conditions, community, culture, financial and regulatory frameworks. A GP should:

EBLAC1A Demonstrate sound skills in evidence gathering (e.g. where to find resources, how to search databases, internet searching skills)

EBLAC2A Demonstrate skills in literature searching including the use of PubMed and Cochrane databases

EBLAC3A Outline the hierarchies of evidence available for clinical decision making including systematic reviews, trials, and observational studies

EBLAC4A Use the range of resources and supports available from ICGP, university departments, and hospital libraries to support your evidence-based practice

EBLAC5A Appreciate the importance of appropriately seeking research expertise from others when necessary.

8. Attitudinal Features

This essential feature is about your professional capabilities, values, feelings and ethics and the impact these may have on your patient care. A GP should:

EBLAA1A Include a non-judgmental evidence-based approach to problem-solving, taking into account your patients' values

EBLAA2A Examine your own attitudes, values, professional capabilities and ethics so that, through the process of reflective and critical appraisal, you are not overwhelmed by personal issues and gaps in knowledge

EBLAA3A Judge the value of incentives and interventions, and be able to recognise where conflicts of interest may occur in clinical practice and in research

EBLAA4A Outline how research funding and publication bias can influence the evidence base of clinical practice

EBLAA5A Demonstrate awareness of external influences on one's knowledge, how different sources bring their own biases to the information they present (e.g. Pharmaceutical companies, media), and how to critically evaluate these influences.

9. Scientific Features

This essential feature is about the need to adopt a critical and evidence-based approach to your work, maintaining this through continuing professional development and lifelong learning. A GP should:

EBLAS1A Demonstrate the use of clinical guidelines and recent evidence to guide patient care decisions

EBLAS2A Examine new research/guidelines for validity and reliability using published appraisal tools (i.e. CASP tools) for systematic reviews, RCTs, and observational studies

EBLAS3A Critique the validity and generalizability of new research

EBLAS4A Evaluate the role of new research in your practice, after applying appraisal skills to the papers

EBLAS5A Evaluate the cost-benefit of new interventions for individual patients (financial, time to wellness, return to work etc.)

EBLAS6A Apply new research to your practice in a systematic way.

Where will the learning take place?

Primary Care

Direct clinical contact will bring you many challenges in applying evidenced- based practice when faced with patients who prefer a more holistic approach to medicine and how it is delivered. Learning from contact with patients is a prerequisite for good practice. Although it will be difficult to follow a research, audit or QI project through all stages in the time currently allowed for training for general practice, all training practices will be users of research and opportunities such as the following may be available in practice:

- Discussion groups, often known as 'journal clubs'
- Case-based discussions with your trainer, often called 'debriefing'

- It is often possible to set up peer groups to discuss research evidence through a process of critical appraisal of published material.

Discussing educational interventions and methods encountered during the GP training programme may provide an opening for GP registrars to gain an interest in educational research.

The ICGP has a research webpage listing resources and forthcoming research events [http://www.icgp.ie/go/research].

Each university department has special research interests; these and contact details are listed on the ICGP research webpage. The Association of University Departments of General Practice in Ireland also have annual research meetings and career supports listed on their webpage.

Secondary Care

The principles of direct observation of clinical contact allow the learner to be fed back important messages around clinical management and there will be opportunities to learn skills and methods in a secondary care setting that could be applied back into primary care.

Resources

In the following section you will find ICGP resources. All resources below are subject to the terms and conditions in appendix 3. All weblinks cited 2nd October 2019. In addition to this section the ICGP Library Catalogue is searchable for all ICGP material and ICGP Journals offers online journals via Full Text Finder.

ICGP – Forum (Please log-in to the ICGP website on your browser before clicking the links)

- Kennedy C, Bradley C. Research: Preferred drug scheme needs improvement. 2018 Jun; 35 (5): 39-41.
- Sweeney J, Kearney P, Redmond P, Fahey T. Research: Point of care morbidity coding – a feasibility study. 2017 Nov; 34(10): 52-54.
- Fahey T, Smith S, Clyne B, Wallace E. Research: Prescribing practices under the microscope. 2017 Jan; 34 (1): 33-34.
- Collins C, Murphy A. Research: The care for research in Irish general practice. 2016 Oct; 33 (9): 23-24.
- Collins C. ICGP Research: A busy year in the ICGP Research department. 2016 Jun; 33 (6): 44-45.
- Gibson G, McGrogan K. Cover Story: Controlling drug costs – does generic substitution work? 2015 Mar; 32 (3): 12-14.
- Gouda P, Mahambo C, Coyle E, Ul Ghloinn S, et al. Cover Story: Treat or refer? Factors affecting GP decisions. 2013 Aug; 30(8): 10-12.
- Smith S, Higgins S. Feature: Establishing a research network for primary care. 2013 Mar; 30 (3): 19-20.

ICGP – Other Publications

- ICGP Research – Advice & Resources. Available here: https://www.icgp.ie/go/research/advice/FC0CE381-B848-E3EAE402C932EC02B9EB
- Collins C, ICGP Research Department. ICGP Research and Audit Conference Abstracts 2015. 2016.
- Collins C, ICGP Research Department. General Practice Research in 2014: Research and Audit Activity presented at the ICGP Research and Audit Conference and projects provided with ICGP Ethical Approval or Funding. 2014.

- O'Donnell P, ICGP Quality in Practice Committee. Quality Improvement Award Winners 2007-2014. 2014.
- Collins C, ICGP Research Department. A picture of general practice research in Ireland 2012-2013 Through research and audit activity. 2014.
- ICGP. Research Guide(Version 1). 2008.

External Resources

In this section you will find external resources. All resources below are subject to the terms and conditions in appendix 3.

- Website(s);
  - American Medical Student Association (AMSA). Evidence and recommendations for a Model PharmFree Curriculum. Available here: https://www.amsa.org/wp-content/uploads/2015/03/ModelPharmFreeCurriculum.pdf
  - Centre for Evidence-Based Medicine. Available here: http://www.cebm.net/
  - Health Action International (HAI). Pharmaceutical Marketing: Report on Education on Pharmaceutical Promotion in Medical Training. Dec 2017. Available here: http://haiweb.org/publication/pharmaceutical-marketing-report-education-pharmaceutical-promotion-medical-training/
  - HSE Knowledge Management/Health Intelligence. Available here: http://www.healthintelligence.ie
  - HRB Trial Methodology Research network. Available here: https://www.hrb-tmrn.ie/training-education/upcoming-events/
  - PubMed: freely available version of Medline from the National Library of Medicine. Available here: https://www.ncbi.nlm.nih.gov/pubmed
  - The Cochrane database of systematic reviews. Available here: https://www.cochranelibrary.com/
  - The Public Health Well. Available here: http://www.thehealthwell.info/
- Textbook(s);
  - Bonita R, Beaglehole R, Kjellström T. Basic epidemiology. (2nd ed) Geneva: World Health Organization; 2006.
  - Byrne, M. How to Conduct Research for Service Improvement: A Guidebook for Health and Social Care Professionals. (2nd ed) Dublin: HSE Health & Social Care Professions Education & Development Advisory Group Research Sub-Group, 2015. Available here: https://www.icgp.ie/go/research/advice/01C9CB90-AEC4-407A-371B3697ADE8F21A.html
  - Greenhalgh T. How to Read a Paper: the basics of evidence-based medicine. (5th ed) West Sussex: Wiley-Blackwell, 2014.
  - Petrie A, Sabin C. Medical Statistics at a Glance. UK: Blackwell Science; 2000.

Community Resources

In this section you will find training resources recommended by those in the training community and recent graduates. All resources below are subject to the terms and conditions in appendix 3.

Want to contribute to the Community Resources?

Please email curriculum@icgp.ie . Internal CPD points for submissions: click to record.
Published submissions acknowledged by letter from the ICGP.

Self-Assessment

These resource(s) are a sample of those available to all with an OpenAthens account (all HSE employees which includes GP trainees), many of which include self-assessments. Please note these are UK resources, and some differences from Irish primary care can exist.

- Evidence based medicine: a user's guide. BMJ Learning. 2017.

6. Cardiovascular Health

Assessments

This chapter was deemed to have been poorly answered in prior ICGP assessments; CCT; 2018

CPD

Using the curriculum for a tutorial?

New (2018) up 5 hours of internal credits for in-practice tutorials not recorded elsewhere.

Introduction

Cardiovascular problems are an important cause of morbidity and mortality. Cardiovascular disease (CVD) remains the leading cause of premature death worldwide. In Ireland, it accounts for 35% of all deaths and more importantly, 20% of premature deaths (i.e. death in those under 65 years).[1] As most of these patients are followed up in the primary care setting, the general practitioner is ideally situated to carry out screening for and management of CVD risk factors in his or her practice.[2] Managing the risk factors for cardiovascular problems is an essential part of health promotion activity in primary care and as a general practitioner you should be competent in the management of cardiovascular emergencies in primary care. It is important to remember that accurate diagnosis of symptoms that may potentially be caused by cardiovascular causes is a key competence for general practice.

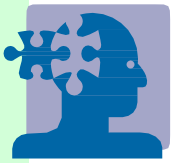
Case Vignette

Mr Tom Jones is a 55 year old high powered hotel chain executive, travels all over the country and abroad. He stays at five-star hotels and enjoys fine dining. When relaxing at home he often has a BBQ with lots of wine. He is not keen on salads and fruits. He presents to the practice concerned with his increase in weight. He admits that with his hectic lifestyle he often forgets to take his medication, and in fact he has not taken any medications for three weeks as had ran out. He had been on atenolol for hypertension.

He has no history of angina but he does get out of breath easily on exertion. He used to smoke quite heavily in the past and he still has an occasional cigarette when he takes a drink. He would like to lose weight and get fitter.

He admits to drinking to excess. His intake of alcohol is in the region of 40 units a week, but he doesn't see this as a problem.

He wants to know if there are any better medication. He has not had any blood tests done in the last three years. No ECG has ever been performed but he has had a urine sample done 1 year ago which he was told was normal.



Reflective Questions

Mapping the competencies of general practice to this case.
To help you understand how the GP curriculum can be applied to this case, ask yourself the following questions:

Primary Care Management

CVRPM1A	What additional information do I need? How will I go about making a diagnosis as to the cause of the breathlessness here?
CVRPM2A	How do I assess cardiovascular risk?
CVRPM3A	How do I measure blood pressure? What blood tests should I do?
CVRPM4A	What medications are most suitable to manage high blood pressure?

Person Centred Care

CVRPC1A	What else would I discuss with the patient in this consultation?
CVRPC2A	What are the challenges to dealing with lifestyle in this patient?
CVRPC3A	Will compliance to medication be a problem here?

Specific Problem Solving

CVRSP1A	Would an ECG in the practice be helpful to exclude for example, atrial fibrillation?
CVRSP2A	Should I arrange chest X-ray, BNP estimation etc. to rule out cardiac failure at the local A/E Department/Medical assessment Unit?
CVRSP3A	Am I able to use a cardiac risk score calculator?
CVRSP4A	Is ambulatory blood pressure helpful in the assessment of hypertension?
CVRSP5A	What support could I give him for smoking cessation?
CVRSP6A	What medications are appropriate for management of blood pressure and high cholesterol?
CVRSP7A	What are their side effects?

Comprehensive Approach

CVRCA1A	What additional benefit would a referral bring?
CVRCA2A	Should I involve a dietitian?
CVRCA3A	Should I advise him to contact the National Smokers Quitline?

Community Orientation

CVRCO1A	Recognise social determinants of cardiovascular health and the importance of population interventions – should the Irish population be taking less salt?
CVRCO2A	Should smoking be banned from all public places?

Holistic Approach

CVRHA1A	What would I tell his partner?
CVRHA2A	Should she be involved in management of his alcohol consumption especially in the home (who buys the wine?)

Contextual Features

CVRAC1A What are the ICGP guidelines for the diagnosis and longer-term management in this case?

Attitudinal Features

CVRAA1A Should overweight smokers be offered open access to treatment if they do not lose weight or cease smoking?

Scientific Features

CVRAS1A How should I calculate cardiovascular risk in such an individual?
CVRAS2A How do I measure left ventricular hypertrophy using an ECG?

Learning Outcomes

The following learning outcomes demonstrate the core competences in this subject. You will require knowledge, skills and attitudes in the following areas:

1. Primary Care Management

This area of competence is about how you manage your contact with patients, dealing competently with any and all problems that are presented to you. (This area of competence is not limited to dealing with the management of the practice.) As a GP you should be able to:

CVLPM1A Manage primary contact with patients who have a cardiovascular problem
CVLPM2A Compare the significance of symptoms such as breathlessness in patients such as the above and the association of this symptom and other similar symptoms with cardiac and non-cardiac conditions
CVLPM3A Describe the importance of family history, over- weight, lack of exercise and smoking in the aetiology of CVD
CVLPM4A Outline the association between hypertension & hyperlipidaemia and CVD
CVLPM5A Assess the importance of screening for diabetes in such cases
CVLPM6A Explain the importance of left ventricular hypertrophy on an ECG in prediction of outcome in patients with hypertension
CVLPM7A Demonstrate an understanding of the importance of risk factors, including chronic kidney disease, in the diagnosis and management of cardiovascular problems
CVLPM8A Apply concepts such as the “stages of change” (Carlo C. DiClemente and J. O. Prochaska) in the management of smoking cessation

2. Person Centred Care

This area of competence is about understanding and relating to the context of your patients as individuals, and developing the ability to work in partnership with them. A GP should;

CVLPC1A Compare the significance of symptoms such as breathlessness in patients such as the above and the association of this symptom and other similar symptoms with cardiac and non-cardiac conditions

CVLPC2A Implement "stages of change" (Carlo C. DiClemente and J. O. Prochaska) in the management of smoking cessation

CVLPC3A Have a firm but supportive attitude to patients who have difficulty with lifestyle issues which effect cardiovascular health

CVLPC4A Accept and comply with the role of the GP in primary contact with patients who have cardiovascular risk factors

3. Specific Problem Solving

This area of competence is about the context-specific aspects of general practice, dealing with early and undifferentiated illness and the skills you need to tolerate uncertainty. As a GP you should be able to;

CVLSP1A Manage primary contact with patients who have a cardiovascular problem

CVLSP2A Compare the significance of symptoms such as breathlessness in patients such as the above and the association of this symptom and other similar symptoms with cardiac and non-cardiac conditions

CVLSP3A Make an initial diagnosis to elicit the appropriate signs and symptoms, and subsequently investigate and/or refer patients presenting with symptoms that might be cardiac in origin, noting that in each case there will be a non- cardiac differential diagnosis

CVLSP4A Recognise the impact cardiovascular problems have on disability and fitness to work

CVLSP5A Elicit a proper CVD history

CVLSP6A Record a smoking history, with understanding of the significance of pack years

CVLSP7A Complete with confidence a dietary history relevant to a patient with or likely to develop CVD

CVLSP8A Perform blood pressure measurement in the clinic and using out – of – office measurements

CVLSP9A Perform venipuncture to measure fasting lipids, creatinine, U/E, fasting blood sugar

CVLSP10A Calculate eGFR

CVLSP11A Perform urinalysis

CVLSP12A Perform an ECG

CVLSP13A Complete with confidence the estimation of left ventricular hypertrophy from an ECG

CVLSP14A Perform out basic fundoscopy

CVLSP15A Implement the calculation of cardiovascular risk using an electronic cardiovascular risk calculator

CVLSP16A Implement "stages of change" (Carlo C. DiClemente and J. O. Prochaska) in the management of smoking cessation

CVLSP17A Manage cardiovascular conditions, including: coronary heart disease heart failure arrhythmias (atrial fibrillation is by far the commonest) peripheral vascular disease (arterial and venous) cerebrovascular disease and thromboembolic disease (PE and DVT)

CVLSP18A Make timely appropriate referrals on behalf of patients to specialist services, especially to rapid-access chest pain, stroke/TIA and heart failure

CVLSP19A Advise patients appropriately about driving, according to their cardiovascular risk and RSA guidelines

4. Comprehensive Approach

This area of competence is about how you as a general practitioner must be able to manage co-

morbidity, coordinating care of acute illness, chronic illness, health promotion and disease prevention in the general practice setting. As a GP you should be able to;

CVLCA1A Be aware that cultural backgrounds may influence patient's attitudes towards health and cardiovascular risk factor management

CVLCA2A Recognise the impact cardiovascular problems have on disability and fitness to work

CVLCA3A Make timely appropriate referrals on behalf of patients to specialist services, especially to rapid-access chest pain, stroke/TIA and heart failure

CVLCA4A Accept and comply with the role of the GP in leading effective and appropriate risk factor assessment and management

CVLCA5A Accept and comply with the role of the GP in primary contact with patients who have cardiovascular risk factors

CVLCA6A Initiate discussion with patients smoking, weight, exercise, & diet and the link between these lifestyle issues and health

5. Community Orientation

This area of competence is about the physical environment of your practice population, and the need to understand the interrelationship between health and social care, and the tensions that may exist between individual wants and needs and the needs of the wider community. As a GP you should be able to:

CVLCO1A Recognise the impact cardiovascular problems have on disability and fitness to work

CVLCO2A Advise patients appropriately about driving, according to their cardiovascular risk and RSA guidelines

CVLCO3A Accept and acknowledge the role of the GP in helping patients with lifestyle issues such as smoking cessation, weight loss and the prescription of exercise

6. Holistic Approach

This area of competence is about your ability to understand and respect the values, culture, family structure and beliefs of your patients, and understand the ways in which these will affect the experience and management of illness and health. As a GP you should be able to:

CVLHA1A Initiate discussion with patients smoking, weight, exercise, & diet and the link between these lifestyle issues and health

CVLHA2A Be aware of the impact of socio-economic status on attitudes to lifestyle modification and cardiovascular risk factor prevention

Essential Features

The three essential features (EFs) below are concerned with the features of you as a doctor which may influence your ability to apply the core competences to real life in the work setting.

7. Contextual Features

This essential feature is about understanding your own context as a doctor and how it may influence the quality of your care. Important factors are the environment in which you work, including your working conditions, community, culture, financial and regulatory frameworks. A GP should:

CVLAC1A Adopt a lower threshold for suspicion of significant combinations of cardiovascular risk factors knowing that patients are often unaware of the effects of having diabetes and smoking even a few cigarettes in the day for example

CVLAC2A Make timely appropriate referrals on behalf of patients to specialist services, especially to rapid-access chest pain, stroke/TIA and heart failure

8. Attitudinal Features

This essential feature is about your professional capabilities, values, feelings and ethics and the impact these may have on your patient care. A GP should:

CVLAA1A Supportive attitude to patients who have difficulty with lifestyle issues which effect cardiovascular health

CVLAA2A Accept and comply with the role of the GP in leading effective and appropriate risk factor assessment and management

CVLAA3A Accept and comply with the role of the GP in primary contact with patients who have cardiovascular risk factors

CVLAA4A Be aware of the impact of socio-economic status on attitudes to lifestyle modification and cardiovascular risk factor prevention

CVLAA5A Adopt and demonstrate a non-judgmental, caring and professional consulting style to minimise embarrassing patients with lifestyle issues e.g. the obese patient

CVLAA6A Advocate the need for time to be available in the consultation to deal opportunistically with issues pertaining to cardiovascular risk factors

CVLAA7A Adopt a shared decision-making style of consultation, working with and supporting the patient with lifestyle changes

CVLAA8A Adopt a lower threshold for suspicion of significant combinations of cardiovascular risk factors knowing that patients are often unaware of the effects of having diabetes and smoking even a few cigarettes in the day for example

CVLAA9A Acknowledge that cardiovascular risk factor assessment can extend into settings other than the clinic, thereby increasing opportunities for prevention of cardiovascular disease, e.g. in the school or the work place

CVLAA10A Ensuring that personal opinions regarding risk factors for cardiovascular problems (e.g. smoking, obesity, exercise, alcohol do not influence your management decisions

CVLAA11A Acknowledge that non-concordance is common for many preventative cardiovascular medicines and respect your patient's autonomy when negotiating management

CVLAA12A Be aware that cultural backgrounds may influence patient's attitudes towards health and cardiovascular risk factor management.

9. Scientific Features

This essential feature is about the need to adopt a critical and evidence-based approach to your work, maintaining this through continuing professional development and lifelong learning. A GP should:

CVLAS1A Advise patients appropriately about driving, according to their cardiovascular risk and RSA guidelines

CVLAS2A Implement the calculation of cardiovascular risk using an electronic cardiovascular risk calculator

CVLAS3A Be able to describe the key research findings that influence management of cardiovascular problems (see below)

Where the teaching may take place

In the surgery, with the trainer or at the local Medical Assessment Unit/ Cardiology Outpatients dept

Resources

In the following section you will find ICGP resources. All resources below are subject to the terms and conditions in appendix 3. All weblinks cited 2nd October 2019. In addition to this section the ICGP Library Catalogue is searchable for all ICGP material and ICGP Journals offers online journals via Full Text Finder.

ICGP – Quick Reference Guide

- Cox J, Graham I. Cardiovascular Disease: Prevention in General Practice. 2016. (Under Review)
- Kildea-Shine P, O'Riordan M. Anticoagulation in General Practice/Primary Care: Quick Reference Guide. 2014.
- Gallagher J, McDonald K. Heart Failure in General Practice 2019.

ICGP – eLearning (Not available at time of curriculum publication 2/10/19, please check https://www.icgpeducation.ie for updates)

- Hypertension.
- Anticoagulation.
- Heart Failure.

ICGP – Forum (Please log-in to the ICGP website on your browser before clicking the links)

- Forde D, Behan C. Audit: Modernising anticoagulation in your practice. 2018 May; 35 (4): 34-36.
- Hunter N. Feature: Hypertension treatment – does one size fit all? 2018 Mar; 35 (2): 37-38.
- Cox J. Distance Learning Module: Cardiology: Management of cholesterol. 2017 Jun; 34 (6).
- Maher J, Carmody P, Bates M. Research: Patient management after abnormal ABPM. 2017 Mar; 34 (3):42-43.
- Cox J. Clinical Review: What's in the new European CVD guidelines? 2016 Sep; 33 (8): 48-50.
- Cox J. Distance Learning Module: Cardiology: Atrial fibrillation in primary care. 2016 May; 33 (5).
- Gallagher J. Distance Learning Module: Cardiology: Heart Failure. 2015 Dec; 32 (11).
- Coary R, Collins R. Distance Learning Module: Cardiology: Atrial fibrillation and stroke. 2015 May; 32(5).
- O'Connor C, Kavanagh J. Research: Caution urged in use of NSAIDS in heart patients. 2013 Sep; 30 (9): 40-41.

External Resources

In this section you will find external resources. All resources below are subject to the terms and conditions in appendix 3.

- Website(s);
  - Irish Heart Foundation. Available here: https://irishheart.ie
  - The British and Irish Hypertension Society (lists of validated BP monitors). Available here: https://bihsoc.org/
  - Relevant NICE guidelines NICE guidance is available for the management of stroke, post-myocardial infarction, atrial fibrillation, diabetes, hypertension, lipid lowering, anti-platelet therapy and heart failure. Available here: https://www.nice.org.uk/guidance

Community Resources

In this section you will find training resources recommended by those in the training community and recent graduates. All resources below are subject to the terms and conditions in appendix 3.

- Website(s);
  - ESC Pocket Guidelines App†1. Available here: https://www.escardio.org/Guidelines/Clinical-Practice-

Guidelines/Guidelines-derivative-products/ESC-Mobile-Pocket-Guidelines

- Keele University Decision Support Anticoagulation therapy for the prevention of stroke and systemic embolism in atrial fibrillation †2. Available here: https://www.anticoagulation-dst.co.uk/
- Credible Meds Combined List of Drugs that prolong QT and/or cause Torsades de Pointes (TDP)†3. Available here: https://crediblemeds.org/pdftemp/pdf/CombinedList.pdf

Want to contribute to the Community Resources?

Please email curriculum@icgp.ie . Internal CPD points for submissions: click to record.
Published submissions acknowledged by letter from the ICGP.
Contributors above;
†1: Dr Ronan Kearney. RCSI/Dublin North East TS.
†2: Dr Louise Fitzgerald. HSE Dublin Mid Leinster TS.
†3: Dr Joanna Peart. North Dublin City TS.

Self-Assessment

These resource(s) are a sample of those available to all with an OpenAthens account (all HSE employees which includes GP trainees), many of which include self-assessments. Please note these are UK resources, and some differences from Irish primary care can exist.

- ECG skills: understanding the normal ECG trace. BMJ Learning. 2018.
- Abnormal ECG findings in athletes: recognizing changes suggestive of cardiomyopathy. BMJ Learning. 2013.

References

1. Department of Health and Children. Changing Cardiovascular Health. National Cardiovascular Health Policy 2010 – 2019. Dublin: Department of Health and Children; 2010.
2. Cox J, Graham I. Cardiovascular Disease: Prevention in General Practice. Quick Reference Guide. Dublin: Irish College of General Practitioners; 2016.

7. Digestive Health

Assessments

This chapter was deemed to have been poorly answered in prior ICGP assessments; CCT; 2015

CPD

Using the curriculum for a tutorial?

New (2018) up 5 hours of internal credits for in-practice tutorials not recorded elsewhere.

Introduction

In this chapter we strive to define the learning outcomes and skills required of a General Practitioner working in Ireland in the area of gastrointestinal medicine or digestive health.

Digestive problems are a daily presentation to all general practitioners and as a result require a broad range of knowledge of the conditions of the whole gastrointestinal tract from mouth to anus and appropriate management of same.

As well as the presentation of ACUTE conditions requiring urgent referral to secondary care the GP has an essential role in early detection and treatment and the need to incorporate into the consultation the opportunity to implement lifestyle advise, screening and immunisation.

Hereditary conditions such as haemachromatosis, the commonest genetic disorder in Caucasians particularly of Celtic descent and very common in Ireland where its prevalence exceeds CF, PKU and muscular dystrophy combined.

Coeliac disease is another significantly under diagnosed condition.[1] In Ireland colorectal cancer is the second most common newly diagnosed cancer among men and women with over 2000 new cases reported yearly and the number is due to rise in the next 10 years. Fortunately the government funded National Bowel Screen Programme is now in place and once fully rolled out will offer free bowel screening to men and women age 55–70 every 2 years.[2]

Liver and pancreatic conditions with hepatitis are often newly diagnosed in the GP setting leading to acute and chronic ill health and there is immense importance in keeping “up to date with the continual emergence of new approaches to treatment through CME.

Death from Chronic Liver Disease is increasing with alcohol and obesity being the two main preventable causes, but early detection is vital. For safe delivery of patient care, the GP also needs to be aware of the family and social implications of gastrointestinal disease and have a good knowledge of accessibility to local services with close liaison and communication with hospitals consultants.

Case Vignette

Mary age 61 years presents to the surgery complaining of general fatigue, heartburn, belching, and nausea and epigastric discomfort. She had attributed her symptoms to OTC use of ibuprofen as analgesia for a recent fractured radius. She mentioned her daughter commented on some weight loss, but Mary felt this was related to a recent diet change which excluded wheats and helped with her long-standing irritable bowel symptoms. Her family history is remarkable for colon cancer her father passing away from same in his late 60's. She is an ex- smoker for 5 years and enjoys alcohol socially.

Reflective Questions

Mapping the competencies of general practice to this case.
To help you understand how the GP curriculum can be applied to this case, ask yourself the following questions:

Specific Problem Solving

GIRSP1A	What further information would I require from the history and examination in this case and what skills would this require?
GIRSP2A	What investigations would be appropriate for management?
GIRSP3A	What is my differential diagnosis?
GIRSP4A	What is my knowledge of safe prescribing in gastroenterology in primary care?

Person-Centered Approach

GIRPC1A	How can I elicit her ideas concerns and expectations?
GIRPC2A	How would I address areas of embarrassment in both the history taking and examination?
GIRPC3A	How would I approach investigations in diagnosis and screening?
GIRPC4A	How can I maintain ongoing communication with the patient, allied health professionals involved in her care as well as family members?

Primary Care Management

GIRPM1A	What follow up arrangements would I put in place for this case?
GIRPM2A	What is the practice policy on responsibility for blood results follow up?
GIRPM3A	How would I implement guidelines within the practice?
GIRPM4A	What services are there within my own practice, practice nurse, phlebotomy and accessibility to same for patients?
GIRPM5A	What services are available through the local primary care team, dietician, PHN, social workers?
GIRPM6A	What is my knowledge of screening and guidelines and its application in primary care?

Community Orientation

GIRCO1A	What access is there to local hospital based services such as radiology and endoscopy?
GIRCO2A	How easy is it to access these services? What are the wait times and resources?
GIRCO3A	What is the referral mechanism for primary care team members?

GIRCO4A What palliative care services are available in the community and how do I communicate effectively with them for a comprehensive care of my patient with a terminal diagnosis?
GIRCO5A What is my knowledge of community or web based support group for chronic illness?
GIRCO6A What is my knowledge of support in the community for smoking cessation and alcohol and drug addiction for both patient and family members?

Comprehensive Approach

GIRCA1A What health promotion and preventative health measures does this consultation raise?

Holistic Care

GIRHA1A What complementary therapy is available locally and how is it a accessed?
GIRHA2A What is my awareness of the importance of lifestyle, stress and anxiety management in relation to digestive health?

Contextual Features

GIRAC1A What are the practice guidelines for use of a chaperone or same sex doctor for examinations and informed consent where needed in some GI examinations?
GIRAC2A Who is responsible for maintenance of premises and practice equipment?
GIRAC3A What are the practice policies on surveillance and implementation of same and different roles of individuals within practice?
GIRAC4A What is the role of the practice nurse?
GIRAC5A What is the practice policy on telephone triage and who is responsible. Awareness of telephone advise without examination?

Scientific Features

GIRAS1A What is the evidence base for colorectal screening?
GIRAS2A Use of evidence based research in approach to practice standards
GIRAS3A Continual medical education to up skill in areas and further knowledge
GIRAS4A How can I use audit as a tool to improve quality in practice

Attitudinal Features

GIRAA1A What is my attitude to the patient seeking alternative or complimentary care and therapies?
GIRAA2A How can I advocate best practice and patient safety?
GIRAA3A Awareness of potential inequalities in patient care and my attitude to reducing same
GIRAA4A Open minded attitude to multiple similar consultations required in long term care of ongoing conditions
GIRAA5A What is my attitude to high risk behaviour and its influence on public health?
GIRAA6A What is my approach to the patient that is not keen to engage in treatment?
GIRAA7A What is my attitude to self-medicating despite medical advice?

Learning Outcomes

The following learning outcomes demonstrate the core competences in this subject. You will require knowledge, skills and attitudes in the following areas:

1. Primary Care Management

This area of competence is about how you manage your contact with patients, dealing competently with any and all problems that are presented to you. (This area of competence is not limited to dealing with the management of the practice.) As a GP you should be able to:

GILPM1A Be able to Take a comprehensive history for gastrointestinal symptoms including a dietary history and family history

GILPM2A Conduct a competent condition appropriate abdominal and rectal examination

GILPM4A Describe the main gastrointestinal conditions encountered in general practice

GILPM6A Describe and manage common conditions such as gastroenteritis diverticular disease constipation abdominal pain hernias

GILPM7A Demonstrate a knowledge of various forms of hepatitis as well as NAFLD

GILPM8A Demonstrate a knowledge of IBD, IBS, GORD, oesophageal cancer, coeliac disease, hemochromatosis and various other GI diseases, investigation and management appropriate to primary care

GILPM9A Demonstrate knowledge of weight management bariatric surgery in relation to obesity and its related problems

GILPM10A Assess and manage alcohol dependence in General practice and its impact on CLD

GILPM11A Demonstrate a knowledge of palliative care

GILPM12A Demonstrate a knowledge of the impact of long term conditions on nutrition, bone health

GILPM13A Conduct the relevant investigations appropriate for the common presentations in gastroenterology to general practice and the local services available

GILPM14A Demonstrate an understanding of laboratory results and appropriate handling of same

GILPM15A Compose a differential diagnosis

GILPM16A Demonstrate an efficiency in prescribing for gastrointestinal conditions seen in general practice

2. Person Centred Care

This area of competence is about understanding and relating to the context of your patients as individuals, and developing the ability to work in partnership with them. A GP should;

GILPC1A Master the skill required for good communication techniques

GILPC2A Demonstrate an understanding of the need to educate, empower and involve the patient in their chronic illness management

GILPC3A Recognise that it is difficult for some patients to discuss digestive symptoms, through factors such as embarrassment and social stigma

GILPC4A Understand that digestive symptoms are often multiple and imprecise, and frequently linked to emotional factors

GILPC5A Be aware of the sensitive nature of GI symptoms and some GI examinations (such as rectal examination)

GILPC6A Understand the many cultural and social factors which can influence the way patients interpret symptoms and the manner in which this influences their expectations of medical management

3. Specific Problem Solving

This area of competence is about the context-specific aspects of general practice, dealing with early and undifferentiated illness and the skills you need to tolerate uncertainty. As a GP you should be able to;

GILSP1A Demonstrate communication skills for lifestyle modifications and understand dietary factors associated with various GI conditions and offer appropriate dietary advice (e.g. in weight loss, irritable bowel syndrome and primary cancer prevention)

GILSP2A Demonstrate a structured, logical approach to the diagnosis of abdominal pain, e.g. to enable a positive diagnosis of irritable bowel syndrome to be made, rather than making the diagnosis by exclusion

4. Comprehensive Approach

This area of competence is about how you as a general practitioner must be able to manage co-morbidity, coordinating care of acute illness, chronic illness, health promotion and disease prevention in the general practice setting. As a GP you should be able to;

GILCA1A Understand screening programmes for colorectal cancer, and the role of primary care.

GILCA2A Analyse the relevance of family history on screening and investigations

GILCA3A Demonstrate a knowledge and execution of screening protocols and vaccinations schedules and immunisation guidelines for at risk groups and family members

GILCA4A Discuss management of long term conditions with family involvement

GILCA5A Implement an approach to continual surveillance

GILCA6A Implement opportunistic health promotion in consultations

GILCA7A Demonstrate how to respond to patients who attend frequently with unexplained GI symptoms, e.g. strategies might include educational and supportive counselling approaches

GILCA8A Understand the impact of GI symptoms and illness on patients, their families and their wider networks Support people to self-care, particularly those with chronic symptoms (such as those typically associated with irritable bowel

5. Community Orientation

This area of competence is about the physical environment of your practice population, and the need to understand the interrelationship between health and social care, and the tensions that may exist between individual wants and needs and the needs of the wider community. As a GP you should be able to:

GILCO1A Identify local referral services

GILCO2A Identify access to specialist nurses eg stoma nurses in patient care

GILCO3A Recognise nutritional factors in community health

GILCO4A Perfect the ability to work in partnership with other agencies to secure appropriate interventions e.g drugs and alcohol rehabilitation

GILCO5A Understand the high prevalence of GI symptoms in the community and the implications for primary care

6. Holistic Approach

This area of competence is about your ability to understand and respect the values, culture, family structure and beliefs of your patients, and understand the ways in which these will affect the experience and management of illness and health. As a GP you should be able to:

GILHA1A Adopt a non-judgmental role to the patients right to seek complementary therapy

GILHA2A Evaluate the influence of cultural and ethnic background on the presentation of disease and health beliefs that can impact access to health service

GILHA3A Recognise the effects psychological stress can have upon the gastrointestinal tract, especially with functional disorders, e.g. non-ulcer dyspepsia, irritable bowel syndrome,

abdominal pain in children

Essential Features

The three essential features (EFs) below are concerned with the features of you as a doctor which may influence your ability to apply the core competences to real life in the work setting.

7. Contextual Features

This essential feature is about understanding your own context as a doctor and how it may influence the quality of your care. Important factors are the environment in which you work, including your working conditions, community, culture, financial and regulatory frameworks. A GP should:

GILAC1A Recognise any biases in the practice regarding GI presentations

GILAC2A Consideration of the environment and the option of providing a chaperone during examination

GILAC3A Evaluate the influence of stress anxiety and psychosocial factors on digestive health in practice

GILAC4A Recognise and accept risk taking behavior and its influence on physical, mental and family wellbeing

8. Attitudinal Features

This essential feature is about your professional capabilities, values, feelings and ethics and the impact these may have on your patient care. A GP should:

GILAA1A Explore attitudes to gastrointestinal illness and accept that these can influence the way you respond to individuals with digestive disorders

GILAA2A Aware of the many issues relating to embarrassment and social and cultural factors which influence presentation to primary care, and what strategies you have to manage these.

GILAA3A Exemplify a non-judgemental approach to individuals with, for example, chronic gastrointestinal symptoms, drug and alcohol problems

GILAA4A Maintain a sensitive approach to discussing weight related issues in consultation especially with parents and their obese children

GILAA5A Recognise and accept the influence of stress and anxiety on digestive health

GILAA6A Recognise and accept risk taking behavior and its influence on physical, mental and family wellbeing

9. Scientific Features

This essential feature is about the need to adopt a critical and evidence-based approach to your work, maintaining this through continuing professional development and lifelong learning.

GILAS1A Recognising the importance of complying with CME in relation to constant medical changes and advances

GILAS2A Construct a decision making process determined by the prevalence and incidence of gastrointestinal disease relevant to your practice

GILAS3A Understanding the epidemiology of gastrointestinal symptoms and disorders in primary care, and the evidence on the risks for cancer and other serious diseases associated with various symptoms and symptom complexes

GILAS4A Using contemporary management approaches to individuals with hepatitis B and C and other chronic conditions

GILAS5A Understanding the evidence base for the colorectal cancer screening programme

Where the teaching takes place

- Hospital OPD/rounds
- GP practice/tutorials
- Day release

Resources

In the following section you will find ICGP resources. All resources below are subject to the terms and conditions in appendix 3. All weblinks cited 20th September 2018. In addition to this section the ICGP Library Catalogue is searchable for all ICGP material and ICGP Journals offers online journals via Full Text Finder.

ICGP – Quick Reference Guide

- Ni Chonchubhair H, O'Shea B, Duggan S, Conlon K. Chronic Pancreatitis. 2017.
- Russell A, Shanahan E, Quigley E. Diagnosis and Management of Adult Coeliac Disease. 2015.
- Nicholson A. Hereditary Haemochromatosis Quick Reference Guide. 2013.

ICGP – eLearning (Not available at time of curriculum publication 2/10/19, please check https://www.icgpeducation.ie for updates)

- Diagnosis & Management of Inflammatory Bowel Disease (IBD) in Primary Care

ICGP – Forum (Please log-in to the ICGP website on your browser before clicking the links)

- O'Morain N, Ryan B. Clinical Review: Challenges in ulcerative colitis management. 2018 Jun; 35 (5): 49-50.
- O'Morain N, McNamara D. Cover Story: The H pylori challenge. 2017 Oct; 34 (9): 14-16.
- O'Brien O. Clinical Review: Identifying the signs and symptoms of dysphagia. 2017 Oct; 34 (9): 47-48.
- Nicholson A. Distance Learning Module: Paediatrics: Functional GI disorders. 2016 Feb; 33(2).
- O'Neill MT, Stewart S. Clinical Review: Hepatitis C: an update for general practice. 2014 Nov; 31 (10): 41-42.
- Meredith D. Clinical Review: A review of coeliac disease management. 2014 Apr; 31 (4): 41-42.

External Resources

In this section you will find external resources. All resources below are subject to the terms and conditions in appendix 3.

- Website(s);
  - BDA - The Association of UK Dieticians – Practice Guidance. Available here: https://www.bda.uk.com/professional/practice/practice_guidance/home
  - BowelScreen – The National Bowel Screening Programme. Available here: https://www.bowelscreen.ie/
  - British Society of Gastroenterology - Guidelines for the management of iron deficiency anaemia. Available here: https://www.bsg.org.uk/resource/guidelines-for-the-management-of-iron-deficiency-anaemia.html
  - Coeliac Society of Ireland. Available here: https://www.coeliac.ie/
  - Drugs.ie. Available here: http://drugs.ie/
  - Drugs and Therapeutics Bulletins. Available here: https://dtb.bmj.com/
  - GP Notebook – Gastroenterology. Available here:

https://www.gpnotebook.co.uk/simplepage.cfm?ID=1939472391
  - HSE (Health Service Executive). Available here: https://www.hse.ie/eng/
  - MPS (Medical Protection Society) Ireland. Available here: https://www.medicalprotection.org/ireland/home
  - National Immunisation Office Website. Available here: https://www.hse.ie/eng/health/immunisation/
  - NICE Guidelines. Available here: https://www.nice.org.uk/guidance
  - RCGP eLearning. Available here: http://elearning.rcgp.org.uk/
  - Patient.info. Available here: https://patient.info/
  - The Guide Clinic, St. James Hospital. Available here: http://guideclinic.ie/
  - GP Referral Pathway for Suspected Colorectal Cancer†1 [HealthLink eReferral Preferential over form]. https://www.hse.ie/eng/services/list/5/cancer/profinfo/resources/gpreferrals/gp-referral-pathway-for-suspected-colorectal-cancer.pdf
- Article(s);
  - Mooney PD, Hadjivassiliou M, Sanders DS. Coeliac disease. *BMJ.* 2014 Mar 3;348:g1561. doi: 10.1136/bmj.g1561.
  - Sood R, Bakashi R, Hegade VS, Kelly SM. Diagnosis and management of hereditary haemochromatosis. *Br J Gen Pract.* 2013 Jun; 63(611):331-2. doi: 10.3399/bjgp13X668410.

Community Resources

In this section you will find training resources recommended by those in the training community and recent graduates. All resources below are subject to the terms and conditions in appendix 3.

Want to contribute to the Community Resources?

Please email curriculum@icgp.ie . Internal CPD points for submissions: click to record.
Published submissions acknowledged by letter from the ICGP.
†1: Dr Sheila Rochford. Assistant Programme Director of the Cork GP Training.

Self-Assessment

These resource(s) are a sample of those available to all with an OpenAthens account (all HSE employees which includes GP trainees), many of which include self-assessments. Please note these are UK resources, and some differences from Irish primary care can exist.

- Gastroenterology. BMJ Learning.
- Ask an expert: Lower gastrointestinal symptoms. BMJ Learning. 2018.

References

1. Russell A, Shanahan E, Quigley E. Diagnosis and Management of Adult Coeliac Disease. Quick Reference Guide. Dublin: Irish College of General Practitioners; 2015.
2. Coeliac Society of Ireland. Available here: https://www.coeliac.ie/
3. BowelScreen – The National Bowel Screening Programme. Available here: https://www.bowelscreen.ie/

8. Renal Health

CPD

Using the curriculum for a tutorial?

New (2018) up 5 hours of internal credits for in-practice tutorials not recorded elsewhere.

Introduction

Issues relating to the urinary tract extend from the kidneys to the end of the urethra. There is considerable overlap between renal medicine and urology and the topics of women's health and men's health, as well as sexual health and diabetes. Chronic kidney disease represents an emerging public health problem. It is one of the most potent risk factors for cardiovascular disease and contributes to around 15% of all hospitalisations and nearly 10% of all deaths. Chronic kidney disease is also accompanied by multiple other co morbidities: hypertension, anaemia, hyperparathyroidism, and renal osteodystrophy. Timely identification and management of CKD can slow its rate of progression and reduce cardiovascular risk by up to 50%. However, the assessment and management of CKD in patients can be an area of uncertainty for general practitioners and a separate curriculum to common urological conditions seen daily such as renal colic, haematuria and prostatic symptoms. Therefore, knowledge and prevention in primary care is essential in improving overall health outcomes.

Case Vignette

John a 56-year-old factory worker last seen three months ago with suspected gout and prescribed naproxen. His blood test showed a raised uric acid level confirming gout and he had an eGFR of 42. He is a non-smoker. His blood pressure today is 140/100, the same reading as that recorded at his last visit. His BMI is 34. He has been too busy to come back to see you. He is married with 3 children and they are struggling financially. You are oncerned about his medications and possible chronic kidney disease. He presents today with a painful right ankle and is requesting just a medical certificate and another prescription for naproxen.

Reflective Questions

Mapping the competencies of general practice to this case.
To help you understand how the GP curriculum can be applied to this case, ask yourself the following questions:

Primary Care Management

RNRPM1A How would I take an adequate history and relevant examination?

RNRPM2A How could I promote renal health and well-being, applying the principles of health promotion and disease prevention?

RNRPM3A How can chronic disease management be applied to the practice and who is responsible for leadership in same and overseeing practice policy?

RNRPM4A What is my knowledge of the connection with renal disease and other long term conditions such as cardiovascular disease and renal disease?

RNRPM5A How best can I provide ease of access to resources for patients to help educate them about their condition?

RNRPM6A What structures can I put in place for follow up and how can I facilitate this for John?

Specific Problem Solving

RNRSP1A What further questions and information would I require in order to work towards solving John's issues?

RNRSP2A What other resources/services/healthcare professionals could I involve in the management of this case?

RNRSP3A What investigations would be appropriate?

RNRSP4A What is my knowledge of safe prescribing in renal health?

RNRSP5A What referral system is in place for secondary care and how familiar am I? How easy is this to access? What are the wait times?

RNRSP6A What is the mechanism of referral for access to primary care services in the community?

Person Centred Care

RNRPC1A What skills should I use communicating risk to my patient regarding medication use and renal disease?

RNRPC2A What challenges might I face in understanding from the patients perspective what his understanding of his risks and long term needs are?

RNRPC3A How do I take my patient to an understanding of what long term issues he needs to address which will suit his lifestyle and therefore facilitate his ability to engage in treatment?

RNRPC4A How would I make an appropriate risk assessment in this case and what skills would this require?

RNRPC5A What might be the implications for John if he has acquired chronic kidney disease?

RNRPC6A How can I use appropriate language to accurately explain and educate John about renal disease?

Community Orientation

RNRCO1A What supports or groups are available in the community or on line for John and his family outside of primary care?

RNRCO2A How can I become familiar with accessing this for my chronic disease patients?

RNRCO3A What is my understanding of palliative care issues and services in end stage renal disease?

Comprehensive Approach

RNRCA1A What health promotion, lifestyle management and screening opportunities can be implemented in the renal consultation?

RNRCA2A How can I overcome the challenge of ongoing communication and under- standing between my patient and his family members involved in his care?

Holistic Approach

RNRHA1A	How would I approach holistic care in this case?
RNRHA2A	How would I reach a mutually agreed management plan with John?

Contextual Features

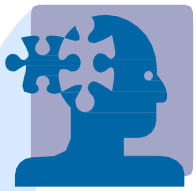
RNRAC1A	How can I identify groups vulnerable to renal disease within the practice population?
RNRAC2A	How can my patient's access dialysis in rural areas in particular what is my understanding of barriers to dialysis such as travel, work commitments and the impact on patient care?
RNRAC3A	How would I implement screening programmes as appropriate locally or nationally in line with current evidence based guidelines?
RNRAC4A	How would I approach defining the roles and responsibilities of individuals within the practice on implementation of screening programmes?

Attitudinal Features

RNRAA1A	How do I approach a patient that is not reluctant to engage in treatment?
RNRAA2A	What is my attitude to the patient who continues to take risks to his renal health with use of over the counter medication or self-medicating?
RNRAA3A	Do I have any personal worries and concerns dealing patients who do not follow medical advice?
RNRAA4A	What guidance or support is available to me through professional bodies such as ICGP/Irish Medical Council/medical protection agencies to assist?
RNRAA5A	How can I advocate best practice with view to patient safety?
RNRAA6A	How would I manage the uncertainties around John's case both for the patient and myself?
RNRAA7A	What are my attitudes on complementary or alternative therapy in John's management?

Scientific Features

RNRAS1A	What is my plan for keeping up to date with current management of chronic kidney disease in my patients in general practice?
RNRAS2A	How can I apply current evidence based research to maintain practice standards?
RNRAS3A	What is the practice accessibility and ease of application of current guidelines to daily consultations?
RNRAS4A	What is the role of audit in renal care and how can this be applied in practice?
RNRAS5A	What is my knowledge of local guidelines for managing renal conditions and how would I implement them into my practice?



Learning Outcomes

The following learning outcomes demonstrate the core competences in this subject. You will require knowledge, skills and attitudes in the following areas:

1. Primary Care Management

This area of competence is about how you manage your contact with patients, dealing competently with any and all problems that are presented to you. (This area of competence is not limited to dealing with the management of the practice.) As a GP you should be able to:

RNLPM1A	Explain the treatment targets for patients with different stages of CKD
RNLPM2A	Complete a competent history and conduct an examination relevant to the presenting renal problem
RNLPM3A	Demonstrate appropriate medication prescribing in managing renal conditions and monitor effectively including requirements for reducing dose or ceasing
RNLPM4A	Identify and organise the necessary investigations into renal conditions
RNLPM5A	Demonstrate an understanding of laboratory results for renal conditions and the appropriate handling or follow up
RNLPM6A	Demonstrate a recognition and management of the significantly ill patients, for example acute renal failure, pyelonephritis, severe hyperkalaemia
RNLPM8A	Demonstrate appropriate history taking skills to identify those at risk of chronic kidney disease (CKD)
RNLPM9A	Define the normal and recognise the abnormal ranges of renal biochemistry
RNLPM10A	Demonstrate communication skills required to discuss lifestyle factors that impact on renal conditions
RNLPM11A	Master the appropriate communication skills in discussion with patients and their family when explaining and managing renal conditions
RNLPM12A	Adapt to working with patients and their families or carers with a terminal illness

2. Person Centred Care

This area of competence is about understanding and relating to the context of your patients as individuals, and developing the ability to work in partnership with them. A GP should;

RNLPC1A	Recognise those at risk of renal disease
RNLPC2A	Adapt language skills to explain the complexities of renal disease to the patient and their family tailoring consultations as needed.
RNLPC3A	Be aware and value the patient's ideas, concerns and expectations concerning their renal disease and how this impacts on the individual's life
RNLPC4A	Recognise the role of the GP in empowering patients in their management decisions
RNLPC5A	Communicate results or prognosis, good, bad or uncertain, while recognising the needs of the patient and their family

3. Specific Problem Solving

This area of competence is about the context-specific aspects of general practice, dealing with early and undifferentiated illness and the skills you need to tolerate uncertainty. As a GP you should be able to;

RNLSP1A	Demonstrate the knowledge of the different stages of CKD, their presentations and

their appropriate management

RNLSP2A Have a basic understanding of kidney transplants, how they impact on patients and their family's management of such patients

RNLSP3A Demonstrate a basic knowledge of renal tract cancers, their presentations, investigations and treatment

RNLSP4A Construct strategies to educate and engage patients and their family in managing renal conditions

4. Comprehensive Approach

This area of competence is about how you as a general practitioner must be able to manage co-morbidity, coordinating care of acute illness, chronic illness, health promotion and disease prevention in the general practice setting. As a GP you should be able to;

RNLCA1A Outline how to screen for CKD including protocols for screening, relevant investigations and execute appropriately

RNLCA2A Analyse the relevance of family history on screening and investigation

RNLCA3A Assess lifestyle factors that are important in managing renal conditions

RNLCA4A Demonstrate a knowledge of the impact of long-term illness on nutrition

RNLCA5A Implement opportunistic health promotion in consultation

5. Community Orientation

This area of competence is about the physical environment of your practice population, and the need to understand the interrelationship between health and social care, and the tensions that may exist between individual wants and needs and the needs of the wider community. As a GP you should be able to:

RNLCO1A Define the population at risk of CKD

RNLCO2A Outline and apply the referral requirements to secondary care for renal conditions

RNLCO3A Outline the links with various support services for renal or chronic disease in the community

RNLCO4A Communicate with and access effectively appropriate clinicians for advice or further management of patients with renal conditions

RNLCO5A Be able to communicate with appropriate organisations in a manner that facilitates patients care and management

RNLCO6A Assume responsibility for establishing clear professional boundaries for confidentiality within the practice team, particularly in rural communities and the sharing of information with other professionals outside of general practice

RNLCO7A Adapt to work well in a multidisciplinary team and to be able to communicate well with the team and the family

6. Holistic Approach

This area of competence is about your ability to understand and respect the values, culture, family structure and beliefs of your patients, and understand the ways in which these will affect the experience and management of illness and health. As a GP you should be able to:

RNLHA1A Adapt to cultural diversity in patient care and its influence on access to health services

RNLHA2A Adopt a non-judgemental role to the patient's right to seek complementary therapy

Essential Features

The three essential features (EFs) below are concerned with the features of you as a doctor which may influence your ability to apply the core competences to real life in the work setting.

7. Contextual Features

This essential feature is about understanding your own context as a doctor and how it may influence the quality of your care. Important factors are the environment in which you work, including your working conditions, community, culture, financial and regulatory frameworks. A GP should:

RNLAC1A Identify and reflect on the management variations that may occur depending on the practice setting.

RNLAC2A Demonstrate the ability to recognise urgent from non-urgent or chronic conditions

8. Attitudinal Features

This essential feature is about your professional capabilities, values, feelings and ethics and the impact these may have on your patient care. A GP should:

RNLAA1A Be aware of patient's attitudes, beliefs and reasons for choosing not to have dialysis or recommended treatments and adopt a non-judgemental approach

RNLAA2A Accept and maintain a sensitive approach towards patients in denial, or unwilling to engage in behaviour change recommended by the medical team

RNLAA3A Exemplify an attitude to treating all patients equally and with respect

RNLAA4A To listen, understand, assist and be supportive of the patient and their family during periods of illness and at end of life care

RNLAA5A Acknowledge your own limitations

9. Scientific Features

This essential feature is about the need to adopt a critical and evidence-based approach to your work, maintaining this through continuing professional development and lifelong learning. A GP should:

RNLAS1A Describe the epidemiology of renal disease

RNLAS1A Choose to keep up to date with guidelines and management of renal disease in GP and recognising the importance of same

Where the teaching may take place

- Clinical attachments (Medical jobs in the hospital)
- One-on-one teaching
  - Role-play of difficult cases
  - Discussion of renal- -related patient presentations
  - Video/direct observation – teacher to registrar, registrar to teacher
  - Practice team meetings (participation as able)
- In-general practice
  - Direct observation
  - Record review
  - Personal reflection
- Small group learning
  - Case-based discussion

Role-play
Video interview
Journal club and discussions

Resources

In the following section you will find ICGP resources. All resources below are subject to the terms and conditions in appendix 3. All weblinks cited 2nd October 2019. In addition to this section the ICGP Library Catalogue is searchable for all ICGP material and ICGP Journals offers online journals via Full Text Finder.

ICGP – Quick Reference Guide

- Glynn L. Chronic Kidney Disease: Diagnosis and Management in Primary Care. 2016.

ICGP – Forum (Please log-in to the ICGP website on your browser before clicking the links)

- Flynn C, Cooke L, McGrogan K. Audit: Managing chronic kidney disease in primary care. 2013 Feb; 30 (2): 37-38.

External Resources

In this section you will find external resources. All resources below are subject to the terms and conditions in appendix 3.

No external resources.

Community Resources

In this section you will find training resources recommended by those in the training community and recent graduates. All resources below are subject to the terms and conditions in appendix 3.

- Website(s);
  - GP Notebook - diagnosis of proteinuria in primary care†1. Available here: https://www.gpnotebook.co.uk/simplepage.cfm?ID=2047213638

Want to contribute to the Community Resources?

Please email curriculum@icgp.ie . Internal CPD points for submissions: click to record.
Published submissions acknowledged by letter from the ICGP.
Contributors above;
†1: Dr Adedayo Olawuni. North Eastern Regional TS.

Self-Assessment

These resource(s) are a sample of those available to all with an OpenAthens account (all HSE employees which includes GP trainees), many of which include self-assessments. Please note these are UK resources, and some differences from Irish primary care can exist.

- Medical management of renal stones. BMJ Learning. 2016.
- Acute kidney injury: diagnosis and management in primary care. BMJ Learning. 2016.

References

1. Australian Institute of Health and Welfare. An overview of chronic kidney disease in Australia, 2009. Canberra: AIHW, 2009.
2. Johnson DW. Evidence-based guide to slowing the progression of early renal insufficiency. *Intern Med J.* 2004 Jan-Feb; 34(1-2):50-7.
3. Vanholder R, Royal College of Physicians, Renal Association. Chronic kidney disease in adults--UK guidelines for identification, management and referral. *Nephrol Dial Transplant.* 2006 Jul; 21(7):1776-7.
4. Kidney Disease Improving Global Outcomes (KDIGO). Available here: https://kdigo.org/
5. National Kidney Foundation (United States) guidelines: Kidney Disease Outcomes Quality Initiative (KDOQI). Available here: http://www.kidney.org/professionals/
6. National Institute of Health (NIH): National Kidney Disease Education Program website. Available here: https://www.niddk.nih.gov/health-information/communication-programs/nkdep
7. National Kidney Foundation: "Part 4. Definition and Classification of Stages of Chronic Kidney Disease". Am J Kid Disease 2002; Suppl 1: S46-S75. Available here: https://www.kidney.org/sites/default/files/docs/ckd_evaluation_classification_stratification.pdf

9. Respiratory Health

CPD

Using the curriculum for a tutorial?

New (2018) up 5 hours of internal credits for in-practice tutorials not recorded elsewhere.

Introduction

Respiratory problems comprise 17% of general practice workload.[1] General Practitioners have a role in prevention, health promotion, identification, diagnosis, acute treatment and ongoing management of respiratory disease as well as co-ordinating referral to specialist and other services, where needed. Respiratory disease affects people of all ages and socio-economic groups. Comprehensive assessment is essential because of its multifactorial aetiology which includes genetic and environmental factors. General practice diagnosis and chronic management of respiratory disease has expanded in recent years. This has been achieved through development of multidisciplinary planned care and the availability of more services like pulmonary rehabilitation in community settings. Multimorbidity is also a common feature for those with respiratory disease because of factors such as increasing age and common risk factors like smoking. In this complex setting GPs have the opportunity to provide individualised care in for people in their community.

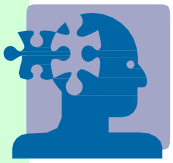
Case Vignette

Margaret Doherty is 61 and attends the surgery because she has a cough with dirty phlegm for the last 3 days. She is also feeling a bit breathless and wheezy.

You notice that this is the second time she has been in with similar symptoms in the last four months. She tells you that she coughs up some phlegm most mornings. She smokes 20 cigarettes a day. She has been getting a salbutamol inhaler on repeat prescription for two years now and she uses it most days. She is also taking Ramipril for hypertension. She also has osteoarthritis of the hip and is awaiting hip replacement. When you check her BMI it is 31.

She wanted to talk to you today about her chest because her daughter is expecting her first grandchild in a few months and she realises that she is not as active as she used to be. She tells you she'd "like to be able to keep up with the grandkids!"

Mrs Doherty lives with her husband James on their small farm. She does not drive so relies on him or other family and friends for transport.



Reflective Questions

Mapping the competencies of general practice to this case.
To help you understand how the GP curriculum can be applied to this case, ask yourself the following questions:

Primary Care Management

RSRPM1A	How would I address the issues this consult presents within the time allowed?
RSRPM2A	What other health care professionals / services might I suggest involving in Mrs Doherty's care?
RSRPM3A	How could my practice provide planned care for people with chronic conditions?
RSRPM4A	How would I approach the concept of readiness for change with Mrs Doherty?

Person Centred Care

RSRPC1A	How would I endeavour to develop rapport with Mrs Doherty?
RSRPC2A	What consultation skills would I use so that Mrs Doherty engages with the practice in management of her health?
RSRPC3A	How would I empower Mrs Doherty to take responsibility for her health?
RSRPC4A	How would I inform Mrs Doherty so that she can be involved in shared decision-making?
RSRPC5A	How would I assess and build on Mrs Doherty's goals for her health?
RSRPC6A	How could my practice provide continuity for Mrs Doherty over time?

Specific Problem Solving

RSRSP1A	How will I manage Mrs Doherty's acute symptoms?
RSRSP2A	How would I investigate whether Mrs Doherty has COPD? Could this be done in the practice?
RSRSP3A	How would I assess the severity of and manage Mrs Doherty's condition?
RSRSP4A	How would I address Mrs Doherty's smoking?
RSRSP5A	What local resources are available that might be helpful for Mrs Doherty?
RSRSP6A	Is there a practice policy for repeat prescribing?
RSRSP7A	To what degree will I address lifestyle factors at this consultation?

Comprehensive Approach

RSRCA1A	How would I address prevention and health promotion with Mrs Doherty in terms of smoking cessation, vaccination, diet, and exercise and weight loss?
RSRCA2A	How would I assess Mrs Doherty for co-morbid conditions that occur with respiratory disease (e.g. cardiovascular disease, malignancy, diabetes, depression)?
RSRCA3A	How would I prioritise Mrs Doherty's health needs?
RSRCA4A	How will I arrange follow-up with Mrs Doherty?
RSRCA5A	How do I organise care for people with multimorbidity?

Community Orientation

RSRCO1A	Am I aware of the resources in your community that might be useful to Mrs Doherty (e.g. smoking cessation, pulmonary rehabilitation, green prescription, social prescribing, self-management courses)?
RSRCO2A	What are the waiting times for these services and are you and your practice using them appropriately?

RSRCO3A Are there transport services available in my community?

Holistic Approach

RSRHA1A How are the Doherty's managing at home and with the farm as they grow older?
RSRHA2A What support systems to the Doherty's have?
RSRHA3A Are there any particular challenges involved (e.g. physical isolation)?
RSRHA4A How could I address Mrs Doherty's feelings about becoming a grandmother?
RSRHA5A How are my time-management skills?

Contextual Features

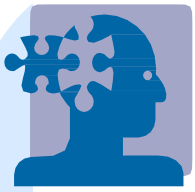
RSRAC1A Does my practice have systems for management of chronic conditions in primary care?
RSRAC2A Do I have the resources to provide care for chronic conditions?
RSRAC3A Are there particular access difficulties in my practice's area?
RSRAC4A What impact might running late in this consultation have?

Attitudinal Features

RSRAA1A How do I feel about the management of chronic disease taking place in general practice?
RSRAA2A How do I feel about how resourcing of services affect you, the practice and the people of the community?
RSRAA3A How do I feel about illness that is related to a person's lifestyle choices, e.g. smoking?
RSRAA4A How will I reconcile these feelings with providing a professional service for Mrs Doherty?

Scientific Features

RSRAS1A Am I aware of up-to-date, evidence-based guidance for managing COPD?
RSRAS2A Am I familiar with self-management and self-efficacy as concepts in the management of chronic conditions?
RSRAS3A Am I aware of the incidence of multimorbidity in this age-group and its impact?
RSRAS4A Am I aware of local guidelines regarding sensitivities and antibiotic prescribing?



Learning Outcomes

The following learning outcomes demonstrate the core competences in this subject. You will require knowledge, skills and attitudes in the following areas:

1. Primary Care Management

This area of competence is about how you manage your contact with patients, dealing competently with any and all problems that are presented to you. (This area of competence is not limited to dealing with the management of the practice.) As a GP you should be able to:

RSLPM1A Describe the systems of care for respiratory conditions, including the roles of primary and secondary care, shared care arrangements, multidisciplinary teams and the person's own involvement
RSLPM2A Accept the role of the GP in leading effective and appropriate acute and chronic respiratory disease management including prevention and rehabilitation

RSLPM3A Accept the role of the GP as an advocate for the patient
RSLPM4A Describe primary care resources and when to refer to secondary care so that people receive appropriate treatment
RSLPM5A Record data appropriately
RSLPM6A Recognise the role of disease registers, data recording templates and recall and reminder systems in the audit of performance for optimum care
RSLPM7A Demonstrate an understanding of the need to co-ordinate care with other health professionals (e.g. smoking cessation, pulmonary rehabilitation, self- management services), leading to effective and appropriate management including prevention and rehabilitation
RSLPM8A Be aware of local, alternative referral resources such as GPs with a Special Interest (GPwSIs), specialist nurse practitioners, 'expert patients' or self- management courses
RSLPM9A Delegate elements of planned chronic respiratory disease care to other members of the primary care team as appropriate
RSLPM10A Demonstrate the ability to refer appropriately

2. Person Centred Care

This area of competence is about understanding and relating to the context of your patients as individuals, and developing the ability to work in partnership with them. A GP should;

RSLPC1A Assist people to adopt appropriate self-treatment and coping strategies for respiratory illness
RSLPC2A Create appropriate self-management plans for people with respiratory disease
RSLPC3A Recommend appropriate educational material and strategies
RSLPC4A Assess your practice's accessibility for those with respiratory disease
RSLPC5A Demonstrate the ability to communicate disease prognosis and complex medical management strategies to people and their relatives
RSLPC6A Guide people towards information on referral options, social services and patient support groups

3. Specific Problem Solving

This area of competence is about the context-specific aspects of general practice, dealing with early and undifferentiated illness and the skills you need to tolerate uncertainty. As a GP you should be able to;

RSLSP1A Formulate a differential diagnosis
RSLSP2A Create an appropriate investigation and treatment plan
RSLSP3A Identify inherited respiratory conditions (e.g. α1-antitrypsin deficiency)
RSLSP4A Accept the role of the GP in the management of vaccinations
RSLSP5A Diagnose and manage the following conditions
- **RSLSP5.1A** Acute bronchitis
- **RSLSP5.2A** Allergic Rhinitis
- **RSLSP5.3A** Aspergillosis
- **RSLSP5.4A** Asthma
- **RSLSP5.5A** Bronchiectasis
- **RSLSP5.6A** Chronic Obstructive Pulmonary Disease
- **RSLSP5.7A** Cough
- **RSLSP5.8A** Cyanosis
- **RSLSP5.9A** Dyspnoea
- **RSLSP5.10A** Lower Respiratory Tract Infections

RSLSP5.11A Lung Cancer
RSLSP5.12A Occupational Lung Disease
RSLSP5.13A Obstructive Sleep Apnoea
RSLSP5.14A Pleural Effusion
RSLSP5.15A Pneumonia
RSLSP5.16A Pneumothorax
RSLSP5.17A Pulmonary Embolus
RSLSP5.18A Pulmonary Fibrosis
RSLSP5.19A Sarcoidosis
RSLSP5.20A Tuberculosis
RSLSP5.21A Upper Respiratory Tract Infections
RSLSP5.22A Viral Respiratory Infections
RSLSP5.23A Wheeze

RSLSP6A Recognise acute severe respiratory illness
RSLSP7A Recognise alarm symptoms and signs for respiratory cancer that necessitate fast-track referral
RSLSP8A Take an appropriate respiratory history, including family, occupational and drug history
RSLSP9A Perform an appropriate respiratory clinical examination
RSLSP10A Demonstrate an understanding of the effective use of drug therapy
RSLSP11A Perform and interpret investigations appropriately
RSLSP12A Perform and interpret peak flow
RSLSP13A Perform and interpret spirometry
RSLSP14A Demonstrate nebuliser use
RSLSP15A Perform assessment of inhaler technique
RSLSP16A Perform BMI measurement
RSLSP17A Perform pulse oximetry

4. Comprehensive Approach

This area of competence is about how you as a general practitioner must be able to manage co-morbidity, coordinating care of acute illness, chronic illness, health promotion and disease prevention in the general practice setting. As a GP you should be able to;

RSLCA1A Make use of knowledge of common respiratory disease co-morbidities (e.g. cardiovascular disease, lung cancer, osteoporosis, diabetes, depression)
RSLCA2A Make use of the association between atopy and respiratory disease
RSLCA3A Accept how multimorbidity will influence the management of existing disease and may delay the early recognition of clinical patterns
RSLCA4A Accept the role of the GP in respiratory health promotion and disease prevention including occupational health and avoiding exposure to unnecessary chemicals

5. Community Orientation

This area of competence is about the physical environment of your practice population, and the need to understand the interrelationship between health and social care, and the tensions that may exist between individual wants and needs and the needs of the wider community. As a GP you should be able to:

RSLCO1A Accept the role of the GP to notify infectious diseases

6. Holistic Approach

This area of competence is about your ability to understand and respect the values, culture, family structure and beliefs of your patients, and understand the ways in which these will affect the experience and management of illness and health. As a GP you should be able to:

RSLHA1A Acknowledge the impact on quality-of-life, social and psychological wellbeing that respiratory illness can have and how it can also impact on the family, friends and work

RSLHA2A Acknowledge the importance of exercise, and the benefits of peer group support in all types of respiratory disease

Essential Features

The three essential features (EFs) below are concerned with the features of you as a doctor which may influence your ability to apply the core competences to real life in the work setting.

7. Contextual Features

This essential feature is about understanding your own context as a doctor and how it may influence the quality of your care. Important factors are the environment in which you work, including your working conditions, community, culture, financial and regulatory frameworks. A GP should:

RSLAC1A Describe the current population trends for lung disease with respect to age, ethnicity, occupation and socio-economic status

RSLAC2A Be aware of cultural and other factors that might affect care

8. Attitudinal Features

This essential feature is about your professional capabilities, values, feelings and ethics and the impact these may have on your patient care. A GP should:

RSLAA1A Accept the concept of the multidisciplinary team approach

RSLAA2A Accept the responsibility of the GP to practice evidence-based medicine

RSLAA3A Exemplify a sensitive approach towards people and their families

9. Scientific Features

This essential feature is about the need to adopt a critical and evidence-based approach to your work, maintaining this through continuing professional development and lifelong learning. A GP should:

RSLAS1A Make use of evidence-based guidelines for managing respiratory disease

RSLAS2A Make use of local guidance regarding sensitivities and antimicrobial prescribing

RSLAS3A Recognise key health policies and strategies that influence healthcare provision for chronic disease

Resources

In the following section you will find ICGP resources. All resources below are subject to the terms and conditions in appendix 3. All weblinks cited 2nd October 2019. In addition to this section the ICGP Library Catalogue is searchable for all ICGP material and ICGP Journals offers online journals via Full Text Finder.

ICGP – Quick Reference Guide

- Holohan J, Manning P, Nolan D. Asthma Control in General Practice Quick Reference Guide. 2013.
- Bradley, C. Repeat Prescribing Quick Reference Guide. 2013.
- Owens M, McCarthy T, O'Connor M. COPD Management Quick Reference Guide. 2009.

ICGP – eLearning (Not available at time of curriculum publication 2/10/19, please check https://www.icgpeducation.ie for updates)

- Allergic Rhinitis
- Asthma
- COPD

ICGP – Forum (Please log-in to the ICGP website on your browser before clicking the links)

- Fox L, Kelly A, O'Reilly KMA. Clinical Review: The breathless patient: when to suspect pulmonary fibrosis. 2018 Feb; 35 (1): 42-43.
- Mitchell D. Clinical Review: Prolonged bacterial bronchitis: a commonly neglected condition. 2017/2018 Dec/Jan; 34 (11): 53-54.
- Kaulsay R. Clinical Review: Update on the treatment of allergic rhinitis. 2017 Apr; 34 (4): 45-46.
- McCullagh B. Clinical Review: Pulmonary hypertension: a changing landscape. 2016 May; 33(5):41-43.
- The Respiratory Assessment Unit of St. Jame's Hospital, Dublin. Distance Learning module: COPD: from diagnosis to end of life. 2015 Sept; 32 (8).
- Shah W, Butler MW. Distance Learning Module: Respiratory Illness: Asthma-COPD overlap syndrome. 2015 Apr; 32 (4).
- Carter S, McDonnell T. Distance Learning Module: Respiratory disease: Treatment options in COPD. 2014 Oct; 31 (9).
- Sheane A, Kooblall M, Lane S, Moloney E. Distance Learning Module: Respiratory Illness: Spirometry in general practice. 2014 May; 31(5).
- Fenton J. Distance Learning Module: Respiratory Medicine: Allergic Rhinitis. 2014 Apr; 31 (4).
- Lane S. Distance Learning Module: Respiratory Medicine: Allergy Immunotherapy. 2013 May; 30 (5).

External Resources

In this section you will find external resources. All resources below are subject to the terms and conditions in appendix 3.

- Website(s);
  - British Thoracic Society. Available here: www.brit-thoracic.org.uk
  - Cycle of Care Asthma – Under 6 GP Contract. Available here: https://www.hse.ie/eng/about/who/gmscontracts/under6gpcontract/
  - Global Initiative for Chronic Obstructive Lung Disease (GOLD) Guidance. Available here: www.goldcopd.com
  - Global Initiative for Asthma (GINA) Guidance. Available here: https://ginasthma.org/
  - Irish Thoracic Society. Available here: http://irishthoracicsociety.com/
  - Health Service Executive (HSE), [HealthLink eReferral Preferential over form] Lung cancer GP Referral Guideline and referral form, 2012[†1]. Date Accessed; 28th August 2020. Available

here:https://www.hse.ie/eng/services/list/5/cancer/profinfo/resources/gpreferrals/gp-lung-referral-form-and-guidelines.html

Community Resources

In this section you will find training resources recommended by those in the training community and recent graduates. All resources below are subject to the terms and conditions in appendix 3.

Want to contribute to the Community Resources?

Please email curriculum@icgp.ie . Internal CPD points for submissions: click to record.
Published submissions acknowledged by letter from the ICGP.
Contributors above;
†1: Dr Brian Hannon. GP (2016 - TCD/HSE GP Training Scheme Graduate).

Self-Assessment

These resource(s) are a sample of those available to all with an OpenAthens account (all HSE employees which includes GP trainees), many of which include self-assessments. Please note these are UK resources, and some differences from Irish primary care can exist.

- Primary care symptoms: chronic cough in an adult. BMJ Learning. 2017.
- Community acquired pneumonia: diagnosis and management. BMJ Learning. 2018.

References

1. Simpson CR, Helms PJ, Taylor MW, Baxter-Jones AD. Respiratory morbidity in primary care. A population based study, using practices from the Scottish Continuous Morbidity Recording Research Database. *Health Bulletin* 2000; 58(6):489-96.

10. Neurology

Assessments

This chapter was deemed to have been poorly answered in prior ICGP assessments; CCT; 2017, 2016, 2015

CPD

Using the curriculum for a tutorial?

New (2018) up 5 hours of internal credits for in-practice tutorials not recorded elsewhere.

Introduction

Neurological problems are a common presentation in GP surgeries. Patients presenting with symptoms often have specific concerns about how their symptoms may impact on their future lifestyle.[1] These consultations need specific skill in history taking examination and clinical management. It is important to recognise that neurological conditions often affect patients during their working lives and consequently have a large impact on the family's social and economic well-being. There may be a stigma associated with their neurological disease and disability, and this may differ in different communities and cultures. One third of new referrals to general neurology clinics have symptoms that are poorly explained by identifiable organic disease. These patients are disabled and distressed.[2]

Grounded theory research has shown that doctors feeling awkward or lost without a diagnostic framework and need additional help in managing these consults.[3]

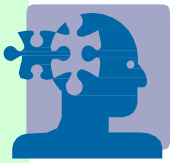
As a GP it is important to know the sources of help and support that are available in the local community for people with neurological disabilities.

Case Vignette

Marie, who is 34, presents with a history of recurrent episodes of feeling weak and almost fainting. These tend to occur in the morning after showering but have occurred at other times of the day. She discussed this with you 18 months ago and saw a cardiologist subsequently who felt the episodes were vasovagal in nature. Today she reports that she is increasingly worried about these episodes. They are occurring more frequently and now happen once a fortnight. They still tend to occur in the morning and she doesn't feel quite right for the rest of the day. They are associated with a feeling of déjà vu before she feels weak and has to sit down. She has never lost consciousness.

She is otherwise well. She has no significant past or family history. She is married with two children aged 3 and 6. She lives 2 miles outside the town and drives her children to school and their child minder on school mornings. She then goes on to work. She works part time, which enables her to be back to pick up her daughter from school. She describes her life as busy and can feel pressurized to get back to school on time. Overall she feels happy with her life style choices. She has good supports from her husband and her parents who live nearby.

How would you proceed with the management of this case?



Reflective Questions

Mapping the competencies of general practice to this case.
To help you understand how the GP curriculum can be applied to this case, ask yourself the following questions:

Primary Care Management

NERPM1A	How does my practice manage hospital correspondence? Is information efficiently incorporated into patient's records?

Person-centered care

NERPC1A	What communication skills could I use to help Marie explore her symptoms more?
NERPC2A	How do I communicate that the feeling of déjà vu means that these episodes are most likely complex partial seizures, which have driving restrictions.

Specific Problem Solving

NERSP1A	How do I communicate that the feeling of déjà vu means that these episodes are most likely complex partial seizures, which have driving restrictions.

Comprehensive Approach

NERCA1A	How do I address the fact that my initial working diagnosis was wrong?
NERCA2A	Does Marie have confidence in my clinical skills?

Community Orientation

NERCO1A	How would I manage the situation if Marie refused to stop driving and posed a risk to other road users?

Holistic Approach

NERHA1A	How do I support Marie in dealing with this diagnosis? Are there any local or national resources that I can refer her to?

Contextual Features

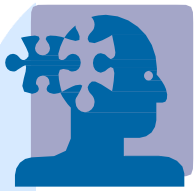
NERAC1A	What is the waiting time to access local neurology services?
NERAC2A	How could I advocate for Marie to try to get her seen soon?

Attitudinal Features

NERAA1A	How do I feel about my initial working diagnosis being wrong?
NERAA2A	How does this impact on my interaction with Marie today?

Scientific Features

NERAS1A	What effect do medications have on the management of partial seizures?
NERAS2A	What do I need to do to confirm the diagnosis?



Learning Outcomes

The following learning outcomes demonstrate the core competences in this subject. You will require knowledge, skills and attitudes in the following areas:

1. Primary Care Management

This area of competence is about how you manage your contact with patients, dealing competently with any and all problems that are presented to you. (This area of competence is not limited to dealing with the management of the practice.) As a GP you should be able to:

NELPM1A Take an appropriate history and perform an accurate and efficient neurological exam.

NELPM2A Explain common neurological conditions to patients in a way that addresses the patient's ideas and concerns about the condition.

NELPM3A Manage palliative care for the terminal stages of certain neurological conditions.

NELPM4A Manage the specific care needs of patients with brain injury or severe mobility impairment and work as part of a multi- disciplinary team in delivery this care.

2. Person Centred Care

This area of competence is about understanding and relating to the context of your patients as individuals, and developing the ability to work in partnership with them. A GP should;

NELPC1A Elicit patients' ideas concerns and expectation when they present with a problem and agree a shared management plan that reflects best use of resources.

NELPC2A Recognize that muscular headaches and certain altered sensations can be in response to psychological distress. Explain and develop a shared management plan with the patient on how to manage these distressing symptoms.

NELPC3A Communicate prognosis, including any uncertainties, truthfully and sensitively to patients with disabling neurological conditions such as Parkinson's disease and multiple sclerosis

NELPC4A Demonstrate empathy and compassion towards patients with disabling neurological conditions

NELPC5A Understand the importance of continuity of care for patients with chronic neurological conditions

3. Specific Problem Solving

This area of competence is about the context-specific aspects of general practice, dealing with early and undifferentiated illness and the skills you need to tolerate uncertainty. As a GP you should be able to;

NELSP1A Know the epidemiology of common and/or important neurological conditions such as epilepsy, headache and facial pain syndromes, brain infections, neurological causes of vertigo, spinal cord disease, spinal root compression/irritation, peripheral neuropathies, multiple sclerosis, motor neurone disease, Parkinson's disease and common and/or important movement disorders, brain tumours, and common and/or important inherited and congenital conditions

NELSP2A Know the functional anatomy of the nervous system relevant to diagnosis

NELSP3A Perform and understand the limitations of a screening neurological examination

NELSP4A Know red flag symptoms and how to elicit same, and to be able to formulate a management plan.

NELSP5A Know the indications for referral to a neurologist for chronic conditions that require ongoing specialist management and conditions that require early treatment to avoid permanent deficit

4. Comprehensive Approach

This area of competence is about how you as a general practitioner must be able to manage co-morbidity, coordinating care of acute illness, chronic illness, health promotion and disease prevention in the general practice setting. As a GP you should be able to;

NELCA1A Understand the quality of life implications that arise for patients with chronic conditions such as multiple sclerosis and motor neuron disease

NELCA2A Offer vaccination where relevant

NELCA3A Offer counselling about investigating people with a family history of genetic neurological disease or epilepsy medication including drug interactions, side effects and contraceptive and pregnancy advice

5. Community Orientation

This area of competence is about the physical environment of your practice population, and the need to understand the interrelationship between health and social care, and the tensions that may exist between individual wants and needs and the needs of the wider community. As a GP you should be able to:

NELCO1A Co-ordinate care with other primary care health professionals to enable chronic disease management and rehabilitation

6. Holistic Approach

This area of competence is about your ability to understand and respect the values, culture, family structure and beliefs of your patients, and understand the ways in which these will affect the experience and management of illness and health. As a GP you should be able to:

NELHA1A Understand and relate to your patients as individuals and develop an ability to formulate shared management plans.

NELHA2A Recognise that neurological conditions often affect patients during their working lives and consequently have a large impact on the family's social and economic well-being

NELHA3A Recognise the stigma associated with neurological disease and disability, and how this may differ in different communities and cultures

Essential Features

The three essential features (EFs) below are concerned with the features of you as a doctor which may influence your ability to apply the core competences to real life in the work setting.

7. Contextual Features

This essential feature is about understanding your own context as a doctor and how it may influence the quality of your care. Important factors are the environment in which you work, including your working conditions, community, culture, financial and regulatory frameworks. A GP should:

NELAC1A Understand the resources available in your locality for people with neurological disabilities.

8. Attitudinal Features

This essential feature is about your professional capabilities, values, feelings and ethics and the impact these may have on your patient care. A GP should:

NELAA1A To recognize any doctor frustrations in detailing with conditions that have poor treatment outcomes.

NELAA2A To recognize any attitudes regarding patients who may not comply with treatment plans and, once recognised, then modify same, to ensure they do not adversely affect the patient's progress to optimal outcome.

NELAA3A Ensure that a patient's neurological disability does not prejudice your attitude towards, or the information communicated to, the patients

9. Scientific Features

This essential feature is about the need to adopt a critical and evidence-based approach to your work, maintaining this through continuing professional development and lifelong learning. A GP should:

NELAS1A Be aware of the driving restrictions that apply to certain neurological conditions and be able to explain the reasons for them to patients.

NELAS2A Be aware of guidelines (e.g. NICE guidelines) that influence healthcare provision for neurological problems

NELAS3A Understand how to access up-to-date information on the management of neurological conditions

Resources

In the following section you will find ICGP resources. All resources below are subject to the terms and conditions in appendix 3. All weblinks cited 2nd October 2019. In addition to this section the ICGP Library Catalogue is searchable for all ICGP material and ICGP Journals offers online journals via Full Text Finder.

ICGP – Quick Reference Guide

- Daly M (ed), Moran N, Moriarty T. Epilepsy and Women: Quick Reference Guide. 2016. (Under Review)
- Foley T, Swanwick G. Dementia - diagnosis and management in general practice. 2014.
- Kearney M, Ruttledge M, Tomkins E. Migraine: Diagnosis and Management from a GP Perspective 2019.

ICGP – eLearning (Not available at time of curriculum publication 2/10/19, please check https://www.icgpeducation.ie for updates)

- Dementia
- Parkinson's Disease

ICGP – Forum (Please log-in to the ICGP website on your browser before clicking the links)

- O'Sullivan E. Distance Learning Module: Migraine: diagnosis and treatment. 2018 Apr; 35 (3).
- Roberts K, Murphy S. Distance Learning Module: Neurological disease: Multiple sclerosis. 2017 Jan; 34 (1).
- Wallace D, Asghar M, Lyons D. Clinical Review: Managing sleep-related disorders in primary care. 2016 Mar; 33 (3): 40-42.
- O'Connor R, Mullen J, Carroll B, Garrett G, et al. Research: Psychosocial aspects of epilepsy in Ireland. 2016 Mar; 33 (3): 52-54.
- Nic Con Iomaire A, Gallagher A. Clinical Review: Combining therapy in Alzheimer's disease. 2015 Oct; 32(9): 38-40.

- Cotter M, Staunton C, Mulroy M. Clinical Review: Modern approaches to dealing with dementia. 2015 May; 32 (5): 35-36.
- Jackman L, Roche-Nagle R. Clinical Review: Concussion must be taken seriously. 2015 Mar; 32 (3): 46-47.
- Crowe C. Clinical Review: Recognising narcolepsy post-H1N1 vaccination. 2014 Mar; 31 (3): 44-46.
- Khan S, Browne P, Counihan T. Clinical Review: Nutritional issues in Huntington's disease. 2013 Jan; 30 (1): 34-35.

External Resources

In this section you will find external resources. All resources below are subject to the terms and conditions in appendix 3.

- Website(s);
  - Epilepsy Society. Available here: https://www.epilepsysociety.org.uk/
  - Motor Neurone Disease (MND) Association. Available here: www.mndassociation.org
  - Multiple Sclerosis Trust. Available here: http://www.mstrust.org.uk/
  - NICE (National Institute of Clinical Excellence) Guidance – Neurological Conditions. Available here: https://www.nice.org.uk/guidance
  - Parkinsons's UK. Available here: www.parkinsons.org.uk
  - RSA Guidelines - Sláinte agus Tiomáint. Available here: http://www.rsa.ie/RSA/licensed-Drivers/Safe-driving/Medical-Issues/

Community Resources

In this section you will find training resources recommended by those in the training community and recent graduates. All resources below are subject to the terms and conditions in appendix 3.

- Website(s);
  - Concussion Management Guidelines for Gaelic Games†1. Available here: https://learning.gaa.ie/sites/default/files/GAA%20Concussion%20Management%20Guidelines%20February%202018.pdf
  - A Guide to Concussion in Rugby Union†1. Available here: https://www.irishrugby.ie/playing-the-game/medical/irfu-concussion-protocols/
  - Football Association of Ireland: Summary Concussion Guidelines†1. Available here: http://www.fai.ie/domestic/clubs-leagues-affiliates/concussion

Want to contribute to the Community Resources?

Please email curriculum@icgp.ie . Internal CPD points for submissions: click to record.
Published submissions acknowledged by letter from the ICGP.
Contributors above;
†1: Dr Ronan Kearney. RCSI/Dublin North East TS.

Self-Assessment

These resource(s) are a sample of those available to all with an OpenAthens account (all HSE employees which includes GP trainees), many of which include self-assessments. Please note these are UK resources, and some differences from Irish primary care can exist.

- Quick neurological exam for primary care. BMJ Learning. 2017.

- Epilepsy: diagnosis and management in primary care. BMJ Learning. 2018.

References

1. The Dublin Neurological Society. Available here: http://www.neurologicalinstitute.ie/about-the-neurological-institute
2. Carson AJ, Ringbauer B, Stone J, McKenzie L, Warlow C, Sharpe M. Do medically unexplained symptoms matter? A prospective cohort study of 300 new referrals to neurology outpatient clinics. *J Neurol Neurosurg Psychiatry.* 2000 Feb; 68(2): 207-10.
3. Stone L. Making sense of medically unexplained symptoms in general practice: a grounded theory study. *Ment Health Fam Med.* 2013 Jun; 10(2): 101-11.

11. Musculoskeletal Health

Assessments

This chapter was deemed to have been poorly answered in prior ICGP assessments; MEQ; 2016. CKT; 2017, 2016, 2014.

CPD

Using the curriculum for a tutorial?

New (2018) up 5 hours of internal credits for in-practice tutorials not recorded elsewhere.

Introduction

Musculoskeletal problems are common in general practice: The SLAN report estimated that in 2010 almost 12% of Irish adults had clinically diagnosed lower back pain or a chronic back condition in the previous 12 months[1]. The PRIME study in 2011 reported a prevalence of 35% for chronic pain with low back pain accounting for almost half that figure. [2]

Musculoskeletal conditions may result from a wide range of processes including injury, inflammation, infection, metabolic or endocrinological conditions and the normal aging process.

It includes common ailments such as whiplash, back and buttock pain where findings on radiological investigation do not often correlate strongly with the clinical presentation, requiring a detailed clinical examination to assess biomechanical dysfunction and to interpret referred pain patterns.

Research evidence supports the effectiveness of simple positive approaches for many patients and GPs should encourage appropriate self-care [3&4].

Awareness of the psychological and social dimensions of chronic pain and disability is essential in the management of musculoskeletal conditions. Links between medical practitioners and allied health disciplines such as physiotherapy and occupational therapy are also important.

Early diagnosis and treatment of inflammatory arthritis has a major impact on long-term outcome. Hence prompt referral for specialist care is essential if clinical suspicion of inflammatory arthritis arises [5].

Case Vignette

Jack, 50 years of age, is a health care assistant in the local hospital. He presents after an accident in the hospital with right shoulder and neck pain. The accident occurred after transferring a patient from a trolley to their bed. He has developed pain in his right shoulder over the past couple of days that is progressively worsening and now wakes him from sleep if he rolls onto that side. He feels that it is getting worse as the right side of his neck is now also painful. He expresses concern that he might be developing a long term problem and whether this will have an impact on his job?

He is otherwise well, with mild hypertension and a history of low back pain. On examination his blood pressure is high and he is overweight. He has an element of pain consistent with rotator cuff injury and tendonitis. He wants to know can you sign him off work for a while and what his treatment options are. He asks how this could have been avoided.

Reflective Questions

Mapping the competencies of general practice to this case.
To help you understand how the GP curriculum can be applied to this case, ask yourself the following questions:

Primary Care Management

MSRPM1A What are the differential diagnoses for Jack's symptoms? What is the diagnosis likely to be?

MSRPM2A What options do I have in treating this problem? What follow-up arrangements would I make?

Person Centred Care

MSRPC1A What would help Jack to return to work in an appropriate time? How might I negotiate any conflict over time off work?

MSRPC2A How do his co-morbid conditions affect his options? How do his symptoms impact on his quality of life?

Specific Problem Solving

MSRSP1A Are there aspects of Jack's case that may cause concern about a possible poor prognosis for improvement?

MSRSP2A What place might investigations have in this situation?

Comprehensive Approach

MSRCA1A What self-care and health promotion advice might I provide to Jack on this occasion?

MSRCA2A How might I manage Jack's potential lifestyle changes?

Community Orientation

MSRCO1A What are the advantages of a community physiotherapy service? How might I go about

referring to one? How long are waiting lists?

MSRCO2A What other options might I have in managing musculoskeletal disease in the community?

Holistic Approach

MSRHA1A What steps could I take to facilitate continuity of care for Jack? How might Jack's problem impact upon the health of his family?

MSRHA2A Jack has been using some remedies obtained from a local health shop. He asks if it is safe to take these along with the medication prescribed. How will I respond?

Contextual Features

MSRAC1A What provision might my practice make for patients and staff with musculoskeletal disorders?

MSRAC2A Jack requests referral for a specialist opinion. How will I respond to this request?

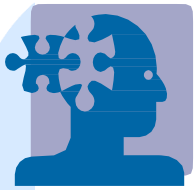
Attitudinal Features

MSRAA1A What is my own attitude towards people who I believe are falsifying or exaggerating their musculoskeletal symptoms? How do I feel about giving sick notes for an extended period of time?

Scientific Features

MSRAS1A What barriers might I face in providing good quality care for my patients?

MSRAC2A What guidelines are available to help manage problems presented?



Learning Outcomes

The following learning outcomes demonstrate the core competences in this subject. You will require knowledge, skills and attitudes in the following areas:

1. Primary Care Management

This area of competence is about how you manage your contact with patients, dealing competently with any and all problems that are presented to you. (This area of competence is not limited to dealing with the management of the practice.) As a GP you should be able to:

MSLPM1A Demonstrate how to take a comprehensive history including identification of urgent and emergency conditions ("red flags")

MSLPM2A Demonstrate thorough examination of the musculoskeletal system including identifying dysfunctions, special physical tests and their interpretation

MSLPM3A Recognise conditions that benefit from early referral for surgical intervention (e.g. ruptured Achilles tendon, internal derangement of knee, massive rotator cuff tear)

MSLPM4A Recognise where there is a need for a multi-disciplinary approach, including the use of local chronic pain services

MSLPM5A Understand legal requirements in report writing and in providing evidence in court as an expert witness (including limitations of role of trainee in this regard)

MSLPM6A Understand the primary care management of regional pain syndromes such as osteoarthritis, back pain and fibromyalgia

MSLPM7A Understand the primary care management of gout and polymyalgia rheumatic

MSLPM8A Understand the primary care management of regional soft-tissue problems e.g. tennis elbow, carpal tunnel syndrome

MSLPM9A Understand the primary care management of bone disorders, including primary and secondary prevention of osteoporosis and fragility fracture

MSLPM10A Understand the need to consider rare conditions such as connective tissue disease which may present with non-specific symptoms

MSLPM11A Understand the range of musculoskeletal conditions that present at different ages of childhood

MSLPM12A Understand the variations of normality in childhood musculoskeletal development

MSLPM13A Understand need to remain vigilant to the possibility of abuse in presentation of musculoskeletal injury

MSLPM14A Assume responsibility for confidentiality and communication with stakeholders to whom patient has given permission to disclose information e.g. insurance companies and rehabilitation providers.

2. Person Centred Care

This area of competence is about understanding and relating to the context of your patients as individuals, and developing the ability to work in partnership with them. A GP should;

MSLPC1A Demonstrate effective communication with the patient including listening to the patient's use of language and exploration of subjective nature of pain and of possible psycho-social stressors

MSLPC2A Demonstrate shared-decision making with the patient including delivery of health information and possible use of patient decision aids and addressing the patient's worrying thoughts around experience of pain

MSLPC3A Generate a comprehensive management plan including role of self- management, patient education and reassurance, medication, therapeutic exercises, rehabilitation, manual therapy, intra-articular injections and other regional techniques, psychological interventions and surgery

3. Specific Problem Solving

This area of competence is about the context-specific aspects of general practice, dealing with early and undifferentiated illness and the skills you need to tolerate uncertainty. As a GP you should be able to;

MSLSP1A Understand red flag symptoms of back pain that relate to infection, cancer, fracture, neurological compromise and inflammatory arthritis and the implications for pursing appropriate further investigation or emergency specialist consultation

MSLSP2A Understand the importance of screening for yellow flags and how the identification of psychosocial risk factors for poor outcome can influence patient management in the primary care setting.

MSLSP3A Understand the indications and limitations of radiography and other investigations

4. Comprehensive Approach

This area of competence is about how you as a general practitioner must be able to manage co-

morbidity, coordinating care of acute illness, chronic illness, health promotion and disease prevention in the general practice setting. As a GP you should be able to;

MSLCA1A Understand the need to monitor patients for potential complications of illness and presence of co-morbid conditions, including awareness of increased cardiovascular risk in patients with inflammatory arthritis,connective tissue disease and gout, and increased risk of fracture in patients with rheumatoid arthritis

MSLCA2A Understand use of long-term medications and issues with compliance, toxicity and the benefits and pit-falls of shared care prescribing of disease- modifying-anti-rheumatic drugs (DMARDs)

MSLCA3A Demonstrate familiarity with national referral guidelines and treatment thresholds including materials produced by HIQA (Health Technology Assessments of Clinical Referral or Treatment Thresholds for Selected Scheduled procedures)

5. Community Orientation

This area of competence is about the physical environment of your practice population, and the need to understand the interrelationship between health and social care, and the tensions that may exist between individual wants and needs and the needs of the wider community. As a GP you should be able to:

MSLCO1A Be aware of potential effects on patients where services are deficient and frequently have long waiting times.

6. Holistic Approach

This area of competence is about your ability to understand and respect the values, culture, family structure and beliefs of your patients, and understand the ways in which these will affect the experience and management of illness and health. As a GP you should be able to:

MSLHA1A Acknowledge the perception and experience of patients with pain whose primary challenge is to live with pain and its wide-ranging implications, including discomfort, distress, disempowerment and loss (including loss of employment)

Essential Features

The three essential features (EFs) below are concerned with the features of you as a doctor which may influence your ability to apply the core competences to real life in the work setting.

7. Contextual Features

This essential feature is about understanding your own context as a doctor and how it may influence the quality of your care. Important factors are the environment in which you work, including your working conditions, community, culture, financial and regulatory frameworks. A GP should:

MSLAC1A Recognise how your workplace facilitates access for people with disabilities

8. Attitudinal Features

This essential feature is about your professional capabilities, values, feelings and ethics and the impact these may have on your patient care. A GP should:

MSLAA1A Acknowledge the challenge posed by patients with pain who want to know the cause of pain, want resolution of their pain or who appear motivated towards non-medical goals such as insurance claims, drug seeking behaviour or avoidance of work.

9. Scientific Features

This essential feature is about the need to adopt a critical and evidence-based approach to your work, maintaining this through continuing professional development and lifelong learning. A GP should:

MSLAS1A Justify own attitudes to use of complementary therapy and use of opiates for chronic pain

Resources

In the following section you will find ICGP resources. All resources below are subject to the terms and conditions in appendix 3. All weblinks cited 2nd October 2019. In addition to this section the ICGP Library Catalogue is searchable for all ICGP material and ICGP Journals offers online journals via Full Text Finder.

ICGP – Quick Reference Guide

- HSE/ICGP Weight Management Treatment Algorithms.
- O Colmain A. Drugs and doping in sport: guidelines for general practitioners. 2015.
- O'Shea E. Communicating Risk to Patients: Quick Reference Guide. 2014.
- Bradley C. Repeat Prescribing Quick Reference Guide. 2013.

ICGP – eLearning (Not available at time of curriculum publication 2/10/19, please check https://www.icgpeducation.ie for updates)

- Pain Management - Low Back Pain
- Rheumatoid Arthritis
- Osteoporosis
- Promoting Physical Activity
- Addressing Childhood Overweight & Obesity

ICGP – Forum (Please log-in to the ICGP website on your browser before clicking the links)

- Brennan D, Polydoropoulos P, Murphy P. The best approach to managing fibromyalgia. 2018 Mar; 35 (2): 47-48.
- Anon. Clinical Review: Missed opportunities in hip fracture risk reduction. 2017 Oct; 34 (9): 52.
- O'Riordan J. Distance Learning Module: Back pain: Non-specific low back pain. 2017 Apr; 34 (4).
- O'Gradaigh D. Clinical Review: Fragility fractures and fracture prevention. 2017 Feb; 34 (2): 38-40.
- Latham J. Distance Learning Module: Rheumatology: Diagnosing and managing osteoporosis. 2016 Oct; 33(9).
- O'Riordan J. Distance Learning Module: Rheumatology: Managing osteoarthritis in general practice. 2016 Sept; 33 (8).
- Kelleher A. Clinical Review: Managing ankle sprains in general practice. 2016 Apr; 33 (4): 53-54.
- Ryan S, Wallace E. Clinical Review: Malignant spinal cord compression – early diagnosis is key. 2015 Apr; 32 (4): 49-51.
- McMenamin L, Meehan J. Clinical Review: Diagnosis and treatment of gout in primary care. 2013 Oct; 30 (10): 38-39.

External Resources

In this section you will find external resources. All resources below are subject to the terms and conditions in appendix 3.

No external resources available currently.

Community Resources

In this section you will find training resources recommended by those in the training community and recent graduates. All resources below are subject to the terms and conditions in appendix 3.

- Website(s);
  - OrthoInfo†1. Available here: https://orthoinfo.aaos.org/en/recovery
  - British Journal of Sports Medicine (BJSM) Videos†1. Available here: https://www.youtube.com/user/BJSMVideos
  - Rheumatology Toolbox – Webinar Recordings†2. Available here: https://rheumatologytoolbox.com/for-doctors/webinar-recordings/
  - Cappagh National Orthopaedic Hospital – Documents to Download †3. Available here: http://www.cappagh.ie/documents-download

Want to contribute to the Community Resources?

Please email curriculum@icgp.ie . Internal CPD points for submissions: click to record.
Published submissions acknowledged by letter from the ICGP.
Contributors above;
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†3: Dr Joanna Peart. North Dublin City TS.

Self-Assessment

These resource(s) are a sample of those available to all with an OpenAthens account (all HSE employees which includes GP trainees), many of which include self-assessments. Please note these are UK resources, and some differences from Irish primary care can exist.

- Musculoskeletal disorders. BMJ Learning.

References

1. Department of Health and Children. Survey of Lifestyle, Attitudes and Nutrition 2007. Dublin: Department of Health and Children; 2008.
2. Raftery MN, Sarma K, Murphy AW, De la Harpe D, Normand C, McGuire BE. Chronic pain in the Republic of Ireland--community prevalence, psychosocial profile and predictors of pain-related disability: results from the Prevalence, Impact and Cost of Chronic Pain (PRIME) study, part 1. *Pain.* 2011 May; 152(5):1096-103. doi: 10.1016/j.pain.2011.01.019. Epub 2011 Mar 29.
3. National Institute for Health and Clinical Excellence (NICE). Clinical Guideline: CG177. Osteoarthritis: care and management. London: NICE; 2014. Available here: https://www.nice.org.uk/guidance/cg177
4. National Institute for Health and Clinical Excellence (NICE). NICE Guideline: NG59. Low back pain and sciatica in over 16s: assessment and management. London: NICE; 2016. Available here: https://www.nice.org.uk/guidance/ng59
5. National Institute for Health and Clinical Excellence (NICE). NICE Guideline: NG100. Rheumatoid arthritis in adults: management. London: NICE; 2018. Available here: https://www.nice.org.uk/guidance/ng100

12. Endocrine Medicine

Assessments

This chapter was deemed to have been poorly answered in prior ICGP assessments; MEQ; 2015. CKT; 2017. CCT; 2017, 2016.

CPD

Using the curriculum for a tutorial?

New (2018) up 5 hours of internal credits for in-practice tutorials not recorded elsewhere.

Introduction

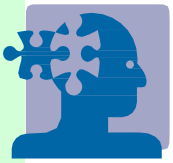
Ireland has an ageing population. The incidence and prevalence of endocrine disorders such as type 2 Diabetes is increasing. In 2010 it was estimated that more than 135,000 (8.9%) adults aged over 45 have diabetes in the country, and this is estimated to increase to 175,000 (9.1%) by 2020.[1] Similarly, clinical abnormalities of thyroid function are estimated to affect more than 5% of individuals during their lifetime.[2]

The vast majority of care for patients with endocrine disorders is undertaken in Primary Care.[3] The importance of early diagnosis can't be understated as delay in diagnosis is associated with increased morbidity and mortality. As a general practitioner (GP) you should have an understanding of how common endocrine or metabolic disorders such as diabetes mellitus, thyroid or reproductive disorders can present. Endocrine disorders are a varied and prevalent group and a GP needs always to be aware of them in the asymptomatic patient as well as those with vague symptoms or those with more classical presentations. Education[4] and shared decision making should play a central role in treatment planning. Biochemical tests can be diagnostic and often necessary for monitoring metabolic and endocrine diseases, so it is important for GPs to know which tests are useful in a primary care setting and how to interpret these tests and understand their limitations. With a large number of therapeutic agents available for treating, this is an area that can be very challenging.

As GPs, we must be cognisant that often people with endocrine disorders will often have co-morbid mental health disorders, indeed depression is more common in people with diabetes than in the general population.[5] GPs should appreciate the health and medical consequences of obesity including malnutrition, increased morbidity and reduced life expectancy, and have an understanding of the social, psychological and environmental factors underpinning it. We need to be aware of the number of allied health professionals who are invaluable in the management of patients with endocrine disorders.

Case Vignette

Peter, a 50 yr old, obese, bus driver recently attended the surgery with frequency and nocturia. He had not noticed any other symptoms, although he has been a bit thirsty and tired which he puts down to the hot weather and long shifts. Hehas not lost any weight. He has a history of Hypertension and is on Ramipril 10mg daily. He is Married, two children, one married last year and one at university. He has a sedentary lifestyle due to long shifts. Smoker-15 cigs/day and drinks very little alcohol. He is concerned this may be his prostate.



Reflective Questions

Mapping the competencies of general practice to this case.
To help you understand how the GP curriculum can be applied to this case, ask yourself the following questions:

Primary Care Management

EMRPM1A	What are the clinical issues that I will address during this initial consultation? Eg potential diagnosis of diabetes, smoking cessation, diet and lifestyle, assessment for evidence of prostate disease?
EMRPM2A	What diagnostics are available to me in my practice?
EMRPM3A	What local referral pathways are open to me on confirmation of diagnosis?
EMRPM4A	Who can I utilise in terms of allied health professionals to optimise Peter's Management?
EMRPM5A	What national screening programmes are in place for people with diabetes and how do we access them?
EMRPM6A	When I request a test, how can I be sure that the result is followed up? What protocols and systems are in place in my practice?

Person Centred Care

EMRPC1A	How effective am I at acknowledging and addressing Peter's concerns while at the same time ensuring that address the other clinical issues that this consultation has raised?
EMRPC2A	How will a diagnosis of diabetes effect Peter in terms of work and licensing laws? Does patient confidentiality play a role here?
EMRPC3A	How can I empower Peter to take control of his health?
EMRPC4A	What can I do to develop a trusting Doctor Patient Relationship with Peter?

Specific Problem Solving

EMRSP1A	What further information would I like about Peter before completing the consultation?
EMRSP2A	How would I advise Peter going home today, pending results of diagnostic tests?
EMRSP3A	What resources are available to me to guide initiation of treatment following diagnosis, along with chronic care management going forward?

Comprehensive Approach

EMRCA1A	How do I balance health promotion and disease prevention with acute presenting issues for complex patients?
EMRCA2A	Am I aware of the circle of change and how to assess a patient's stage on it?

Community Orientation

EMRCO1A	What can I do as a GP to address the issues of obesity and sedentary lifestyle in my community?
EMRCO2A	How can I bring health promotion into my every day practice?
EMRCO3A	How can I ensure that those in at risk groups eg those with mental health issues and minority groups get equal access to health promotion?

Holistic Approach

EMRHA1A	Am I mindful of Peter's fears and worries in terms of his potential new diagnosis?
EMRHA2A	Am I open to addressing Peter's psychological or social issues in a collaborative way?

Contextual Features

EMRAC1A What are the challenges in my practice when dealing with the needs of my complex patients?

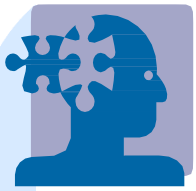
EMRAC2A What legal issues may arise in this case, e.g. regarding driving regulations or release of medical records for insurance policies and claims?

Attitudinal Features

EMRAA1A Am I aware of my own strengths and limitations when dealing with lifestyle issues and their effect on health with my patients?

Scientific Features

EMRAS1A Am I aware of and following national and international best practice guidelines?



Learning Outcomes

The following learning outcomes demonstrate the core competences in this subject. You will require knowledge, skills and attitudes in the following areas:

1. Primary Care Management

This area of competence is about how you manage your contact with patients, dealing competently with any and all problems that are presented to you. (This area of competence is not limited to dealing with the management of the practice.) As a GP you should be able to:

EMLPM1A Demonstrate a knowledge of the use and limitations of the investigations available in Primary Care

EMLPM2A Apply an understanding of the cycle of change to lifestyle interventions

EMLPM3A Diagnose and manage Endocrine emergencies in the Primary Care setting, eg hypoglycaemia, DKA, HONC and Addisonian Crisis

EMLPM4A Organise members of the multidisciplinary team in a patient focused manner

EMLPM5A Demonstrate the ability to communicate effectively with colleagues from a variety of health and social care professions

EMLPM6A Outline the National Screening programmes relevant to endocrine disorders

EMLPM7A Describe the referral pathways available to allow patients to access secondary care

EMLPM8A Explain the importance of the multidisciplinary approach to managing endocrine disorders

EMLPM9A Perform consultations and communicate effectively with patients, presenting information on complex endocrine disorders in an accessible manner

2. Person Centred Care

This area of competence is about understanding and relating to the context of your patients as individuals, and developing the ability to work in partnership with them. A GP should;

EMLPC1A Assess the impact of endocrine disorders on a patient's daily life

EMLPC2A Explain the importance of patient motivation in addressing endocrine disorders, especially type 2 diabetes

EMLPC3A Guide the patient and their family through decision making processes in terms of their care

EMLPC4A Recognise the role of the GP in empowering the patient to look after their own health

EMLPC5A Adopt practices that encourage patient autonomy and empowerment

3. Specific Problem Solving

This area of competence is about the context-specific aspects of general practice, dealing with early and undifferentiated illness and the skills you need to tolerate uncertainty. As a GP you should be able to;

EMLSP1A Intervene urgently when patients present with a metabolic emergency, e.g. hypoglycaemia and hyperglycaemic conditions.

EMLSP2A Recognise that patients with metabolic problems are frequently asymptomatic or have nonspecific symptoms, and that diagnosis is often made by screening or recognising symptom complexes and arranging appropriate investigations.

EMLSP3A Demonstrate a logical, incremental approach to investigation and diagnosis of metabolic symptoms.

EMLSP4A Combine available evidence based treatments to manage diabetes, including knowledge of the medications used such as insulin, DPP 4 inhibitors, SGLT2 inhibitors, GLP 1 agonists, along with treatments for cholesterol and hypertension

4. Comprehensive Approach

This area of competence is about how you as a general practitioner must be able to manage co-morbidity, coordinating care of acute illness, chronic illness, health promotion and disease prevention in the general practice setting. As a GP you should be able to;

EMLCA1A Appraise the GP's role in lifestyle modification and disease prevention, in the context of the individual and in society

EMLCA2A Recognise the role of acute and chronic conditions in a patient's clinical condition

EMLCA3A Perform health screening while managing presenting complaints and concerns

EMLCA4A Recognise that patients with diabetes often have multiple co-morbidities and consequently polypharmacy is common

EMLCA5A Develop strategies to simplify medication regimes and encourage concordance with treatment

EMLCA6A Advise patients appropriately regarding lifestyle interventions for obesity, diabetes mellitus, hyperlipidaemia and hyperuricaemia

5. Community Orientation

This area of competence is about the physical environment of your practice population, and the need to understand the interrelationship between health and social care, and the tensions that may exist between individual wants and needs and the needs of the wider community. As a GP you should be able to:

EMLCO1A Accept the GP's key role in managing endocrine disorders

EMLCO2A Recognise the limited resources available to General Practice, balancing individual's needs with those of the community

EMLCO3A Recognise that public health interventions are likely to have the largest impact on obesity and diabetes mellitus, and support such programmes where possible, e.g. fit clubs and walks

EMLCO4A Describe the exemptions from prescription charges for patients with metabolic conditions e.g. long term illness card

6. Holistic Approach

This area of competence is about your ability to understand and respect the values, culture, family structure and beliefs of your patients, and understand the ways in which these will affect the experience and management of illness and health. As a GP you should be able to:

EMLHA1A Accept the role of co-morbid mental health problems in people with metabolic problems

EMLHA2A Recognise the role of the biological, psychological and social aspects of an individual upon their health

EMLHA3A Recognise long-term metabolic problems, e.g. the risk of depression, sexual dysfunction, restrictions on employment and driving for diabetes

Essential Features

The three essential features (EFs) below are concerned with the features of you as a doctor which may influence your ability to apply the core competences to real life in the work setting.

7. Contextual Features

This essential feature is about understanding your own context as a doctor and how it may influence the quality of your care. Important factors are the environment in which you work, including your working conditions, community, culture, financial and regulatory frameworks. A GP should:

EMLAC1A Recognise how patient care is affected by the working conditions and resources available to the GP

EMLAC2A Empower patients to self-manage their condition, as far as is practicable

8. Attitudinal Features

This essential feature is about your professional capabilities, values, feelings and ethics and the impact these may have on your patient care. A GP should:

EMLAA1A Adapt a consultation style to respond to patient needs that also encourage patient autonomy and empowerment

EMLAA2A Adopt an active role in disease prevention

EMLAA3A Recognise the stigma associated with obesity

9. Scientific Features

This essential feature is about the need to adopt a critical and evidence-based approach to your work, maintaining this through continuing professional development and lifelong learning. A GP should:

EMLAS1A Practice an evidence based approach to patient care

EMLAS1A Be aware of the advantages and limitations of a multidisciplinary approach

Where the learning will take place

–Work-based learning in practice:

- Diabetic watch clinics
- Pharmacy
- Community

–Secondary care:

- You can learn about patients with uncommon but important metabolic or endocrine conditions such as Addison's disease and hypopituitarism, as well as about patients with complex needs or with complications of the more common metabolic conditions
- Diabetic Liaison nurses/and you should take the opportunity to attend specialist diabetes, endocrine and obesity clinics when working in other hospital posts
- You should also consider attending specialist clinics during your time in the hospital

–Self-directed:

- E-learning modules
- Research
- Audit
- Special interest Clinics

Resources

In the following section you will find ICGP resources. All resources below are subject to the terms and conditions in appendix 3. All weblinks cited 2nd October 2019. In addition to this section the ICGP Library Catalogue is searchable for all ICGP material and ICGP Journals offers online journals via Full Text Finder.

ICGP – Quick Reference Guide

- HSE/ICGP Weight Management Treatment Algorithms.
- Boran G, Moran N, McGowan A, Sherlock M, Gibney J, National Clinical Programme for Pathology. Use of Thyroid Function Tests in General Practice. 2016.
- Harkins V. A practical guide to integrated Type 2 Diabetes care. 2016.
- Harkins V, Dunne F. Management of Pre-gestational and Gestational Diabetes Mellitus. 2015.

ICGP – eLearning (Not available at time of curriculum publication 2/10/19, please check https://www.icgpeducation.ie for updates)

- Diabetic Foot
- Rare Conditions

ICGP – Forum (Please log-in to the ICGP website on your browser before clicking the links)

- Muthalagu P. Distance Learning Module: Diabetes care: Pharmacological management of type 2 diabetes. 2018 Feb; 35 (1).
- Meagan G. Feature: New health strategies on vitamin D intake. 2017 Sept; 34 (8): 38.
- Harkins V. Clinical Review: Oral agents for type 2 diabetes control. 2017 May; 34 (5): 39-40.
- Harkins V. Distance Learning Module: Type 2 diabetes: Integrated diabetes care. 2017 Feb; 34 (2).
- Loughnane J. Dermatology: Sensitive skin – diabetes and dermatology. 2016 Sept; 33 (8): 52-54.
- Akintola A, Johnson N. Research: Depression and diabetes – the evil twins? 2016 Jun; 33 (6): 58-60.
- O'Connor R. Clinical Review: Care targets in managing type 2 diabetes. 2016 Apr; 33 (4): 42-44.
- O'Toole D, Seng Lee C. Distance Learning Module: Oncology: Neuroendocrine tumours. 2015 Oct; 32(9).
- O'Connor R. Clinical Review: Tailoring treatment in type 2 diabetes. 2014 Sept; 31 (8): 27-28.
- Hanley S. Clinical Review: Diabetes and dietetics – why refer? 2014 Jan; 31 (1): 38-39.

External Resources

In this section you will find external resources. All resources below are subject to the terms and conditions in appendix 3.

- Website(s);
  - Diabetic RetinaScreen - The National Diabetic Retinal Screening Programme. Available here: https://www.diabeticretinascreen.ie/
  - GMS Contract Agreements – Diabetic Cycle of Care Circular. Available here: https://www.imo.ie/i-am-a/gp/gms-contract-agreements-a/Diabetic-Cycle-of-Care-Circular.pdf (copy and paste to your browser; not available as hyperlink) and here - https://www.hse.ie/eng/services/list/2/primarycare/east-coast-diabetes-service/overview-and-welcome/diabetes-cycle-of-care/
  - NICE (National Institute of Clinical Excellence). NICE Guideline (NG28): Type 2 diabetes in adults: management. London: NICE; 2017. Available here: https://www.nice.org.uk/guidance/ng28/

Community Resources

In this section you will find training resources recommended by those in the training community and recent graduates. All resources below are subject to the terms and conditions in appendix 3.

Want to contribute to the Community Resources?

Please email curriculum@icgp.ie . Internal CPD points for submissions: click to record.
Published submissions acknowledged by letter from the ICGP.

Self-Assessment

These resource(s) are a sample of those available to all with an OpenAthens account (all HSE employees which includes GP trainees), many of which include self-assessments. Please note these are UK resources, and some differences from Irish primary care can exist.

- Diabetes. BMJ Learning.

References

1. Institute of Public Health in Ireland Diabetes Briefing. Available here: https://www.publichealth.ie/sites/default/files/documents/files/Diabetes_Briefing_30_Jul_12.pdf
2. NMIC Bulletin. Update on Thyroid Disorders. 2014; 20 (1). St. James: National Medicines Information Centre. Available here: http://www.stjames.ie/GPsHealthcareProfessionals/Newsletters/NMICBulletins/NMICBulletins2014/NMIC%20Update%20on%20Thyroid%20Disorder%20April%202014%20with%20ref.pdf
3. Harkins V. A practical guide to integrated Type 2 Diabetes care. Dublin: Irish College of General Practitioners; 2016.
4. NICE (National Institute of Clinical Excellence). NICE Guideline (NG28): Type 2 diabetes in adults: management. London: NICE; 2017. Available here: https://www.nice.org.uk/guidance/ng28/
5. SIGN 116. Management of Diabetes: a national clinical guideline. Edinburgh: Scottish Intercollegiate Guidelines Network; 2017. Available here: https://www.sign.ac.uk/assets/sign116.pdf
6. RSA. Sláinte agus Tiomáint: Medical Fitness to Drive Guidelines (Group 1 and 2 Drivers). Dublin: Road Safety Authority; 2017. Available here: http://www.rsa.ie/RSA/licensed-Drivers/Safe-driving/Medical-Issues/

13. Care of People with Skin Problems

CPD

Using the curriculum for a tutorial?

New (2018) up 5 hours of internal credits for in-practice tutorials not recorded elsewhere.

Introduction

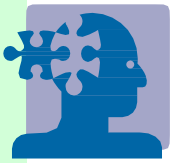
Research has shown that 23–33% of people have a skin problem which could benefit from medical attention at any one time.[1] One in seven consultations with GPs have been shown to be for dermatological conditions.[2] The vast majority of skin problems are managed in primary care. Therefore, dermatology provides GPs with significant diagnostic and management opportunities.

General Practitioners are also ideally placed to provide holistic care for people with skin problems as it is well documented that skin disease can impact significantly on quality of life, mood and functioning for people and their families. The rate of skin cancer in Ireland is increasing.[3] This means that Irish GPs need to be skilled in recognition, early diagnosis and timely referral of suspicious lesions.

Case Vignette

John Farrell is a 36 year-old old teacher. He has had psoriasis since he was a teenager and in recent years has developed joint pains. His rash is currently bad on his hands, knees, elbows, face and scalp.

He is aware that stress can aggravate his symptoms. He attends today looking for a sick note because he says he couldn't possibly teach with his face and scalp the way they are. He is a non-smoker and drinks alcohol socially. His BMI has increased to 30 over the last few years as he has become more reluctant to exercise or go to the gym. He finds the emollients helpful but remembering to apply them daily with his work schedule is difficult. He tells you that he recently bought a 'Sun Lamp' that he is using at weekends. He is wondering whether there are any new treatments for psoriasis that might help. He and his wife are trying for a baby but he is concerned that his children might have the same skin complaint.



Reflective Questions

Mapping the competencies of general practice to this case.
To help you understand how the GP curriculum can be applied to this case, ask yourself the following questions:

Primary Care Management

SKRPM1A	What tools could I use to measure severity and response to treatment?
SKRPM2A	What topical treatments would I prescribe for the various affected areas?
SKRPM3A	What other treatment options are available?
SKRPM4A	When might I refer?
SKRPM5A	Are there any alternative local referral pathways available, e.g. GPs with a Special Interest?

Person Centred Care

SKRPC1A	How would I assess Mr Farrell's understanding of psoriasis?
SKRPC2A	What communication skills would I use to demonstrate that you hear and accept his concerns?
SKRPC3A	As Mr Farrell's GP, how would I help address his feelings and concerns for the future?
SKRPC4A	What are Mr Farrell's goals for the treatment of his psoriasis?
SKRPC5A	How might I address ongoing care and concordance with Mr Farrell?

Specific Problem Solving

SKRSP1A	What is the most appropriate treatment regime for Mr Farrell's psoriasis?
SKRSP2A	If his treatment is going to be topical, how is he going to treat his face?
SKRSP3A	How will I address Mr Farrell's joint pains?
SKRSP4A	In what circumstances would I refer Mr Farrell for specialist opinion?

Comprehensive Approach

SKRCA1A	What are the chances that Mr Farrell's children might also have psoriasis?
SKRCA2A	How and when would I address Mr Farrell's BMI?
SKRCA3A	Are there any other health promotional areas I would like to address with Mr Farrell?
SKRCA4A	What advice would I give regarding sunbed use as treatment for psoriasis?
SKRCA5A	How would I address the concept of self-efficacy with Mr Farrell?

Community Orientation

SKRCO1A	Is there a practice protocol for the management of psoriasis in my area?
SKRCO2A	Is there a need for education and health promotion about psoriasis in the area?

Holistic Approach

SKRHA1A	How would I assess the impact of Mr Farrell's psoriasis on his mental health, relationship and work?
SKRHA2A	How would I address the impact of Mr Farrell's physical illness on his self- confidence and body image?
SKRHA3A	How would I address the issue of stress?
SKRHA4A	What systemic aspects of psoriasis need to be considered?

SKRHA5A How would I address the issue of reliable (evidence-based) information on psoriasis management with Mr Farrell?

Contextual Features

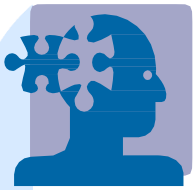
SKRAC1A What are my responsibilities as a GP and as a certifier of illness?
SKRAC1B What do I know about the possible impact of absence from work for illness?

Attitudinal Features

SKRAA1A How do I feel about Mr Farrell asking for time off work because of his feelings around his recent facial flare?
SKRAA2A How could I empower someone to play an active part in the management of their condition?

Scientific Features

SKRAS1A How would I keep my dermatology diagnostic and management skills up to date?
SKRAS2A What are the major advances in psoriasis therapy?
SKRAS3A Am I familiar with new biological treatments such as TNF-α blockers and monoclonal antibodies for severe disease unresponsive to standard second- line therapies?
SKRAS4A Am I familiar with key national guidelines and early referral routes for suspected cancerous skin lesions?
SKRAS5A How would I assess the quality of the dermatology care you provide?



Learning Outcomes

The following learning outcomes demonstrate the core competences in this subject. You will require knowledge, skills and attitudes in the following areas:

1. Primary Care Management

This area of competence is about how you manage your contact with patients, dealing competently with any and all problems that are presented to you. (This area of competence is not limited to dealing with the management of the practice.) As a GP you should be able to:

SKLPM1A Record data appropriately being particularly aware of the issues surrounding taking and storage of photographs
SKLPM2A Demonstrate an understanding of the need to co-ordinate care with other health professionals, leading to effective and appropriate dermatology management including prevention and rehabilitation
SKLPM3A Be aware of local, alternative referral resources such as GPs with a Special Interest (GPwSIs), specialist nurse practitioners, 'expert patients' or self- management courses
SKLPM4A Acknowledge the role of other members of the primary healthcare team (e.g specialist health visitors for eczema and wet wrapping, public health nurses/ nurse practitioners for leg ulcers and wound management)
SKLPM5A Acknowledge the role of the GP in the appropriate referral for cosmetic surgery

2. Person Centred Care

This area of competence is about understanding and relating to the context of your patients as

individuals and developing the ability to work in partnership with them. A GP should;

SKLPC1A Demonstrate appropriate history-taking for patients with skin problems, including family history, chemical contacts, occupation and drug usage
SKLPC2A Recommend appropriate educational material and strategies
SKLPC3A Guide people towards information on referral options and patient support groups
SKLPC4A Be aware of the role of self-management strategies in skin disease
SKLPC5A Assist people to adopt self-treatment and coping strategies, where possible, in such conditions as eczema, acne and psoriasis
SKLPC6A Communicate information regarding risk of long-term exposure to ultraviolet and sunburn, especially in children

3. Specific Problem Solving

This area of competence is about the context-specific aspects of general practice, dealing with early and undifferentiated illness and the skills you need to tolerate uncertainty. As a GP you should be able to;

SKLSP1A Describe a skin lesion or rash using dermatologically accurate terms
SKLSP2A Formulate a differential diagnosis
SKLSP3A Distinguish between benign and malignant skin conditions
SKLSP4A Describe inheritance of common skin diseases, e.g. eczema
SKLSP5A Create an appropriate dermatological investigation and treatment plan
SKLSP6A Demonstrate an understanding of the effective use of drug therapy in dermatology and prescribe when appropriate
SKLSP7A Predict the quantities of cream/ointment/lotion that should be prescribed to enable patients to treat their skin condition appropriately and when to use each
SKLSP8A Identify the role of histopathology and when to recommend incision or excision biopsy
SKLSP9A Distinguish between the indications for curettage, cautery and cryosurgery
SKLSP10A Predict likely scenarios for contact dermatitis where patch testing may be needed
SKLSP11A Make use of knowledge of the association between psoriasis and arteriosclerosis
SKLSP12A Diagnose and manage the following conditions (those denoted with an asterisk are topics discussed during 16-week OPD Dermatology Teaching Placement, where available)

- **SKLSP12.1A** Acne and Rosacea *
- **SKLSP12.2A** Psoriasis *
- **SKLSP12.3A** Eczema *
- **SKLSP12.4A** Skin Cancers: basal cell carcinoma, squamous cell carcinoma, malignant melanoma *
- **SKLSP12.5A** Benign skin lesions: keratosis, cysts, warts *
- **SKLSP12.6A** Fungal, bacterial and viral infections *
- **SKLSP12.7A** Infestations and insect bites *
- **SKLSP12.8A** Drug eruptions
- **SKLSP12.9A** Vasculitic and Autoimmune skin conditions *
- **SKLSP12.10A** Urticaria, angioedema, skin allergy
- **SKLSP12.12A** Life threatening skin conditions *

SKLSP12.13A Ulcerations
SKLSP12.14A Hair problems: androgenic alopecia, telogium effluvium, trichotillomania
SKLSP12.15A Congenital skin lesions
SKLSP12.16A Nail changes*
SKLSP12.17A Pityriasis and keratinization disorders *
SKLSP12.18A Lichenoid eruptions
SKLSP12.19A Erythema and disorders of pigmentation
SKLSP12.20A Excess hair and sweat gland problems

SKLSP13A Recognise the importance of skin-specific symptoms, e.g. itching and rash distribution
SKLSP14A Perform an appropriate examination of the skin
SKLSP15A Demonstrate the ability to take specimens from skin, hair and nails
SKLSP16A Demonstrate understanding of how to recognise common skin conditions in primary care, e.g. eczemas, psoriasis and infections, and instigate appropriate treatment
SKLSP17A Recognise emergency skin conditions, e.g. erythroderma, anaphylaxis and herpetic eczema
SKLSP18A Demonstrate the ability to refer appropriately, particularly in urgent and emergency situations
SKLSP19A Recognise the alarm symptoms and signs for skin cancers that necessitate fast-track referral
SKLSP20A Demonstrate the ability to interpret histology reports
SKLSP21A Recognise the spectrum of patterns and distributions of rashes of different skin disorders
SKLSP22A * Recognise rarer but potentially important conditions, e.g. bullous disorders and vasculitis
SKLSP23A Pay attention to examination of 'difficult areas' such as the flexures, genitalia, eyes and mucous membranes

4. Comprehensive Approach

This area of competence is about how you as a general practitioner must be able to manage co-morbidity, coordinating care of acute illness, chronic illness, health promotion and disease prevention in the general practice setting. As a GP you should be able to;

SKLCA1A Identify symptoms that are within the range of normal and require no medical intervention, e.g. age-related changes such as dry skin/hair loss and innocent moles
SKLCA2A Accept that pathology in other systems may lead to skin changes, e.g. metastases and manifestations of systemic disease
SKLCA3A Accept the role of the GP in health promotion and disease prevention including advice in sun protection, occupational health, avoiding unnecessary chemicals and hand care

5. Community Orientation

This area of competence is about the physical environment of your practice population, and the need to understand the interrelationship between health and social care, and the tensions that may exist between individual wants and needs and the needs of the wider community. As a GP you should be able to:

SKLCO1A Describe the systems of care for dermatological conditions, including the

roles of primary and secondary care, shared care arrangements, multidisciplinary teams and the person's own involvement

SKLCO2A Describe primary care resources and when to refer to secondary care so that patients receive appropriate treatment (for example light, biological or immunosuppressant therapy)

6. Holistic Approach

This area of competence is about your ability to understand and respect the values, culture, family structure and beliefs of your patients, and understand the ways in which these will affect the experience and management of illness and health. As a GP you should be able to:

SKLHA1A Recognise how disfigurement and cosmetic skin changes fundamentally affect people's confidence, mood, interpersonal relationships and even employment opportunities

SKLHA2A Be aware of the feelings engendered by skin disease, which include fears about contagion and concerns about malignancy

SKLHA3A Accept and acknowledge the importance of the social and psychological impact of skin problems on people's quality of life (for example, sleep, disfigurement, messy treatment regimens)

Essential Features

The three essential features (EFs) below are concerned with the features of you as a doctor which may influence your ability to apply the core competences to real life in the work setting.

7. Contextual Features

This essential feature is about understanding your own context as a doctor and how it may influence the quality of your care. Important factors are the environment in which you work, including your working conditions, community, culture, financial and regulatory frameworks. A GP should:

SKLAC1A Recognise the evolving trends in disease demographics, e.g. the increasing incidence of skin cancers, an aging population and the increase in ethnic minorities

SKLAC2A Acknowledge the significant quality-of-life issues regarding common skin complaints, which can also impact on the entire family (for example sleep disturbance from itching affecting children and parents, loss of self-esteem affecting adolescents)

8. Attitudinal Features

This essential feature is about your professional capabilities, values, feelings and ethics and the impact these may have on your patient care. A GP should:

SKLAA1A Show continual desire to ensure that skin problems are not inappropriately dismissed as trivial or unimportant

SKLAA2A Balance the need to undress someone sufficiently for examination with the need to preserve dignity

9. Scientific Features

This essential feature is about the need to adopt a critical and evidence-based approach to your work, maintaining this through continuing professional development and lifelong learning. A GP should:

SKLAS1A Apply an evidence-based approach to management of skin problems

16-Week OPD Dermatology Teaching Placement

This is an optional facility where available, to allow GP Registrars to attend 16 weeks of dermatology outpatient clinics. Those conditions denoted above with an asterisk will be covered during the experience. Organisation of the placement should be conducted by your local training scheme. Optional slides for teaching are available and are linked back to curriculum learning outcomes.

Resources

In the following section you will find ICGP resources. All resources below are subject to the terms and conditions in appendix 3. All weblinks cited 2nd October 2019. In addition to this section the ICGP Library Catalogue is searchable for all ICGP material and ICGP Journals offers online journals via Full Text Finder.

ICGP – Quick Reference Guide

- Loughnane J. Acne: Management in Primary Care 2019.

ICGP – "Simply Skin" Podcasts;

These podcasts were generated in collaboration with the RCPI and are narrated and scripted by dermatology SpR's over the summer of 2019. The content was reviewed by their consultant trainers. Podcasts as a learning resource were sought in the 2017/18 meetings as a way of learning whilst on the go commuting, in the gym, or at a multitude of other times.

Each podcast is based on clinical presentation and their duration is approximately 15 minutes;

- Episode 1: Inflammatory Papules and Nodules:
  https://soundcloud.com/user-434944652/inflammatory-papules-and-nodules/s-pSh1V
- Episode 2: Vascular Reactions:
  https://soundcloud.com/user-434944652/vascular-reactions/s-97xDc
- Episode 3: Cutaneous Vasculitis:
  https://soundcloud.com/user-434944652/cutaneous-vasculitis/s-CvCOq
- Episode 4: Clear Fluid-Filled Lesions:
  https://soundcloud.com/user-434944652/clear-fluid-filled-lesions/s-WjtHK
- Episode 5: White Lesions:
  https://soundcloud.com/user-434944652/white-lesions/s-xgjbH
- Episode 6: Skin-Coloured Lesions:
  https://soundcloud.com/user-434944652/skin-coloured-lesions/s-PCVEo
- Episode 7: Brown Lesions:
  https://soundcloud.com/user-434944652/brown-lesions/s-w2g1m
- Episode 8: Yellow Lesions:
  https://soundcloud.com/user-434944652/yellow-lesions/s-zisgR
- Episode 9: Eczematous Disease:
  https://soundcloud.com/user-434944652/eczematous-disease/s-fd5cu
- Episode 10: Pustular Diseases:
  https://soundcloud.com/user-434944652/pustular-diseases/s-PXCnU
- Episode 11: Cryotherapy:
  https://soundcloud.com/user-434944652/cryotherapy/s-uYcw8

ICGP – Forum (Please log-in to the ICGP website on your browser before clicking the links).

Dermatology articles regularly appear in Forum. Please use the ICGP Library Catalogue to find others.

- Buckley D. Cyrosurgery for warts in general practice. 2017 Sept 34(9):47-49
- Wilkinson C, Impey K. Dealing with pruritus ani and peri-anal dermatitis. 2016 Oct 33(10):49-50
- Buckley D. Skin surgery techniques in primary care. 2015 Jul 32(7):43-45
- Buckley D. Pigmented lesions and identifying melanomas. 2014 Mar 31(3):47-49
- Buckley D. Recognising types of skin lesions and when to refer. 2014 Feb 31(2):47-49.
- Loughnane J. Dermatology; Chronic plaque psoriasis; from triggers to treatment. 2013 Dec 30(12):39-40.
- Buckley D. Dermatology; Fungal and yeast infection of skin, hair and nails. 2013 Nov 30(11):46-47.
- Buckley D. Dermatology; Management of warts in general practice. 2013 Mar 30(3):52-53.
- Buckley D. Dermatology; Management of chronic stable plaque psoriasis. 2013 Jan 30(1):37-38.

ICGP – Other Publications

- Ní Riain A, Collins C. Minor Surgery Accreditation Research Project - Final Report. 2016.

External Resources

In this section you will find external resources. All resources below are subject to the terms and conditions in appendix 3.

- Textbook(s);
  - Saavedra A, Wolff K, Johnson R et al. Fitzpatrick's Colour Atlas and Synopsis of Clinical Dermatology, Eighth Edition. McGraw-Hill Education / Medical; 2017.
- Website(s);
  - DermIS. Available here: www.dermis.net
  - Dermnet NZ. Available here: www.dermnetnz.org
  - eGuidelines (UK). Available here: https://www.guidelines.co.uk/summaries/skin-and-wound-care
  - Medscape. Available here: http://emedicine.medscape.com/dermatology

Community Resources

In this section you will find training resources recommended by those in the training community and recent graduates. All resources below are subject to the terms and conditions in appendix 3.

- Website(s);
  - Teleconference - GP Dermatology Top Ten. St Vincent's University Hospital†[1]. Available here: https://m.facebook.com/GPDermTopTen/
  - British Association of Dermatology Patient Information†[1]. Available here: http://www.bad.org.uk/for-the-public/patient-information-leaflets?group=00016001000200010004&range=P-T
  - Steroid Ladder. Bridgewater Community Healthcare. NHS†[2]. Available here; https://www.pennine-gp-training.co.uk/res/steroid%20and%20emoillients%20ladder.docx (Link replaced as original nonfunctional).

- GP Melanoma Guideline & Pigmented Lesion Referral Form. HSE†3. Available here; https://www.hse.ie/eng/services/list/5/cancer/profinfo/resources/gpreferrals/gpmelanoma.html

Want to contribute to the Community Resources?

Please email curriculum@icgp.ie . Internal CPD points for submissions: click to record.
Published submissions acknowledged by letter from the ICGP.
Contributors above;

†1: Dr Ciara Keating. 2018.

†2: Dr Mari Gleeson. 4th Year Trainee. Ballinasloe TS. 2018.

†3: Dr James Farrell. 3rd Year Trainee. Ballinasloe TS. 2018.

Self-Assessment

These resource(s) are a sample of those available to all with an OpenAthens account (all HSE employees which includes GP trainees), many of which include self-assessments. Please note these are UK resources, and some differences from Irish primary care can exist.

- Eczema: a guide to management. BMJ Learning. 2018.
- Ask an expert: Psoriasis BMJ Learning. 2018

References

1. Schofield JK, Grindlay D, Williams HC. Skin Conditions in the UK: a Health Care Needs Assessment. University of Nottingham , UK.: Centre of Evidence Based Dermatology; 2009 [cited 23rd March 2015]; Available from: http://www.nottingham.ac.uk/research/groups/cebd/documents/hcnaskinconditionsuk2009.pdf
2. Kerr OA, Benton EC, Walker JJ, Adridge RD, Tidman MJ. Dermatological workload: primary versus secondary care. British Journal of Dermatology. 2007;157(Suppl. 1):1–2.
3. National Cancer Registry of Ireland. Incidence Statistics. Kinsale Road, Cork 2012.

14. Surgery

Assessments

This chapter was deemed to have been poorly answered in prior ICGP assessments; MEQ 2014

CPD

Using the curriculum for a tutorial?

New (2018) up 5 hours of internal credits for in-practice tutorials not recorded elsewhere.

Introduction

Primary care physicians deal with a variety of acute surgical problems. Abdominal pain accounts for 4.2% of visits to general practitioners with the most common diagnosis being gastritis/duodenitis, infectious bowel disease and cholecystolithiasis and cholecystitis.[1] General practitioners manage a large proportion of surgical complaints issues, including abdominal, vascular, urological and breast disease and are often the first contact for patients with post-operative problems and complications.

Case Vignette

Stephen a 36-year-old builder, who is new to the practice, presented with 1 day history of lower abdominal pain, anorexia, nausea and shivers. He had one episode of vomiting that morning. He is concerned he picked up a vomiting bug as one of his children recently had a gastroenteritis.

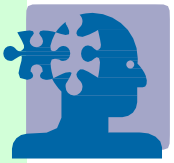
You examine Stephen and find he has a mild pyrexia of 37.8, tachycardia of 110. His abdomen is soft and tender in right iliac fossa but there is no guarding or rigidity. His urinalysis is normal.

You are concerned he has appendicitis, so you refer him to your local ED.

Three days later Stephen returns. He tells you he didn't wait to be seen in ED as he felt it was too busy so her returned the following day and then was rushed to theatre as he had perforated his appendix. He was admitted to the ward shortly after where he thinks he received some antibiotics but was discharged later that day by an on-call doctor. He shows you a copy of his discharge prescription which contains Difene 75mg BD x 5/7 and Tramadol 100mg TDS x 5/7. He was told to return to his own doctor for removal of sutures but is unsure what day he was meant to come. Stephen tells you he still has pain and hasn't taken the medication on his prescription as they made him feel sick. He has no problem passing urine but has had no bowel motion since his surgery.

You examine his wound. He had an open appendectomy and the wound has some surrounding erythema and purulent discharge.

Stephen wants to know when he can return to work and if he can have certs for the next two weeks and also asks when he is allowed to drive.



Reflective Questions

Mapping the competencies of general practice to this case.
To help you understand how the GP curriculum can be applied to this case, ask yourself the following questions:

Primary Care Management

SURPM1A	What investigations I preform in someone who presents with fever in the post-operative period?
SURPM2A	What scale would I use to manage post-operative pain?
SURPM3A	What are the possible causes of constipation in the post-operative period?
SURPM4A	When should sutures be removed from an abdominal/hand/facial wound?

Person Centred Care

SURPC1A	How would my initial management change if this was a female patient?
SURPC2A	How might the presentation of appendicitis differ in an elderly patient?

Specific Problem Solving

SURSP1A	For Stephens initial presentation:
SURSP2A	What are the possible differential diagnosis?
SURSP3A	What other questions would I elicit from the history?
SURSP4A	How would I manage wound infection?

Comprehensive Approach

SURCA1A	What opportunistic health promotion could I bring to this consultation considering Stephen is a new patient to the practice?

Community Orientation

SURCO1A	Am I aware of guidelines in relation to driving with a medical condition?
SURCO2A	How could communication between primary and secondary care be improved?

Holistic Approach

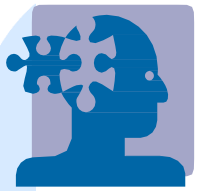
SURHA1A	What impact could Stephen absence from work have on his family
SURHA2A	How information would I give Stephen about illness benefit?

Attitudinal Features

SURAA1A	What are my personal feelings about Stephens treatment in ED?

Scientific Features

SURAS1A	What are my local antibiotic prescribing guidelines?



Learning Outcomes

The following learning outcomes demonstrate the core competences in this subject. You will require knowledge, skills and attitudes in the following areas:

1. Primary Care Management

This area of competence is about how you manage your contact with patients, dealing competently with any and all problems that are presented to you. (This area of competence is not limited to dealing with the management of the practice.) As a GP you should be able to:

SULPM1A Be aware of guidelines in relation to breast screening
SULPM2A Know appropriate referral pathway for breast lump

2. Person Centred Care

This area of competence is about understanding and relating to the context of your patients as individuals, and developing the ability to work in partnership with them. A GP should;

SULPC1A Advise patients on stoma care
SULPC2A Identify patients at risk of AAA
SULPC3A Identify symptoms of prostate cancer and preform appropriate exam and investigations
SULPC4A Recognise symptoms of DVT in post-operative patient

3. Specific Problem Solving

This area of competence is about the context-specific aspects of general practice, dealing with early and undifferentiated illness and the skills you need to tolerate uncertainty. As a GP you should be able to;

SULSP1A List differential diagnosis for dysphagia
SULSP2A Diagnose and manage acute abdomen
SULSP3A Diagnose and manage acute GI bleed
SULSP4A Diagnose and manage appendicitis
SULSP5A Diagnose and manage biliary colic
SULSP6A Diagnose and manage cholecystitis
SULSP7A Diagnose and manage pancreatitis
SULSP8A Diagnose and manage inguinal hernia
SULSP9A Diagnose and manage perianal abscess and fissure
SULSP10A Assess appropriately the patient presenting with PR bleeding
SULSP11A Diagnose and manage breast abscess
SULSP13A Diagnose and manage mastalgia
SULSP14A Diagnose and manage acute limb ischaemia
SULSP15A Diagnose and manage chronic limb ischaemia
SULSP16A Diagnose and manage varicose veins
SULSP17A Recognise symptoms of acute urinary retention
SULSP18A Diagnose and manage epididymo-orchitis
SULSP19A Diagnose and manage phimosis
SULSP20A Diagnose and manage BPH
SULSP21A Differentiate between benign and malignant testicular lumps
SULSP21A Diagnose and manage renal calculi
SULSP23A Evaluate patients with pyrexia in the post-operative period
SULSP24A Diagnose and manage wound infection

SULSP25A Preform an abdominal examination
SULSP26A Preform a DRE
SULSP27A Preform a breast examination
SULSP28A Demonstrate ability to examine pulses
SULSP29A Detect and advise patients presenting with testicular trauma/torsion

4. Comprehensive Approach

This area of competence is about how you as a general practitioner must be able to manage co-morbidity, coordinating care of acute illness, chronic illness, health promotion and disease prevention in the general practice setting. As a GP you should be able to;

SULCA1A Evaluate and manage post-operative pain
SULCA2A Accept the importance of addressing patient concerns regarding a procedure
SULCA3A Demonstrate the ability to counsel patients about benefits, risks and complications of a procedure
SULCA4A Accept the importance of obtaining valid and informed consent
SULCA5A Demonstrate the ability to perform suturing
SULCA6A Outline Indications and techniques for skin biopsy
SULCA7A Demonstrate the ability to interpret histology reports
SULCA8A Recognise and manage complications of a procedure

5. Community Orientation

This area of competence is about the physical environment of your practice population, and the need to understand the interrelationship between health and social care, and the tensions that may exist between individual wants and needs and the needs of the wider community. As a GP you should be able to:

SULCO1A Recognise the role of the general practitioner in the use of social welfare certification
SULCO2A Be aware of current Medical Fitness to Drive Guidelines

6. Holistic Approach

This area of competence is about your ability to understand and respect the values, culture, family structure and beliefs of your patients, and understand the ways in which these will affect the experience and management of illness and health. As a GP you should be able to:

SULHA1A Acknowledge reasons for reluctance of male patients to attend their GP
SULHA2A Recognise opportunities for health promotion in patients attending with an acute illness

Essential Features

The three essential features (EFs) below are concerned with the features of you as a doctor which may influence your ability to apply the core competences to real life in the work setting.

7. Contextual Features

This essential feature is about understanding your own context as a doctor and how it may influence the quality of your care. Important factors are the environment in which you work, including your working conditions, community, culture, financial and regulatory frameworks. A GP should:

SULAC1A Accept the importance of preforming abdominal and rectal examination in a comfortable and dignified environment

8. Attitudinal Features

This essential feature is about your professional capabilities, values, feelings and ethics and the impact these may have on your patient care. A GP should:

SULAA1A Recognise your own frustrations regarding patients who fail to comply with treatment plans

SULAA2A Value other healthcare professionals and workers opinions.

9. Scientific Features

This essential feature is about the need to adopt a critical and evidence-based approach to your work, maintaining this through continuing professional development and lifelong learning. A GP should:

SULAS1A Keep account of changes in areas of surgery to allow better explanation and communication to patients

SULAS2A Keep up to date by attending surgical meetings that are relevant to primary care

Learning Opportunities

- Emergency Department
- General Practice
- Day release teaching

Resources

In the following section you will find ICGP resources. All resources below are subject to the terms and conditions in appendix 3. All weblinks cited 2nd October 2019. In addition to this section the ICGP Library Catalogue is searchable for all ICGP material and ICGP Journals offers online journals via Full Text Finder.

ICGP – Forum (Please log-in to the ICGP website on your browser before clicking the links)

- McHugh S. Clinical Review: Current and future treatment options for varicose veins. 2018 May; 35 (4): 41-42.

External Resources

In this section you will find external resources. All resources below are subject to the terms and conditions in appendix 3.

- Website(s);
  - NICE (National Institute of Clinical Excellence). Cancer Service Guideline (CSG2): Improving outcomes in urological cancers. London: NICE; 2002. Available here: https://www.nice.org.uk/guidance/csg2
  - European Society of Regional Anaesthesia and Pain Therapy. Postoperative pain management - Good Clinical Practice: General recommendations and principles for successful pain management. Available here: http://polanest.webd.pl/pliki/varia/books/PostoperativePainManagement.pdf
  - McNicholas C, Ní Riain A, Kenny N. Breastcheck: An Educational Package for General Practice. 4th Ed. Dublin: BreastCheck (the National Breast Screening Programme); 2009. Available here: https://www.icgp.ie/go/library/catalogue/item?spId=09A43490-3164-49CE-BD8DE15F58EFFF13

Community Resources

In this section you will find training resources recommended by those in the training community and recent graduates. All resources below are subject to the terms and conditions in appendix 3.

Want to contribute to the Community Resources?

Please email curriculum@icgp.ie . Internal CPD points for submissions: click to record.
Published submissions acknowledged by letter from the ICGP.

Self-Assessment

These resource(s) are a sample of those available to all with an OpenAthens account (all HSE employees which includes GP trainees), many of which include self-assessments. Please note these are UK resources, and some differences from Irish primary care can exist.

- Practice Pointer: Primary care management of patients after weight loss surgery. BMJ Learning. 2016.

References

1. Saxon Epidemiological Study in General Practice.

15. Woman Specific Health

Assessments

This chapter was deemed to have been poorly answered in prior ICGP assessments; MEQ; 2018, 2017. CKT; 2018, 2015. CCT; 2018.

CPD

Using the curriculum for a tutorial?

New (2018) up 5 hours of internal credits for in-practice tutorials not recorded elsewhere.

Introduction

Women-specific health matters such as contraception, pregnancy, menopause and disorders of reproductive organs account for many GP consultations. In addition, women present with non-gender related issues in specific ways that as a GP you will need to become sensitive to: domestic violence, depression and alcoholism can all present differently in women, compared to men.

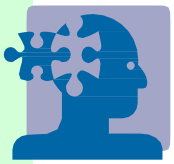
Women also are more likely than men to be looking after the home, with 98% of those engaged in looking after home/family being women, this represents close to half a million women in Ireland[1].

It is important to recognise that women in Ireland experience fewer "Healthy Life Years", are more likely to suffer from chronic conditions and are more likely to die from cancers than their EU counterparts[2].

Observations of increased stress in women who have to work outside the home coupled with financial worries of childcare costs have a direct effect on women's medical and psychological well- being. Research by the Irish Sports Council, shows that women's participation in weekly sport is increasing, as is the percentage of women meeting National Physical Activity Guidelines[3], and we as GP's we are in an excellent position to encourage and foster this healthy change in Irish women.

Case Vignette

Mary, a 54 year patient who rarely visits the practice, comes to see you with symptoms of night sweats and fatigue. On further questioning you hear that she is looking after her father who was recently diagnosed with oesophageal cancer. Her husband has recently started a job after 4 year of unemployment but is away working quite a bit and she is an only child. She last had a period 2 years ago, but she has only developed these sweats in the last few months. On examination you find a breast lump. She admits to not pursuing her mammogram invitation.



Reflective Questions

Mapping the competencies of general practice to this case.
To help you understand how the GP curriculum can be applied to this case, ask yourself the following questions:

Primary Care Management

WNRPM1A What are the clinical issues I will prioritise to address during this initial consultation?
WNRPM2A How will I approach these issues e.g., diagnosing menopause and management of

menopausal symptoms, screening for depression, and counselling, management and referral paths for a patient with a breast lump?

WNRPM3A Am I confident in my skill of breast examination?

WNRPM4A As a GP, how can I be sure that my practice knows about, and follows up, all invitations for screening when women do not attend?

WNRPM5A Am I familiar with this and other national screening programmes?

WNRPM6A What other resources/services/healthcare professionals could I involve in the management of this case?

Person Centred Care

WNRPC1A How effective am I as a GP at respecting the views of patients who are reluctant to accept help involving public health services and other agencies?

WNRPC2A How can I develop a therapeutic relationship with Mary with a view to improved health outcomes for her?

WNRPC3A In relation to communication; am I comfortable dealing with these issues in an open, collaborative and non-judgemental manner?

Specific Problem Solving

WNRSP1A What further questions would I like answered in order to work towards helping Mary with these issues?

WNRSP2A Do I know the 'red flag' symptoms which require urgent referral?

WNRSP3A What resources would I use to check the guidelines if I was unsure?

WNRSP4A How would I approach this consultation in the absence of the examination finding of a breast lump?

Comprehensive Approach

WNRCA1A How can I balance on-going health promotion and advice-giving at a time of serious illness?

WNRCA2A What steps would I take to better understand the impact of this illness on Mary's family?

WNRCA3A How do I address the seriousness of Mary's examination findings while not losing sight of her presenting symptoms and her own concerns?

Community Orientation

WNRCO1A What additional services and support groups are available to patients in my area?

WNRCO2A How would I advise Mary to access any that might be appropriate to her or her family?

Holistic Approach

WNRHA1A As the GP for more than one generation of a family, how do I balance their health and social care needs?

WNRHA2A Am I cognisant of Mary's fears and expectations when dealing with her?

WNRHA3A What is my understanding of the impact of stress and family history in different social groups and on the health of the individual?

Contextual Features

WNRAC1A How might Mary's background influence this and further consultations? E.g. if language is an issue? or if Mary is a member of a minority community?

WNRAC2A How might my cultural background affect my relationships with my patients?

WNRAC3A If Mary asked me for investigation results in relation to her father, am I aware of the regulatory framework within which I practise?

Attitudinal Features

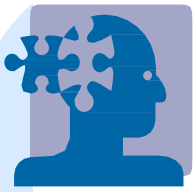
WNRAA1A As a GP, how might I manage my feelings if there are any aspects of a case where my personal beliefs and values are in conflict with those of my patient?

WNRAA2A What guidance does ICGP/IMC have on such matters - link

Scientific Features

WNRAS1A What tensions do I see between the scientific, political and patient-centred aspects of breast screening?

- **WNRAS1.1A** What do I know about the limitations of screening?
- **WNRAS1.2A** What resources are available to me to continue my learning in this area?
- **WNRAS1.3A** How do I ensure that I stay up to date and evidence based in my practice?



Learning Outcomes

The following learning outcomes demonstrate the core competences in this subject. You will require knowledge, skills and attitudes in the following areas:

1. Primary Care Management

This area of competence is about how you manage your contact with patients, dealing competently with any and all problems that are presented to you. (This area of competence is not limited to dealing with the management of the practice.) As a GP you should be able to:

WNLPM1A Know the causes of and management strategies for post-menopausal bleeding

WNLPM2A Demonstrate an understanding of the role of the GP in the structure of antenatal care

WNLPM3A Recognise the role of the GP in the management of higher risk pregnancies e.g. multiple pregnancy

WNLPM4A Recognise the role of the GP in the management of bleeding in pregnancy

WNLPM5A Complete with confidence the two and six week checks

WNLPM6A Recognise and manage Ectopic pregnancy

WNLPM7A Recognise the role of the GP in identifying and managing Pre-eclamptic toxaemia, premature rupture of membranes and Precipitate labour

WNLPM8A Recognise the role of the GP in diagnosing and managing Postpartum haemorrhage, Breast abscess, Mastitis, Involution and Retained products of conception

WNLPM9A Identify and manage the medical and emotional elements associated with sub-fertility

WNLPM10A Understand the GP's key role in providing emergency contraception including LARC

WNLPM11A Identify the common STD's along with their natural histories and management

WNLPM12A Define a woman's level of individual risk of specific infections based on her sexual history

2. Person Centred Care

This area of competence is about understanding and relating to the context of your patients as individuals, and developing the ability to work in partnership with them. A GP should;

WNLPC1B Understand national guidelines when managing a woman with an unplanned pregnancy including termination of pregnancy

WNLPC2A Define the legal and regulatory aspects of managing a woman with an unplanned pregnancy

WNLPC3A Demonstrate an understanding of the GP's duty of care for a woman post termination

of pregnancy

3. Specific Problem Solving

This area of competence is about the context-specific aspects of general practice, dealing with early and undifferentiated illness and the skills you need to tolerate uncertainty. As a GP you should be able to;

WNLSP1A Differentiate the common and serious causes of Abnormal Vaginal bleeding
WNLSP2A Assess women's contraception needs including LARC
WNLSP3A Recognise the role of the GP in routine pre pregnancy counselling, antenatal and postnatal care, including after unanticipated pregnancy outcomes
WNLSP4A Diagnose and manage (including referral) obstetric emergencies including ectopic pregnancy, pre-eclampsia, placental abruption
WNLSP5A Describe maternal immunisation
WNLSP6A Distinguish the causes of bleeding in pregnancy
WNLSP7A Combine available evidence to manage common medical disorders in the setting of pregnancy and lactation, including diabetes and hypertension
WNLSP8A Perform routine antenatal assessments including abdominal palpation, use doppler ultrasound and /or foetal heart auscultation, recognise foetal growth retardation and other abnormal presentations
WNLSP9A Accept the GP's role in identifying high risk pregnancies and referring appropriately
WNLSP10A Diagnose labour and outline the GP relevant issues in managing labour including precipitate labour and premature rupture of membranes
WNLSP11A Identify those women at risk of postnatal depression
WNLSP12A Diagnose and manage women with postnatal depression and baby blues
WNLSP13A Accept the role of the GP in identifying and managing post-partum complications including haemorrhage, infection and mastitis
WNLSP14A Perform a cervical smear and manage an abnormal cervical smear results appropriately
WNLSP15A Perform Breast Examination while being conscious of the patient's feelings
WNLSP16A Perform appropriate gynaecological assessment including history and pelvic examinations
WNLSP17A Perform sample taking for common STDs

4. Comprehensive Approach

This area of competence is about how you as a general practitioner must be able to manage co-morbidity, coordinating care of acute illness, chronic illness, health promotion and disease prevention in the general practice setting. As a GP you should be able to;

WNLCA1A Demonstrate knowledge of national screening programmes including Cervical Check and Breast Check
WNLCA2A Explain the supports available to a woman who is experiencing domestic violence
WNLCA3A Explain the obstacles to women in seeking health care
WNLCA4A Explain the obstacles to women disclosing a history of domestic violence
WNLCA5A Define the legal framework that a GP operates in when it comes to consideration of contraception options in females under the age of 18
WNLCA6A Manage common medical presentations in pregnancy including hypertension and diabetes as well as low mood and depression
WNLCA7A Improve efficiency of appropriate data recording

5. Community Orientation

This area of competence is about the physical environment of your practice population, and the need to understand the interrelationship between health and social care, and the tensions that may exist between individual wants and needs and the needs of the wider community. As a GP you should be able to:

WNLCO1A Distinguish the role that socioeconomic conditions play in relation to women's health
WNLCO2A Identify the effect of psychological stresses on a woman's physical health
WNLCO3A Show continual desire to address health inequalities

6. Holistic Approach

This area of competence is about your ability to understand and respect the values, culture, family structure and beliefs of your patients, and understand the ways in which these will affect the experience and management of illness and health. As a GP you should be able to:

WNLHA1A Understand the unique way that women may present with medical conditions, e.g. atypical symptoms in myocardial infarction
WNLHA2A Know how to screen for and manage psychological conditions associated with the different stages of a woman's life
WNLHA3A Adopt a supportive role for all new mothers both those breast and not breast feeding
WNLHA4A Adopt a supportive role for all those with a crisis pregnancy
WNLHA5A Support a woman to make decisions about contraception in an individualised manner that takes into accounts her cultural and personal beliefs

Essential Features

The three essential features (EFs) below are concerned with the features of you as a doctor which may influence your ability to apply the core competences to real life in the work setting.

7. Contextual Features

This essential feature is about understanding your own context as a doctor and how it may influence the quality of your care. Important factors are the environment in which you work, including your working conditions, community, culture, financial and regulatory frameworks. A GP should:

WNLAC1A Use resources to make your GP practice approachable for women suffering domestic violence
WNLAC2A Adapt your practice to recognise women's key role in caring for children and other members of the community and understand how this can affect their health and their health can affect their ability to provide this care

8. Attitudinal Features

This essential feature is about your professional capabilities, values, feelings and ethics and the impact these may have on your patient care. A GP should:

WNLAA1A Seek to support patient autonomy
WNLAA2A Accept the role of a chaperone, and offer same as appropriate
WNLAA3A Maintain a non-judgemental approach to women suffering domestic violence
WNLAA4A Advocate for women, whose right to healthcare is being infringed
WNLAA5A Initiate systems to make the GP practice approachable to all women including for lesbian, bisexual and transgender patients

WNLAA6A Adopt an approach to women that is appropriate to her cultural and personal context

9. Scientific Features

This essential feature is about the need to adopt a critical and evidence-based approach to your work, maintaining this through continuing professional development and lifelong learning. A GP should:

WNLAS1A Practice evidenced based medicine with consulting skills to explain diagnoses and management options to patients and their families

WNLAS2A Adopt an evidence based approach to individual women's contraceptive needs from early sexual encounters to the menopause

- **WNLAS2.1A** Breast Cancer
- **WNLAS2.2A** Breast Pain
- **WNLAS2.3A** Dysfunctional Uterine bleeding
- **WNLAS2.4A** Endometriosis
- **WNLAS2.5A** Gynaecological cancers
- **WNLAS2.6A** Pelvic Inflammatory Disease
- **WNLAS2.7A** Polycystic Ovary Syndrome
- **WNLAS2.8A** Premenstrual Syndrome
- **WNLAS2.9A** Symptoms of Menopause
- **WNLAS2.10A** Treatment options for menopause
- **WNLAS2.11A** Urinary Incontinence
- **WNLAS2.12A** Vaginal Prolapse
- **WNLAS2.13A** Vulvovaginitis

Resources

In the following section you will find ICGP resources. All resources below are subject to the terms and conditions in appendix 3. All weblinks cited 20th September 2018. In addition to this section the ICGP Library Catalogue is searchable for all ICGP material and ICGP Journals offers online journals via Full Text Finder.

ICGP – Main Website

- ICGP Women's Health. Available here: https://www.icgp.ie/go/courses/women_s_health
- ICGP Interim Clinical Support for Termination of Pregnancy in General Practice. Available here: https://www.icgp.ie/go/courses/women_s_health/test?spId=91C418E5-32C7-46A5-B409C2C701279C8F

ICGP – Quick Reference Guide

- Ni Riain A, Daly M, Ryan S, Murphy M. Crisis pregnancy: a management guide for general practice. 2017.
- Daly M (ed), Moran N, Moriarty T. Epilepsy and Women: Quick Reference Guide. 2016. (Under Review)
- Allen O. Lesbian, Gay & Bisexual Patients Quick Reference Guide. 2013.
- HSE/ICGP Healthy Weight Management Guidelines Before, During & After Pregnancy. 2013.

ICGP – eLearning (Not available at time of curriculum publication 2/10/19, please check https://www.icgpeducation.ie for updates)

- Contraception Online Module
- Breast Disease
- Urinary Incontinence
- HPV Vaccination

- LARC Online Module

ICGP – Forum (Please log-in to the ICGP website on your browser before clicking the links)

Women's Health articles regularly appear in Forum. Please use the ICGP Library Catalogue to find others.

- Quinlan D. Women's Health: Safe prescribing of valproate in women. 2018 Jun; 35 (5): 51-52.
- O'Herlihy N. Women's Health: Recognising ectopic pregnancies in practice. 2018 May; 35 (4): 43.
- Harrington L. Women's Health: Management of extreme nausea in pregnancy. 2018 Apr; 35 (3): 50-51.
- O'Malley E, Turner M. Women's Health: Taking action on prevention of NTDs. 2018 Mar; 35 (2): 49-50.
- O'Loughlin R. Women's Health: Guide to long-acting reversible contraception. 2018 Feb; 35 (1): 48-50.
- O'Donovan R. Women's Health: Mastitis – diagnosis and management guide. 2017/2018 Dec/Jan; 34 (11): 58-59.
- Lundy D. Distance Learning Module: Women's Health: Menopause and HRT. 2017 Jul/Aug; 34 (7).
- Salameh F, O'Sullivan S. Distance Learning Module: Urogynaecology: Management of bladder problems. 2017 May; 35 (1).
- Codd R. Distance Learning Module: Women's Health: Breast cancer. 2016 Jun; 33 (6).
- Daly M. Distance Learning Module: Women's Health: Update on contraception. 2013 Sept; 30 (9).

ICGP – Other Publications

- ICGP submission to the Oireachtas Committee on the Eighth Amendment: Irish general practice perspective on crisis pregnancy, focusing on the health of the woman, with no distinction drawn between physical and mental health. 2017.
- ni Riain A, Quinlan M, Daly M, Mahony R. Establishment of a GP-led Gynaecology clinic at the National Maternity Hospital: a service evaluation. 2017.
- O'Shea MT, Collins C, Ni Riain A, Daly M. Domestic Violence During Pregnancy: GP Survey Report. 2016.
- Zika virus - information for members

External Resources

In this section you will find external resources. All resources below are subject to the terms and conditions in appendix 3.

- Website(s);
  - Faculty of Reproductive and Sexual Health – Medical Eligibility Criteria for Contraceptive Use (UKMEC). Available here: https://www.fsrh.org/standards-and-guidance/uk-medical-eligibility-criteria-for-contraceptive-use-ukmec/
  - HSE National Immunisation Website – Vaccines in Pregnancy. Available here: https://www.hse.ie/eng/health/immunisation/pubinfo/pregvaccs/
  - HSE/Safefood (2008) Healthy Eating for Pregnancy Leaflet. Available here: http://www.safefood.eu/SafeFood/media/SafeFoodLibrary/Documents/Consumer/Healthy%20Living/Healthy-Eating-For-Pregnancy.pdf
  - Irish Cancer Society. Available here: http://www.cancer.ie/
  - Irish Sports Council's Women in Sport Programme. Available here: https://www.sportireland.ie/Participation/Women_in_Sport/
  - Patient.co.uk – Diet and Lifestyle During Pregnancy (information to provide to patients regarding diet and lifestyle in pregnancy as well as medication use, website run by the NHS). Available here: http://www.patient.co.uk/health/diet-and-lifestyle-during-pregnancy
  - Women's Aid. Available here: http://www.womensaid.ie/
  - Unplanned Pregnancy | My Options from The HSE - HSE.ie. Available here: https://www2.hse.ie/unplanned-pregnancy/

- Southern task group on abortion and reproductive topics. START. Available here: https://startireland.ie/

Community Resources

In this section you will find training resources recommended by those in the training community and recent graduates. All resources below are subject to the terms and conditions in appendix 3.

- Website(s);
  - NMIC Bulletin. Update on the Management of the Menopause. 2017; 23 (2).†1. Available here: http://www.stjames.ie/GPsHealthcareProfessionals/Newsletters/NMICBulletins/NMICBulletins2017/NMIC%20Bulletin%20JUNE%202017%20-%20MANAGEMENT%20OF%20MENOPAUSE.pdf
  - NMIC Bulletin. Contraception. 2015; 21 (1).†1. Available here: http://www.stjames.ie/GPsHealthcareProfessionals/Newsletters/NMICBulletins/NMICBulletins2015/NMIC%20Bulletin%20April%202015%20Contraception%20(4).pdf
  - Drugs and Lactation Database (LactMed) †2. Available here: https://toxnet.nlm.nih.gov/newtoxnet/lactmed.htm
  - Breastfeeding.ie - Factsheets †2. Available here: https://www.breastfeeding.ie/Resources/Health-professional/Fact-sheets.html
  - Association of Lactation Consultants in Ireland - Find an International Board Certified Lactation Consultant †2. Available here: http://www.alcireland.ie/find-a-consultant/
  - Menopause Matters: Irish Practitioners Area†3. Available here: https://www.menopausematters.co.uk/secure/irish/index.php
  - British Menopause Society – Tools for Clinicians†3. Available here: https://thebms.org.uk/publications/tools-for-clinicians/
  - Obstetrics and Gynaecology Emergencies UCD Podcast†4. Available here: https://itunes.apple.com/us/podcast/obstetrics-and-gynaecology-emergencies-ucd/id1127297906?mt=2
  - National Screening Service e-Learning Portal†5. Available here: https://nssresources.ie/
  - HSE Breast Cancer Referral [HealthLink eReferral Preferential over form] Guideline and Referral form†6. https://www.hse.ie/eng/services/list/5/cancer/profinfo/resources/gpreferrals/breast-referral-form-.pdf
  - Ovarian Cancer Referral [HealthLink eReferral Preferential over form] Guideline and Referral form†6. https://www.hse.ie/eng/services/list/5/cancer/profinfo/resources/gpreferrals/ovarian%20cancer%20referral%20form.pdf

Want to contribute to the Community Resources?

Please email curriculum@icgp.ie . Internal CPD points for submissions: click to record.
Published submissions acknowledged by letter from the ICGP.
Contributors above;
†1: Dr Lorraine Duffy. North Eastern Regional TS.
†2: Dr Siobhan Hinchy. North Eastern Regional TS.
†3: Dr Ciara Keating. GP (2018 - North Dublin City TS Graduate)
†4: Dr James Farrell. Ballinasloe TS.
†5: Dr Laura Nicholson. Sligo TS.
†6: Dr Sheila Rochford. Assistant Programme Director of the Cork GP Training Programme.

Self-Assessment

These resource(s) are a sample of those available to all with an OpenAthens account (all HSE employees which includes GP trainees), many of which include self-assessments. Please note these are UK resources, and some differences from Irish primary care can exist.

- Easily missed: Intrahepatic cholestasis of pregnancy. BMJ Learning. 2016.

References

1. CSO - Women and Men in Ireland 2013. Available here: https://www.cso.ie/en/releasesandpublications/ep/p-wamii/womenandmeninireland2013/
2. Department of Justice, Equality & Law Reform. National Women's Strategy 2007-2016. Dublin: Government of Ireland; 2007. Available here: http://justice.ie/en/JELR/National%20Womens%20Strategy%20PDF.pdf/Files/National%20Womens%20Strategy%20PDF.pdf
3. Irish Sports Council, Women in Sport Programme. Available here: https://www.sportireland.ie/Participation/Women_in_Sport/

16. Man Specific Health

Assessments

This chapter was deemed to have been poorly answered in prior ICGP assessments; CKT; 2015. CCT; 2016.

CPD

Using the curriculum for a tutorial?

New (2018) up 5 hours of internal credits for in-practice tutorials not recorded elsewhere.

Introduction

The Men's Health Chapter does not encompass all aspects of a man's health but rather the aspects of it which are specific to men and therefore warrant attention. Irish men have a life-expectancy which is almost five-years shorter than Irish women.[1] They are also more likely to die at an earlier age from most major causes of death.[2] The vast majority of Irish suicides are men.[3]

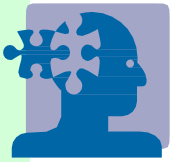
In addition, men have poorer lifestyles in terms of diet, exercise, alcohol and smoking and do not consult their GP as often as women.[4 5] As a result, men can present later with symptoms resulting in delayed diagnosis.6 The relationship between perception of masculinity and health is a complex one where engagement in risk-taking or health-damaging behaviour can be seen as proof of masculinity. [6]

This sets the scene for consultations with men in general practice where communication skills, case-finding and opportunistic health promotion are of vital importance

Case Vignette

Tony, 40 years of age, is the successful owner of a real-estate business. Tony's wife, Sarah, and their children also attend the practice. Tony tells you that Sarah made the appointment for him. He says he would like a health check, "You know, the full MOT!" He also mentions that Sarah wanted him to get his prostate checked because he had an uncle who had prostate cancer.

Tony is considerably heavier than when you last saw him and now weighs 107 kg (height: 173 cm, BMI: 36). He has been working late and eating take-away food 3 or 4 times a week (usually fried fish and chips or pizza). His alcohol intake has also increased, consuming a six-pack most nights and twice that on Fridays with his workmates. He has been worried at the downturn in the housing market and says the alcohol helps him to relax. He used to be a keen football player until he injured his knee, and knows he needs to exercise more but finds it difficult to get motivated.



Reflective Questions

Mapping the competencies of general practice to this case.
To help you understand how the GP curriculum can be applied to this case, ask yourself the following questions:

Primary Care Management

MNRPM1A	How would I address the issues this consult presents within the time allowed?
MNRPM2A	How would I approach the issue of attending to Tony's health needs while maintaining confidentiality between other family members?
MNRPM3A	What other health care professionals / services might I consider suggesting in this case?
MNRPM4A	How would I approach the concept of readiness for change with Tony?
MNRPM5A	How would I address the concept of continuing health care and health management with Tony?

Person Centred Care

MNRPC1A	How would I endeavour to develop rapport with Tony?
MNRPC2A	What consultation skills would I use in my approach to this consultation so that Tony will be more inclined to return to me and/or doctors in general on a regular basis?
MNRPC3A	What would I do to inform Tony and involve him in decision-making?
MNRPC4A	How would I empower Tony to take responsibility for his health?

Specific Problem Solving

MNRSP1A	What do I think a "health check" for a man of 40 should consist of?
MNRSP2A	How will I assess Tony's prostate?
MNRSP3A	Am I aware of the Medical Council guidelines on intimate examinations and the use of chaperones?
MNRSP4A	What is the significance of his family history of prostate cancer?
MNRSP5A	How would I assess his cardiovascular risk?
MNRSP6A	How would I assess urinary symptoms?
MNRSP7A	To what degree will I address lifestyle factors at this consultation?

Comprehensive Approach

MNRCA1A	Am I comfortable providing a listening and supportive role for Tony?
MNRCA2A	How would I prioritise Tony's health needs?
MNRCA3A	How would I proceed safely, knowing that men attend doctors less frequently than women?
MNRCA4A	How will I arrange follow-up with Tony?
MNRCA5A	When would I address health promotion for Tony in terms of diet, exercise, weight-loss, alcohol intake and life-work balance?

Community Orientation

MNRCO1A	Am I aware of the resources in your community that might be of use to Tony?
MNRCO2A	What are the waiting times for these services and am I and our practice using them appropriately?

Holistic Approach

MNRHA1A	How are things at home for Tony (his relationship with his wife and his children)?
MNRHA2A	Are Tony's family under financial pressure?
MNRHA3A	Is Tony self-conscious of his weight and is it one of the things preventing him from

recommencing exercise?

MNRHA4A Does Tony's situation resonate with similar concerns for you or your family?

MNRHA5A How are your time-management skills?

Contextual Features

MNRAC1A Am I aware of the barriers to accessing health care for men?

MNRAC2A Are there particular economic difficulties in my practice's area?

MNRAC3A Are there current health promotional activities which may have helped or could help in addressing Tony's health needs?

MNRAC4A What impact might running late in this consultation have?

Attitudinal Features

MNRAA1A What are my attitudes to working long hours and using alcohol as a means of "winding down"?

MNRAA2A How do I manage stress?

MNRAA3A How do I feel about men discussing their fears and weaknesses?

MNRAA4A How will I reconcile these attitudes with providing a professional service for Tony?

Scientific Features

MNRAS1A Am I aware of the statistics regarding men's lower life-expectancy, less frequent attendance with GPs and late presentation with symptoms?

MNRAS2A Am I familiar with national health policies and guidelines for men (e.g. National Prostate Cancer Referral Guidelines)?

MNRAS3A Is there evidence for regular "health checks" in men?

MNRAS4A What is the evidence for screening for prostate cancer?

MNRAS5A Am I up to date with the management of the health issues Tony presents?

Learning Outcomes

The following learning outcomes demonstrate the core competences in this subject. You will require knowledge, skills and attitudes in the following areas:

1. Primary Care Management

This area of competence is about how you manage your contact with patients, dealing competently with any and all problems that are presented to you. (This area of competence is not limited to dealing with the management of the practice.) As a GP you should be able to:

MNLPM1A Accept that men tend to be poorer users of health services compared to women

MNLPM2A Make use of the knowledge that men may need more encouragement both to attend the GP and to articulate the full extent of their health problems

MNLPM3A Demonstrate knowledge and describe the management of the key male-specific medical conditions, while noting that the most serious non-sex specific health problems are more common in men and tend to occur at an earlier age

MNLPM4A Identify those non-male specific conditions that are found to be more prevalent or have a different presentation in men, such as depression

MNLPM5A Accept and comply with the role of the GP in leading effective and appropriate acute and chronic disease management including prevention and rehabilitation

MNLPM6A Accept and comply with the role of the GP in primary contact with patients who have a

male genitourinary problem

MNLPM7A Recognise the role of the GP in empowering the patient to look after their own health

MNLPM8A Identify how the other primary care team members may help in delivering health promotion for men

MNLPM9A Recognise when urgent referral to specialist services are required (e.g. testicular lumps and suspected prostate cancer)

MNLPM10A Explain the indications for urgent referral to specialist services

MNLPM11A Identify conditions affecting men where there is a low index of suspicion such as breast cancer and osteoporosis

2. Person Centred Care

This area of competence is about understanding and relating to the context of your patients as individuals, and developing the ability to work in partnership with them. A GP should;

MNLPC1A Adapt consultation skills to compensate for difficulties men may have in articulating their health needs

MNLPC2A Recognise that men may present with more than one health problem at a time and that men may mask mental/emotional health problems with physical symptoms

MNLPC3A Be aware of the impact of socio-economic status on lifestyle

MNLPC4A Describe the particular difficulties that adolescent and young adult males have when accessing primary care services

MNLPC5A Adopt and demonstrate a non-judgmental, caring and professional consulting style to minimise embarrassing male patients

MNLPC6A Advocate the need for appointments and other services to be available at times convenient to men

MNLPC7A Assess and detect readiness for behaviour change

MNLPC8A Adopt a shared decision-making style of consultation

3. Specific Problem Solving

This area of competence is about the context-specific aspects of general practice, dealing with early and undifferentiated illness and the skills you need to tolerate uncertainty. As a GP you should be able to;

MNLSP1A Adopt a lower threshold for suspicion of significant disease knowing men consult less frequently but have poorer health outcomes for many conditions.

MNLSP2A Use knowledge of the relative prevalence of all medical conditions in men compared to women to assist diagnosis

MNLSP3A Assess suicidal risk

MNLSP4A Diagnose and manage benign prostate problems (benign prostatic hypertrophy, prostatitis)

MNLSP5A Define indications for a prostate-specific antigen (PSA) blood test

MNLSP6A Explain the role of PSA blood test in the diagnosis and management of prostate cancer

MNLSP7A Apply evidence-based guidance in screening for prostate cancer

MNLSP8A Interpret the results of the PSA blood test

MNLSP9A Proceed urgently with referral of suspected malignancy

MNLSP10A Evaluate testicular & lumps and have a low threshold for referral

MNLSP11A Diagnose and manage male genital problems such as hydrocoele, hernia, varicocoele, epididymo-orchitis, phimosis

MNLSP12A Identify the health needs of the increasing number of men who are cancer survivors

MNLSP13A Evaluate and manage erectile dysfunction

MNLSP14A Describe the implications of erectile dysfunction as an early marker of cardiovascular

disease

MNLSP15A Evaluate and manage overweight and obesity issues in men

MNLSP16A Describe the systems of care for men's sexual health, including the roles of primary and secondary care, shared care arrangements, multidisciplinary teams and patient involvement

MNLSP17A Describe the potential impact of workplace health hazards on men

MNLSP18A Accept and acknowledge the role of the GP in stress management

MNLSP19A Recognise the role of the GP in the management of psychosexual problems

MNLSP20A Recognise the role of the GP in the diagnosis and treatment of subfertility

4. Comprehensive Approach

This area of competence is about how you as a general practitioner must be able to manage co-morbidity, coordinating care of acute illness, chronic illness, health promotion and disease prevention in the general practice setting. As a GP you should be able to;

MNLCA1A Identify the patient's health beliefs regarding illness and lifestyle

MNLCA2A Reinforce, modify or challenge health beliefs as appropriate

MNLCA3A Initiate discussion with men about symptoms, and the link between lifestyle and health

MNLCA4A Apply health promotion and disease prevention strategies appropriately

MNLCA5A Use consultations with infrequent attendees opportunistically for health education

MNLCA6A Describe the impact of men's health problems on the patient and his family and on their presentation and management

MNLCA7A Describe the screening programmes available to men and be able to discuss these with patients

MNLCA8A Use evidence-based men's health resources to reinforce advice given during consultations and for general health promotion

MNLCA9A Acknowledge that healthcare provision for men can extend into other settings, thereby increasing opportunities to target men other than in the clinic, e.g. in the workplace or in leisure settings

MNLCA10A Make men's health information available within the practice

MNLCA11A Act habitually to empower patients to recognise when they can self-care safely and when they must visit the GP

5. Community Orientation

This area of competence is about the physical environment of your practice population, and the need to understand the interrelationship between health and social care, and the tensions that may exist between individual wants and needs and the needs of the wider community. As a GP you should be able to:

MNLCO1A Describe the features of a successful men's health service, including cultural and social awareness

MNLCO2A Evaluate the effectiveness of the primary care service you provide from the male patient's point of view

MNLCO3A Accept equality legislation and the implications for you as a GP

MNLCO4A Formulate practical means of engaging with men more effectively regarding their health

MNLCO5A Appraise the role of well-man clinics in primary care

MNLCO6A Be aware that men presenting with aggressive behaviour could be a sign of psychological stress

MNLCO7A Describe the local male-targeted health programmes or services for referral

6. Holistic Approach

This area of competence is about your ability to understand and respect the values, culture, family structure and beliefs of your patients, and understand the ways in which these will affect the experience and management of illness and health. As a GP you should be able to:

MNLHA1A Be aware that cultural backgrounds may influence men's attitudes towards health and expectations of the doctor.

MNLHA2A Explain the importance of the parental fathering role in family structures

MNLHA3A Demonstrate an understanding of social influences on mental health including family and marital dynamics

MNLHA4A Describe the psychological, social, cultural and economic problems caused by unemployment amongst men

MNLHA5A Describe the health needs of gay, transgender and bisexual men (beyond sexual health) and their partners

MNLHA6A Describe the health needs of minority ethnic men including members of the Travelling Community

MNLHA7A Describe and acknowledge the social and cultural pressures which may underlie the reluctance of male patients to seek timely help and may inhibit male patients from expressing their health concerns

Essential Features

The three essential features (EFs) below are concerned with the features of you as a doctor which may influence your ability to apply the core competences to real life in the work setting.

7. Contextual Features

This essential feature is about understanding your own context as a doctor and how it may influence the quality of your care. Important factors are the environment in which you work, including your working conditions, community, culture, financial and regulatory frameworks. A GP should:

MNLAC1A Recognise important variations in men's health according to ethnicity, social class and geography

MNLAC2A Describe the local demography, social deprivation and failings in service provision that may contribute to poor male health

8. Attitudinal Features

This essential feature is about your professional capabilities, values, feelings and ethics and the impact these may have on your patient care. A GP should:

MNLAA2A Demonstrate a non-judgemental approach towards male health beliefs, and encouraging these beliefs to be expressed and modified, where appropriate

MNLAA3A Acknowledge that male circumcision is important for several religious group

MNLAA4A Adapt the consultation because men's presentation of symptoms for depression and other mental health problems may be different to women's

MNLAA5A Accept that your own gender experience may influence your decisions as a GP

9. Scientific Features

This essential feature is about the need to adopt a critical and evidence-based approach to your work, maintaining this through continuing professional development and lifelong learning. A GP should:

MNLAS1A Identify the key statistical differences between the health of men and women

MNLAS2A Appraise the evidence base for men's different presentation of symptoms, particularly for mental health conditions

Resources

In the following section you will find ICGP resources. All resources below are subject to the terms and conditions in appendix 3. All weblinks cited 20th September 2018. In addition to this section the ICGP Library Catalogue is searchable for all ICGP material and ICGP Journals offers online journals via Full Text Finder.

ICGP – Quick Reference Guide

- Allen O. Lesbian, Gay & Bisexual Patients Quick Reference Guide. 2013.
- O'Ciardha, D, Manecksha R, Boland M. Prostate Cancer Quick Reference Guide. 2009.

ICGP – eLearning (Not available at time of curriculum publication 2/10/19, please check https://www.icgpeducation.ie for updates)

- Urinary Incontinence

ICGP – Forum (Please log-in to the ICGP website on your browser before clicking the links)

- O'Kelly F. Distance Learning Module: Urology: Overactive bladder. 2018 Jun; 35 (5).
- Murad F. Clinical Review: Shedding light on the hidden side of osteoporosis. 2016 Oct; 33 (9): 52-54.
- Philpott L. Men's Health: Spotlight on paternal postnatal depression. 2016 Jun; 33 (6): 62-65.
- Galvin D. Men's Health: The early detection of prostate cancer. 2015 Oct; 32 (9): 45-47.
- Duffy I. Distance Learning Module: Men's Health: Diagnosis and management of BPH in general practice. 2015 Feb; 32 (2).
- McHugh C. Men's Health: Testosterone deficiency in adult males. 2014 Mar; 31 (3): 42-43.

External Resources

In this section you will find external resources. All resources below are subject to the terms and conditions in appendix 3.

- Website(s);
  - British Association for Sexual Health and HIV (BASHH). Available here: www.bashh.org
  - British Society for Sexual Medicine. Available here: www.bssm.org.uk
  - Equality Legislation in Ireland, Equal-check. Available here: http://www.culturewise.ie/equal-check/equality_lagislation_in_ie.php
  - International Prostate Symptom Score. Available here: http://www.urospec.com/uro/Forms/ipss.pdf
  - National Men's Health Policy 2008 – 2013: Working with Men in Ireland to Achieve Optimum Health & Wellbeing. Dublin: Department of Health and Children; 2008. Available here: http://health.gov.ie/wp-content/uploads/2014/03/reference_document.pdf
  - National Prostate Cancer GP Referral Guidelines. Available here: https://www.hse.ie/eng/services/list/5/cancer/profinfo/resources/gpreferrals/nccp-prostate-cancer-gp-referral-guideline.pdf

Community Resources

In this section you will find training resources recommended by those in the training community and recent graduates. All resources below are subject to the terms and conditions in appendix 3.

Want to contribute to the Community Resources?

Please email curriculum@icgp.ie . Internal CPD points for submissions: click to record.
Published submissions acknowledged by letter from the ICGP.

Self-Assessment

These resource(s) are a sample of those available to all with an OpenAthens account (all HSE employees which includes GP trainees), many of which include self-assessments. Please note these are UK resources, and some differences from Irish primary care can exist.

- Managing patients at risk of prostate cancer. BMJ Learning. 2016.

References

1. Health Service Executive. Annual Report and Financial Statements 2013. Oak House, Limetree Avenue, Millenium Park, Naas, Co. Kildare, 2014. Available here: https://www.hse.ie/eng/services/publications/corporate/annualrpt2013.pdf
2. Central Statistics Office. Health Statistics 2014. www.StatCentral.ie The Portal to Ireland's Official Statistics. Cork, Ireland.
3. Central Statistics Office. Suicide Statistics 2011. Cork, Ireland. Available here: https://www.cso.ie/en/releasesandpublications/er/ss/suicidestatistics2011/
4. UCL Institute of Health Equity. Review of social determinants and the health divide in the WHO European Region: final report. Copenhagen: WHO Regional Office for Europe, 2013. Available here: http://www.euro.who.int/en/publications/abstracts/review-of-social-determinants-and-the-health-divide-in-the-who-european-region.-final-report
5. Baker P, Banks I. Men's Health and Primary Care: Improving Access and Outcomes. Trends in urology & Men's health 2013 Sept/Oct; 4 (5): 39–41.
6. Clarke N, Sharp L, O'Leary E, Richardson N. A report on the excess burden of cancer among men in the Republic of Ireland. Cork: Irish Cancer Society, National Cancer Registry Ireland and Institute of Technology Carlow; 2013.

17. Child Health

Assessments

This chapter was deemed to have been poorly answered in prior ICGP assessments; CCT; 2016.

CPD

Using the curriculum for a tutorial?

New (2018) up 5 hours of internal credits for in-practice tutorials not recorded elsewhere.

Introduction

34% of the Irish population are under the age of 25 and about 25% of all consultations in general practice are with children[1]. Most healthcare for children and young people is delivered in the community. The national policy framework for children and younger people "Better Outcomes, Brighter Futures" 2014–2020 is a whole of government policy to support this age group[2].The majority of children and young people in Ireland are healthy and happy with their lives, but 20% is this age group need additional support. Services for children with disabilities are described in the HSE's national programme on "Progressing Disability Services for Children and Young People". An inter-agency, interdisciplinary approach to provide a holistic, child centred, safe and respectful environment for children is encouraged. This is consistent with the core competencies of general practice.

The Child and Family Agency was established in January 2014. Legislation for child protection is underpinned by the 1991 Child Care Act, and guided by the 2004 Children First guidelines [3].The Domestic Violence Act, 1996 and the Protections for Persons Reporting Child Abuse Act, 1998 are also relevant to child protection and welfare.

The general practitioner requires an extensive knowledge base for this section of the population with a broad familiarity with common paediatric problems and a dependable ability to recognise a sick child. The general practitioner should also integrate health promotion and the national policy framework outcomes into the care of children in their practice.

Case Vignette

Fiona is a plump 4-year-old who has been brought to see you by both her parents late on Friday afternoon. When collecting her from Child Care, they noted that Fiona was off form with a high temperature.

On examination, Fiona has a pyrexia of 39.2 C, is irritable, has cold extremities and has a fine erythematous rash over her trunk. You also notice some bruising on the backs of her thighs. How would you proceed?

Reflective Questions

Mapping the competencies of general practice to this case.
To help you understand how the GP curriculum can be applied to this case, ask yourself the following questions:

Primary Care Management

CHRPM1A What information would you record in Fiona's medical record and in a referral letter if you decided to refer her?

Person Centred Care

CHRPC1A How would you conduct the consultation given Fiona's age and that both parents are present?

CHRPC2A How might you negotiate an admission if you thought it appropriate?

Specific Problem Solving

CHRSP1A What further information would you require both from the history and the examination in this case?

CHRSP2A How might you address the possibility of non-accidental injury (NAI) with the parents?

CHRSP3A What are your criteria for identifying serious illness and admitting febrile children?

Comprehensive Approach

CHRCA1A What health promotional and preventive health opportunities does this consultation raise?

Community Orientation

CHRCO1A What issues does this case raise for the local crèche and for secondary care?

Holistic Care

CHRHA1A How do you manage the uncertainties this situation might generate?

Contextual Features

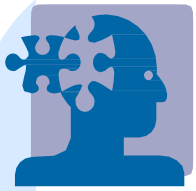
CHRAC1A What legal options are available to you when dealing with a case of NAI?

Attitudinal Features

CHRAA1A What are you feelings in relation to non-accidental injury?

Scientific Features

CHRAS1A Where would you look for further information on febrile conditions in children?



Learning Outcomes

The following learning outcomes demonstrate the core competences in this subject. You will require knowledge, skills and attitudes in the following areas:

1. Primary Care Management

This area of competence is about how you manage your contact with patients, dealing competently with any and all problems that are presented to you. (This area of competence is not limited to dealing with the management of the practice.) As a GP you should be able to:

CHLPM1A Demonstrate the ability to refer appropriately
CHLPM2A Record data appropriately
CHLPM3A Manage common symptoms like vomiting, drowsiness, developmental delay, infantile colic, 'failure to thrive' and growth disorders, behavioural problems, obesity
CHLPM4A Safeguard children and young people, understanding that the welfare of the child and young person must be the paramount consideration
CHLPM5A Deal effectively with maltreatment of children and young people by recognising the clinical features, and aware of local arrangements for child protection issues

2. Person Centred Care

This area of competence is about understanding and relating to the context of your patients as individuals, and developing the ability to work in partnership with them. A GP should;

CHLPC1A Act habitually to communicate at an appropriate level with the child
CHLPC2A Adopt a family-centred approach in dealing with patients, their families and their problems.
CHLPC3A Being aware of the impact of parental problems including domestic violence and abuse, substance and alcohol misuse and mental health problems
CHLPC4A Create an appropriate investigation and treatment plan
CHLPC5A Manage acute and chronic presentations in children simultaneously
CHLPC6A Take an appropriate history from the child and the parent/carer
CHLPC7A Perform an appropriate clinical examination

3. Specific Problem Solving

This area of competence is about the context-specific aspects of general practice, dealing with early and undifferentiated illness and the skills you need to tolerate uncertainty. As a GP you should be able to;

CHLSP1A Recognise acute severe illness
CHLSP2A Formulate a differential diagnosis
CHLSP3A Demonstrate an understanding of the effective use of drug therapy
CHLSP4A Preform and interpret blood pressure measurements
CHLSP5A Perform paediatric phlebotomy and IV insertion
CHLSP6A Demonstrate inhaler device technique
CHLSP7A Perform palpation of pulses and apical beat
CHLSP8A Perform auscultation of heart sounds, including added sounds
CHLSP9A Recognise and describe significant cardiac murmurs
CHLSP10A Recognise and assess features of congestive heart failure
CHLSP11A Recognise signs of respiratory distress
CHLSP12A Perform auscultation of normal and adventitious chest sounds
CHLSP13A Recognise and assess significant collapse/consolidation, pleural effusion, pneumothorax

CHLSP14A Recognise and assess abdominal masses
CHLSP15A Recognise normal penile, scrotal, testicular and vulval appearances
CHLSP16A Complete examination for hydrocoele, hernia, undescended testes
CHLSP17A Recognise and assess normal and abnormal fontanelle size and tension
CHLSP18A Perform an appropriate assessment of tone, gait, co-ordination, sensation, power
CHLSP19A Plot measurements on appropriate centile charts
CHLSP20A Perform developmental assessment at six weeks, six months, one year and 18 months
CHLSP21A Perform pubertal assessment
CHLSP22A Recognise developmental delay in children
CHLSP23A Diagnose and manage the following conditions
- **CHLSP23.1A** Common birthmarks and skin conditions
- **CHLSP23.2A** Snuffly babies
- **CHLSP23.3A** Jaundice
- **CHLSP23.4A** Sleep Disturbance
- **CHLSP23.5A** Feeding problems
- **CHLSP23.6A** Acute urinary tract infection
- **CHLSP23.7A** Acute viral illness
- **CHLSP23.8A** Bronchiolitis
- **CHLSP23.9A** Croup
- **CHLSP23.10A** Dehydration
- **CHLSP23.11A** Diarrhoea
- **CHLSP23.12A** Irritable child
- **CHLSP23.13A** Minor trauma
- **CHLSP23.14A** Otitis Media
- **CHLSP23.15A** Pyrexia
- **CHLSP23.16A** Sore throat
- **CHLSP23.17A** Acute abdomen
- **CHLSP23.18A** Acute appendicitis
- **CHLSP23.19A** Acute epiglottitis
- **CHLSP23.20A** Acute life-threatening episode

CHLSP24A Adenoid hypertrophy
CHLSP25A Balanitis
CHLSP26A Phimosis
CHLSP27A Evaluate and manage the child that presents with a limp
CHLSP28A Hirschprung's disease
CHLSP29A Hypoglycaemia
CHLSP30A Hypothermia
CHLSP31A Intussusception
CHLSP32A Meningitis
CHLSP33A Mesenteric Adenitis
CHLSP34A Non-accidental injury
CHLSP35A Pneumonia
CHLSP36A Pyloric Stenosis
CHLSP37A Septicaemia
CHLSP38A Allergy and food intolerance
CHLSP39A Anaemia
CHLSP40A Asthma, Bronchiectasis
CHLSP41A Attention deficit hyperactivity disorder (ADHD)
CHLSP42A Autism
CHLSP43A Balanitis, Phimosis

CHLSP44A	Behavioural problems
CHLSP45A	Cerebral Palsy
CHLSP46A	Nutritional problems (underweight, overweight, obesity, coeliac disease)
CHLSP47A	Constipation
CHLSP48A	Colic
CHLSP49A	Cystic Fibrosis
CHLSP50A	Diabetes
CHLSP51A	Diarrhoea
CHLSP52A	Enuresis, Encopresis
CHLSP53A	Epilepsy
CHLSP54A	Musculoskeletal problems (scoliosis, congenital dislocation of the hip, gait and posture problems)
CHLSP55A	Learning difficulties (e.g. dyslexia, specific learning disabilities)
CHLSP56A	Psychiatric problems in childhood
CHLSP57A	Recurrent abdominal pain
CHLSP58A	Reflux
CHLSP59A	Sleep Disturbance
CHLSP60A	Thyroid Abnormalities
CHLSP61A	Impetigo
CHLSP62A	Exanthema of common infectious diseases including measles, rubella, chickenpox, scarlet fever
CHLSP63A	Eczema
CHLSP64A	Psoriasis
CHLSP65A	Giant urticaria
CHLSP66A	Diagnose and manage accidental poisoning
CHLSP67A	Diagnose and manage acute abdomen
CHLSP68A	Diagnose and manage acute epiglottitis
CHLSP69A	Diagnose and manage acute urinary tract infection
CHLSP70A	Diagnose and manage acute viral illness
CHLSP71A	Diagnose and manage adenoid hypertrophy
CHLSP72A	Diagnose and manage allergies
CHLSP73A	Recognise and describe common rashes in childhood e.g. impetigo
CHLSP74A	Evaluate and manage congenital dislocation of hip
CHLSP75A	Evaluate and manage scoliosis
CHLSP76A	Evaluate the normal range of physical and mental development

4. Comprehensive Approach

This area of competence is about how you as a general practitioner must be able to manage co-morbidity, coordinating care of acute illness, chronic illness, health promotion and disease prevention in the general practice setting. As a GP you should be able to;

CHLCA1A	Participate in three-way consultations in a patient- and family-centred fashion
CHLCA2A	Exemplify a respectful approach to children and enable them to participate in their own care-planning and delivery
CHLCA3A	Recognise the health implications of inequalities, inequities and ethnic diversity and address these actively in a patient-centred fashion
CHLCA4A	Understand the theory of psychological development in children and how it applies to behaviour
CHLCA5A	Demonstrate the ability to communicate complex management strategies
CHLCA6A	Accept and implement the role of the GP in relation to education, administration and

audit of vaccinations

CHLCA7A Accept the role of the GP in the management of children with congenital abnormalities

CHLCA8A Understand the role of the GP in situations such as suspected child abuse/ neglect, sudden infant death syndrome (SIDS) or suspected non-accidental injury (NAI)

5. Community Orientation

This area of competence is about the physical environment of your practice population, and the need to understand the interrelationship between health and social care, and the tensions that may exist between individual wants and needs and the needs of the wider community. As a GP you should be able to:

CHLCO1A Understand the systems of care for paediatric conditions, including the roles of primary and secondary care, shared care arrangements, multidisciplinary teams and patient involvement

CHLCO2A Accept the concept of the multidisciplinary team approach

CHLCO3A Accept the role of the GP in prevention and in promoting health

CHLCO4A Accept the role of the GP in supporting the health needs of children in residential, foster and other care placements.

6. Holistic Approach

This area of competence is about your ability to understand and respect the values, culture, family structure and beliefs of your patients, and understand the ways in which these will affect the experience and management of illness and health. As a GP you should be able to:

CHLHA1A Provide longitudinal care for children and their families, particularly through the transition from childhood to adolescence and the accompanying changes in service delivery for those with chronic conditions

CHLHA2A Recognise children at risk (physically, psychologically or emotionally) and act in a patient-centred fashion with respect to the legislation on child protection

CHLHA3A Provide support and resources for families in relation to parenting

CHLHA4A Understand the concepts of capacity, consent and confidentiality as they relate to children

CHLHA5A Accept the role of supporting parents

CHLHA6A Understand the challenges of the transition from childhood to adolescence

CHLHA7A Explore behavioural issues with children, parents and families in a non- judgmental fashion

CHLHA8A Adopt a patient-and family-centred approach when dealing with children, their parents/carers and relations

CHLHA9A Adopt a supportive and enabling role so that children may be informed about and involved in decisions about their care, taking into account increasing autonomy with increasing maturity and the concepts of capacity, consent and confidentiality as they apply to children and young adults

Essential Features

The three essential features (EFs) below are concerned with the features of you as a doctor which may influence your ability to apply the core competences to real life in the work setting.

7. Contextual Features

This essential feature is about understanding your own context as a doctor and how it may influence

the quality of your care. Important factors are the environment in which you work, including your working conditions, community, culture, financial and regulatory frameworks. A GP should:

CHLAC1A Understand the importance of the workload issues raised by paediatric problems, especially the demand for urgent appointments and the mechanisms for dealing with this

8. Attitudinal Features

This essential feature is about your professional capabilities, values, feelings and ethics and the impact these may have on your patient care. A GP should:

CHLAA1A Recognise their attitudes to treating children and young people equitably, and with respect for their beliefs, preferences, dignity and rights

CHLAA2A Respect the sensitivities of young people about their health attitudes, behaviours and needs

CHLAA3A Manage the issues of confidentiality and consent

CHLAA4A Understand How and when to share information with other members of the primary care team.

CHLAA5A Exemplify a sensitive approach to the child, parents/guardians and relations

9. Scientific Features

This essential feature is about the need to adopt a critical and evidence-based approach to your work, maintaining this through continuing professional development and lifelong learning. A GP should:

CHLAS1A Maintain knowledge and skills in the examination of the new born child and the six-week check

CHLAS2A Be able to access the best evidence about clinical management and prescribing of medicines for children

CHLAS3A Use significant event meetings and audit as tools on which to reflect on your clinical practice in children

CHLAS4A Reflect on case-based discussions around child health and the identification of learning needs

CHLAS5A Reflect on aspects of protecting children and attending training

Learning opportunity

- Paediatric rotation in secondary care,
- Community paediatric clinics,
- General Practice,
- Day release teaching

Resources

In the following section you will find ICGP resources. All resources below are subject to the terms and conditions in appendix 3. All weblinks cited 2nd October 2019. In addition to this section the ICGP Library Catalogue is searchable for all ICGP material and ICGP Journals offers online journals via Full Text Finder.

ICGP – Quick Reference Guides

- O'Rourke, D. Febrile convulsions: Quick Reference Guide for GPs 2016.
- Mooney, S. Antipyretic Prescribing 2013.

- O'Keeffe, N., Gavin, B., Cullen, W., McNicholas, F. Child and Adolescent Mental Health: Diagnosis and management 2013.
- Osborne, B. Paediatric Algorithms ICGP AGM 2013.
- HSE/ICGP Weight Management Treatment Algorithm for Children 2012.

ICGP – eLearning (Not available at time of curriculum publication 2/10/19, please check https://www.icgpeducation.ie for updates)

- Addressing Childhood Overweight and Obesity
- Asthma
- Growth delay and short stature
- Immunisation
- Primary Childhood Immunisation Schedule

ICGP – Forum (Please log-in to the ICGP website on your browser before clicking the links)

Child Health articles regularly appear in Forum. Please use the ICGP Library Catalogue to find others.

- Bressan, J. Distance Learning Module: Child Health – Functional GI disorders in infants 2018 Mar; 31(2).
- Nicholson, A., Riordan, M., Cunney, R. Clinical Review: UTIs in children – update on current thinking 2018 Feb; 31(1:37-39).
- Stanton, C. Distance Learning Module: Infant Health- The role of gut microbiota 2017 Nov; 34(10).
- Distance Learning Module: Child Health: Childhood obesity 2016 Nov/Dec; 33(10).
- Fitzsimons, J. Distance Learning Module: Allergies – Childhood food allergies 2014 Nov; 31(10).
- Griffin, D. Distance Learning Module: Child Health – Infant Nutrition 2014 Jul/Aug; 31(7).
- Doorley, E. Child Health: Non-accidental injury- How to recognise it 2014 Apr; 31(4):47-48.
- Hayes, P. Healy, O. Clinical Review: Autism: early diagnosis key to better outcomes 2014 Feb; 31(2):44-46.
- Shipsey, R. Medico- Legal: Access to children's records and the role of the GP 2014 Feb; 31(2):18-19.
- Ryan, Y., van der Spek, N. Clinical Review: A stepwise approach to nocturnal enuresis 2013 Sep; 30(9):42-43.

ICGP – Other Publications

- Harrington, P. Childhood Immunisation: How to achieve a 95% target 2002.

External Resources

In this section you will find external resources. All resources below are subject to the terms and conditions in appendix 3.

- Websites;
  - Children First TUSLA – Publications and Forms. Available here: https://www.tusla.ie/children-first/publications-and-forms/
  - Immunisation (HSE Ireland). Available here: https://www.hse.ie/eng/health/immunisation/
  - HSE. The Newborn Clinical Examination Handbook. Available here: https://www.hse.ie/eng/about/who/healthwellbeing/our-priority-programmes/child-health-and-wellbeing/newborn%20exam.pdf

Community Resources

In this section you will find training resources recommended by those in the training community and recent graduates. All resources below are subject to the terms and conditions in appendix 3.

- Websites;
  - Irish Food Allergy Network (IFAN)†1. Available here: http://ifan.ie/milk/milk-classification-ladder/
  - Fever in under 5s: assessment and initial management (NICE)†2. Available here: https://www.nice.org.uk/guidance/cg160/chapter/1-Recommendations
  - When should I worry? – Your guide to coughs, colds, earache & sore throats (NHS Wales)†3. Available here: http://www.wales.nhs.uk/sitesplus/documents/866/2012%20-%20When%20shoudl%20I%20worry%20-%20English.pdf
  - The Royal Children's Hospital Melbourne – Clinical practice guidelines†4. Available here: https://www.rch.org.au/clinicalguide/about_rch_cpgs/Welcome_to_the_Clinical_Practice_Guidelines/
  - TUSLA – Welcome to Parenting 24/7†5. Available here: https://www.tusla.ie/parenting-24-seven/
  - Health Service Executive (HSE). When should my child return to school/childcare [internet] †6. Ireland: HSE; 2020. Date Accessed; 28th August 2020. Available here: https://www.hpsc.ie/a-z/lifestages/childcare/whenshouldmychildreturntoschoolchildcare/School%20Return%20A4%20English%20Print.pdf

Want to contribute to the Community Resources?

Please email curriculum@icgp.ie . Internal CPD points for submissions: click to record.
Published submissions acknowledged by letter from the ICGP.

Contributors above;

†1: Dr Catherine Thornton. Mid-Leinster Training Scheme. 2018.
†2: Dr Adedayo Olawuni. North-Eastern Regional Training Scheme. 2018.
†3: Dr Mari Gleesonholson. Ballinasloe Training Scheme. 2018.
†4: Dr Joanna Peart. North Dublin City Training Scheme. 2018.
†5: Dr Laura Nicholson. Sligo Training Scheme. 2018.
†6: Dr Brian Hannon. GP (2016 - TCD/HSE GP Training Scheme Graduate).

Self-Assessment

These resource(s) are a sample of those available to all with an OpenAthens account (all HSE employees which includes GP trainees), many of which include self-assessments. Please note these are UK resources, and some differences from Irish primary care can exist.

- Ask an Expert: Common problems in new babies in primary care BMJ Learning 2018.

References

1. Central Statistics Office (CSO) Ireland, Population estimates by age group and sex, 2018, Cork. Available here: https://www.cso.ie/multiquicktables/quickTables.aspx?id=pea01
2. Department of Children and Youth Affairs (DCYA), Better Outcomes, Brighter Futures: The national policy framework for children & young people 2014 – 2020, Dublin, Stationery Office, 2014. Available here: https://www.dcya.gov.ie/documents/cypp_framework/BetterOutcomesBetterFutureReport.pdf
3. Department of Children and Youth Affairs (DCYA), Children First: National Guidance for the Protection and Welfare of Children, 2017. Available here: https://www.dcya.gov.ie/docs/EN/Children-First-Guidance/2759.htm

18. Adolescent's Health

Assessments

This chapter was deemed to have been poorly answered in prior ICGP assessments; MEQ; 2018, 2017.

CPD

Using the curriculum for a tutorial?

New (2018) up 5 hours of internal credits for in-practice tutorials not recorded elsewhere.

Introduction

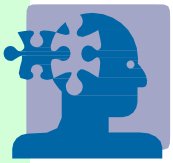
The World Health Organisation defines Adolescents as young people between the ages of 10 and 19 years as does most international epidemiological comparisons. Irish law defines the legal age of majority in Ireland as 18 years. However, the rate at which an adolescent matures will vary greatly from person to person.

With most health care delivered to young people outside the hospital adolescent health or young people's health, now the current preference in General Practice needs to cover all aspects of physical, psychological and social health. Each contact should be used as an opportunity to promote health and education.
Many suffer from chronic ill health and this needs to be addressed going into adulthood. Many adolescent consultations are less frequent, shorter and often accompanied by a third party.

As GPs we need to be competent in dealing with our adolescent patients, while at the same time recognising when referral and support is needed as well as an awareness of our own attitudes that can act as a barrier to open communication.

Case Vignette

Anna age 14 is brought to the surgery by her mother as she has another sore throat. Over the past 9 months Anna has consulted frequently with sore throats occasionally requiring antibiotics. Anna's recurrent sore throats have resulted in her missing considerable time from school and her mother missing time from her workplace. Anna's mother talks about her concerns regarding Anna mainly her recurrent sore throats, her moodiness, and her isolation from the rest of the family. Recently there has been a lot of tension at home especially between Anna and her mum. Anna's parents separated 12 months ago and now Anna's mother's new partner lives with them.



Reflective Questions

Mapping the competencies of general practice to this case.
To help you understand how the GP curriculum can be applied to this case, ask yourself the following questions:

Primary Care Management

ADRPM1A	How would I take an adequate history and physical examination?
ADRPM2A	How confident is my prescribing in this age group?
ADRPM3A	What services are available specific to this age group within the practice and in the local primary care team and am I aware of them and how to access them?
ADRPM4A	What structures would I put in place for follow up with Anna and her mother? How can I facilitate this with ease?

Person Centred Care

ADRPC1A	Would I like to assess Anna alone and how would I approach this?
ADRPC2A	How would I assess her level of maturity?
ADRPC3A	What are the issues in relation to consent?
ADRPC4A	Is a chaperone appropriate?
ADRPC5A	What considerations would I give to the role of her mother in my assessment and management plans and how could I facilitate this?
ADRPC6A	Is a separate consultation necessary at another time?

Specific Problem Solving

ADRSP1A	What further information would I require both from the history and the physical examination in this case?
ADRSP2A	What investigations if any would be appropriate and is referral necessary outside of the practice?
ADRSP3A	How would I approach and conduct a mental health assessment?
ADRSP4A	How am I influenced by time and resource constraints and how would I manage this?

Comprehensive Approach

ADRCA1A	What health promotional and preventive health opportunities does this consultation raise?
ADRCA2A	Does the practice have a policy on health promotion in this age group and if not how would I implement same?
ADRCA3A	Am I aware of immunisation guidelines in this age group?
ADRCA4A	How would I manage issues around time missed from school?

Community Orientation

ADRCO1A	What access is there to local services and supports for adolescents outside of the primary care setting both in hospital care and the private sector.
ADRCA2A	What support can her school provide? How easy it is to access them? Am I aware of age limitations with paediatric and adult referral?

Holistic Care

ADRHA1A	How do I manage the uncertainties generated by this situation?
ADRHA2A	How would I approach each individual's expectations?
ADRHA3A	How would I improve concordance to reach a mutual shared management plan?

Contextual Features

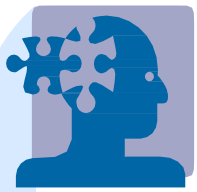
ADRAC1A What issues are raised about consent, confidentiality and capacity in this presentation?

Attitudinal Features

ADRAA1A What is my personal attitude to assessing adolescents? If necessary how can I improve?
ADRAA2A How comfortable am I in assessing alone or with a third part in the consultation?
ADRAA3A How do I feel about making a diagnosis relating to mental health in adolescence?
ADRAA4A How influenced am I by the dynamic between adolescent and parent in the room?
ADRAA5A How are my communications skills in a challenging consultation?
ADRAA6A Do I have an understanding of social media and its impact on adolescents?
ADRAA7A How does a consultation like this make me feel and influence my day and how can I improve on my own coping strategies?
ADRAA8A What are my attitudes relating to non-attending and am I aware of practice policies around this?

Scientific Features

ADRAS1A What is the evidence base for treatment of depression in adolescence?
ADRAS1A What are current microbial guidelines on sore throat?
ADRAS1A How accessible are you to current evidence based guidelines and continuing medical education?



Learning Outcomes

The following learning outcomes demonstrate the core competences in this subject. You will require knowledge, skills and attitudes in the following areas:

1. Primary Care Management

This area of competence is about how you manage your contact with patients, dealing competently with any and all problems that are presented to you. (This area of competence is not limited to dealing with the management of the practice.) As a GP you should be able to:

ADLPM1A Recognising the presentation of mental health problems in adolescence
ADLPM2A Evaluating the role of the GP in the management of sexual health in adolescents
ADLPM3A Outline the links with appropriate adolescent support services in the community
ADLPM4A Evaluate the concepts of capacity, consent and confidentiality and their ethical and legal implications for adolescents
ADLPM5A Diagnose and manage chronic disease appropriately in adolescents recognising the specific needs of adolescents
ADLPM6A Master the ability to communicate complex medical management strategies to patients and families
ADLPM7A Accept the role of the GP in adolescent health with particular emphasis on age, maturity, capacity, consent and confidentiality
ADLPM8A Assume responsibility for the role of the GP and duties to the patient in crisis pregnancy.

2. Person Centred Care

This area of competence is about understanding and relating to the context of your patients as individuals, and developing the ability to work in partnership with them. A GP should;

ADLPC1A Demonstrate an understanding of body self-image, its implications for adolescents and how it manifests in eating disorders
ADLPC2A Awareness of sexual and physical abuse and recognise opportunity of disclosure
ADLPC3A Recognition of bullying either mental or physical inside and outside home
ADLPC4A Communicate sensitively respectfully and effectively and tailor consultations to the needs of adolescents
ADLPC5A Demonstrate the ability to communicate effectively in a three-way consultation
ADLPC6A Show recognition for adolescent's need to consult with the GP alone
ADLPC7A Manage a presentation by a concerned parent sensitively and effectively

3. Specific Problem Solving

This area of competence is about the context-specific aspects of general practice, dealing with early and undifferentiated illness and the skills you need to tolerate uncertainty. As a GP you should be able to;

ADLSP1A Demonstrate the ability to refer appropriately
ADLSP2A Discuss contraceptive and emergency contraceptive options and assist adolescents to make informed choices
ADLSP3A Describe the normal spectrum of adolescent development
ADLSP4A Understand the various contraceptive and emergency contraceptive options available to adolescents
ADLSP5A Define the normal spectrum of physical and mental pubertal development
ADLSP6A Conduct pubertal assessment
ADLSP7A Recognise abnormal pubertal development
ADLSP8A Define and manage anxiety, obsessive compulsive disorder, panic disorder, deliberate self-harm, somatisation, eating disorders, acute psychotic disorder, adjustment disorder, bipolar disorder, depression
ADLSP9A Conduct suicidal risk assessment
ADLSP10A Demonstrate ability to differentiate urgent from non-urgent psychiatric illness
ADLSP11A Diagnose and manage obesity in adolescents
ADLSP12A Identify and manage of common skin conditions, e.g. acne
ADLSP13A Manage acute sports injuries, gait and posture problems, back pain, foot- related problems, Osgoode-Schlatter's disease, patella-femoral syndrome, chondromalacia
ADLSP14A Recognise the risk of sudden cardiac death syndrome
ADLSP15A Manage menstrual problems and hyperandrogenism

4. Comprehensive Approach

This area of competence is about how you as a general practitioner must be able to manage co-morbidity, coordinating care of acute illness, chronic illness, health promotion and disease prevention in the general practice setting. As a GP you should be able to;

ADLCA1A Identify the particular needs of adolescents in terms of health service delivery
ADLCA2A Analyse the challenges of the transition from adolescence to adulthood particularly in relation to chronic disease
ADLCA3A Recognise people at risk for mental health problems
ADLCA4A Implement longitudinal care for adolescents and their families, particularly through the transition from adolescence to adulthood and the accompanying changes in service delivery for those with chronic conditions
ADLCA5A Maintain continuing support and care in crisis pregnancy

ADLCA6A Assess competence in an adolescent
ADLCA7A Identify intellectual disability and the adolescent
ADLCA8A Demonstrate an understanding of the need to educate, empower and involve the patient in the management of their chronic illness

5. Community Orientation

This area of competence is about the physical environment of your practice population, and the need to understand the interrelationship between health and social care, and the tensions that may exist between individual wants and needs and the needs of the wider community. As a GP you should be able to:

ADLCO1A Describe the systems of care for psychiatric conditions in adolescents, including the roles of primary and secondary care, Child and Adolescent Mental Health Teams, shared care arrangements, multidisciplinary teams
ADLCO2A Perfect the ability to work in partnership with other agencies to secure appropriate social interventions
ADLCO3A Assess and manage smoking alcohol substance misuse and addictions in adolescence
ADLCO4A Demonstrate knowledge of the options available in crisis pregnancy and provide information
ADLCO5A Implement opportunistic health promotion in adolescent consultations
ADLCO6A Acknowledge role of the GP in the Parental Leave Act of 1998
ADLCO7A Manage confidentiality and consent and justify the sharing of information with other professionals outside of general practice

6. Holistic Approach

This area of competence is about your ability to understand and respect the values, culture, family structure and beliefs of your patients, and understand the ways in which these will affect the experience and management of illness and health. As a GP you should be able to:

ADLHA1A Appraise parenting tools and family dynamics
ADLHA2A Be aware of emerging sexuality and personal identity
ADLHA3A Be aware of patients' diversity including health beliefs and other cultural factors
ADLHA5A Acknowledge social influences on mental health including family, peer and relationship dynamics
ADLHA6A Understand the role of the GP in the management of bullying and harassment
ADLHA7A Acknowledge the role of the GP in gay, lesbian, bisexual and transgender health care

Essential Features

The three essential features (EFs) below are concerned with the features of you as a doctor which may influence your ability to apply the core competences to real life in the work setting.

7. Contextual Features

This essential feature is about understanding your own context as a doctor and how it may influence the quality of your care. Important factors are the environment in which you work, including your working conditions, community, culture, financial and regulatory frameworks. A GP should:

ADLAC1A Identify factors to improve adolescent care in your GP setting
ADLAC2A Describe the importance of the workload issues raised by adolescent problems,

especially the demand for urgent appointments and the mechanisms for dealing with this

8. Attitudinal Features

This essential feature is about your professional capabilities, values, feelings and ethics and the impact these may have on your patient care. A GP should:

ADLAA1A Assess sexual health and STI screening in a sensitive and non-judgmental fashion

ADLAA2A Recognise and accept risk-taking behaviour as a feature of adolescent development

ADLAA3A Be able to adapt to cultural diversity

ADLAA4A Exemplify a sensitive approach to the specific health needs of the adolescent

ADLAA5A Maintain a sensitive approach to parents/guardians recognising their concerns

ADLAA6A Adopt a supportive role so that adolescents may be informed about and involved in decisions about their care, recognising increasing autonomy with increasing maturity

ADLAA7A Recognise the role of the GP in empowering adolescents to look after their own health

ADLAA8A Adopt a non-judgmental approach at all times

ADLAA9A Exemplify attitudes to treating young people equally with respect of their rights, beliefs, preferences and dignity

9. Scientific Features

This essential feature is about the need to adopt a critical and evidence-based approach to your work, maintaining this through continuing professional development and lifelong learning. A GP should:

ADLAS1A Maintaining your knowledge and skills in adolescent medicine

ADLAS2A Being familiar with and accessing the best evidence about clinical management and prescribing of medicines for adolescents

ADLAS3A Construct a best practice decision-making process determined by the prevalence and incidence of illness in adolescents

ADLAS4A Using significant event meetings and audit as tools on which to reflect on your clinical practice in adolescence

ADLAS5A Reflecting on case-based discussions around adolescent health and the identification of learning needs

ADLAS6A Reflecting on aspects of protecting young adults and attending training when necessary

Resources

In the following section you will find ICGP resources. All resources below are subject to the terms and conditions in appendix 3. All weblinks cited 2nd October 2019. In addition to this section the ICGP Library Catalogue is searchable for all ICGP material and ICGP Journals offers online journals via Full Text Finder.

ICGP – Quick Reference Guides

- ni Riain, A., Daly, M., Ryan, S., Murphy, M. Crisis Pregnancy: a management guide for general practice 2017.
- O'Keeffe, N., Gavin, B., Cullen, W., McNicholas, F. Child and Adolescent Mental Health: Diagnosis & Management 2013.
- HSE/ICGP Weight Management Treatment Algorithm for Children 2012.

ICGP – Forum (Please log-in to the ICGP website on your browser before clicking the links)

- O'Sullivan, A., Byrne, M., Buckley, M. Clinical Review: Improving care of eating disorders in students 2015 Jul/Aug; 32(7):41-42.
- Wallace, V., Doorley, E., Wallace, D., Hollywood, B. Cover Story: Close practice encounters of the teenage kind 2015 Apr; 32(4):12-14.
- Lynch, D., McNicholas, F. Clinical Review: Eating disorders in adolescents and children 2014 Oct; 31(9):42-44.

External Resources

In this section you will find external resources. All resources below are subject to the terms and conditions in appendix 3.

- Websites;
  - Counselling in Primary Care (CIPC). Available here: https://www.hse.ie/eng/services/list/4/mental-health-services/counsellingpc/
  - Jigsaw. Available here: https://www.jigsaw.ie/
  - Medical Council – Guide to Professional Conduct & Ethics 8th edition , 2016. Available here: https://www.medicalcouncil.ie/News-and-Publications/Reports/Guide-to-Professional-Conduct-Ethics-8th-Edition.html
  - Tusla – Children First Publications & Forms. Available here: https://www.tusla.ie/children-first/publications-and-forms/
- Textbook;
  - Mills, S., Mulligan, A. Medical Law in Ireland (3rd edition), London, Bloomsbury UK, 2017.

Community Resources

Want to contribute to the Community Resources?

Please email curriculum@icgp.ie . Internal CPD points for submissions: click to record.
Published submissions acknowledged by letter from the ICGP.

19. Older Person's Health

Assessments

This chapter was deemed to have been poorly answered in prior ICGP assessments; MEQ; 2015, 2014.

CPD

Using the curriculum for a tutorial?

New (2018) up 5 hours of internal credits for in-practice tutorials not recorded elsewhere.

Introduction

Ireland's population of older people is increasing at a rate faster than the EU average.[1] It is predicted that the population of those over 65 years of age will have increased by 66% in 2026 and by almost 160% in 2046. With this increase, the care of older people will form an increasing proportion of a GP's work.

Older adults often have complex health needs with challenges such as multimorbidity, polypharmacy, social isolation and difficulties with mobility, self- care and communication. GPs have a central role in the delivery of care tailored to the needs of the individual older person. Multidisciplinary and multi-agency working is required to address these needs and the GP has an important role in co-ordinating care with other members of the primary care team, ensuring that the right services are provided for this population.

Case Vignette

Isabel Doherty is 74 and presents to the surgery with her son. She has just been discharged from hospital following investigation of a possible transient ischaemic attack. She has symptoms of early dementia and is living alone. She is now unable to cope and her son says she is incontinent and poorly mobile.

She has other medical problems including type 2 diabetes, hypertension, osteoarthritis and anxiety.

She lives in a two-storey property with an upstairs toilet. She owns her own house. Despite the blister packing of her medications she is making a number of medication errors.

Her son wants you to complete a carer's allowance application form.

Reflective Questions

Mapping the competencies of general practice to this case.
To help you understand how the GP curriculum can be applied to this case, ask yourself the following questions:

Primary Care Management

OPRPM1A How would you address the issues this consult presents within the time allowed?

OPRPM2A How would you approach the issue of attending to Mrs Doherty's health needs while maintaining confidentiality between other family members?

OPRPM3A What other health care professionals/services might you consider involving in this case?
OPRPM4A How would you approach the concept of readiness for change with Mrs Doherty?
OPRPM5A What treatment options and local referral pathways are available to you?
OPRPM6A How would you work to co-ordinate Mrs Doherty's care between the various parties involved?

Person Centred Care

OPRPC1A How would you endeavour to develop rapport with Mrs Doherty?
OPRPC2A What communication difficulties might be a challenge in this setting?
OPRPC3A How would you ensure that Mrs Doherty's autonomy is respected?
OPRPC4A What would you do to inform Mrs Doherty and involve her in decision-making?
OPRPC5A How would you advocate on Mrs Doherty's behalf?

Specific Problem Solving

OPRSP1A How would you adopt a problem-based rather than a disease-based approach to Mrs Doherty's care?
OPRSP2A How would you assess for hearing and visual impairment?
OPRSP3A How would you assess and manage Mrs Doherty's cognitive difficulties?
OPRSP4A How would you assess mobility in Mrs Doherty's social setting?
OPRSP5A How would you assess Mrs Doherty's continence problems?
OPRSP6A How would you address Mrs Doherty's ongoing medical conditions?

Comprehensive Approach

OPRCA1A How would you balance multimorbidity, health promotion and disease prevention for Mrs Doherty?
OPRCA2A How can communication with other professionals be structured to improve continuity, for example discharge planning?
OPRCA3A What other options for care are available should care at home become too difficult for Mrs Doherty and her family?

Community Orientation

OPRCO1A How would you balance the health needs of this individual patient with the health needs of the wider community?
OPRCO2A What is the relationship between health and social care?

Holistic Approach

OPRHA1A How would you address the way Mrs Doherty's social situation is affecting her health?
OPRHA2A How would you address how Mrs Doherty's son is coping in his caring role while maintaining Mrs Doherty's confidentiality?
OPRHA3A Are you familiar with the relevant benefits and grants available to Mrs Doherty and her family?
OPRHA4A What are Mrs Doherty's wishes regarding her daily activity goals, her longer- term care and ultimately her end-of-life care?
OPRHA5A Are there any other issues relating to social, cultural, ethical, religious and family background in the determination of Mrs Doherty's health?

Contextual Features

OPRAC1A What are the challenges in my working life in caring for my elderly patients?

OPRAC2A How will I address Mrs Doherty's healthcare needs if community services are delayed or not available?

OPRAC3A What legal issues may arise (e.g. regarding confidentiality, testamentary capacity, power of attorney, living wills and death certification)?

Attitudinal Features

OPRAA1A What are your personal attitudes to the elderly, to the processes of growing old, becoming frail and dying?

Scientific Features

OPRAS1A How can you use an evidence-based approach to provide optimal medical care for Mrs Doherty?

OPRAS2A What are the key national guidelines that influence healthcare provision for older people?

Learning Outcomes

The following learning outcomes demonstrate the core competences in this subject. You will require knowledge, skills and attitudes in the following areas:

1. Primary Care Management

This area of competence is about how you manage your contact with patients, dealing competently with any and all problems that are presented to you. (This area of competence is not limited to dealing with the management of the practice.) As a GP you should be able to:

OPLPM1A Describe the epidemiology of the conditions and problems commonly associated with old age and presenting in primary care, such as dementia and cancers as well as their risk factors

OPLPM2A Recognise the common, early, 'red flag' symptoms and signs of malignancy

OPLPM3A Proceed urgently with referral of suspected malignancy

OPLPM4A Use knowledge of the physical, psychological and social changes that may occur with age to relate to adaptations that an older person makes

OPLPM5A Accept that many cancers are more prevalent in the older person and may be insidious

OPLPM6A Adapt drug treatment according to the individual older person taking into account side-effects, concordance, hazards of polypharmacy and changes in absorption, metabolism and excretion that may occur in the older adult

OPLPM7A Account for the physical factors – particularly diet, exercise, ambient temperature and sleep – that disproportionately affect the health of older people

OPLPM8A Diagnose and manage the conditions and problems commonly associated with old age, such as Parkinson's disease, falls, gait disorders, stroke, confusion, dementia and cancer

OPLPM9A Organise care to allow easy access to the primary healthcare team for older people, appropriate timing of appointments and sign-posting to appropriate team members

OPLPM10A Organise care to allow for the systematic management of chronic conditions and multiple morbidities

OPLPM11A Plan continuing care as determined by the needs of the patient

OPLPM12A Design systems to ensure effective management of repeat prescriptions

OPLPM13A Design systems to ensure the appropriate use of screening and case-finding programmes for older people, including those in residential accommodation

OPLPM14A Delegate to other healthcare professionals, specialists and social services when necessary

OPLPM15A Analyse the quality of care for older people through audit, including in residential accommodation

OPLPM16A Recommend local support services for older patients, e.g. podiatry, visual and hearing aids, immobility and walking aids, meals on wheels, home care services

OPLPM17A Outline the day-care and long-term care options in the community for the older person and regulations for their appropriate use

OPLPM18A Outline how to use the various statutory and voluntary organisations for support of older people in the community

OPLPM19A Act habitually to ensure that the provision of care promotes the older person's sense of identity and personal dignity, and that the older person is not discriminated against as a result of their age

OPLPM20A Recognise abuse (emotional, mental and physical) in the older person and deal with it appropriately

2. Person Centred Care

This area of competence is about understanding and relating to the context of your patients as individuals, and developing the ability to work in partnership with them. A GP should;

OPLPC1A Be aware of the theories of ageing

OPLPC2A Advocate for older people to carry out all the activities commensurate with their mental and physical competence (e.g. exercise, travel, sexual activity and independence)

OPLPC3A Describe the prognosis of diseases in old age

OPLPC4A Produce appropriate management plans for further investigation, management and end-of-life-care for older people

OPLPC5A Acknowledge how management of disease processes in old age is influenced by the psychological state and social situation of the older person

OPLPC6A Act habitually to communicate at an appropriate level with the patient with hearing or visual impairment

OPLPC7A Recognise the challenges of communicating with older people including slower tempo and possibly needing to rely on the evidence of third parties

OPLPC8A Adopt appropriate communication skills for shared decision-making with older people and, where appropriate, families and carers

3. Specific Problem Solving

This area of competence is about the context-specific aspects of general practice, dealing with early and undifferentiated illness and the skills you need to tolerate uncertainty. As a GP you should be able to;

OPLSP1A Exemplify a sensitive approach to older patients and their relatives or carers

OPLSP2A Recognise acute illness

OPLSP3A Demonstrate appropriate history taking including biological, psychological and social factors

OPLSP4A Define the demography of the practice (number of elderly patients, prevalence of chronic diseases)

OPLSP5A Recognise the changes in the normal range of laboratory values that are found in older people and interpret results accordingly

OPLSP6A Demonstrate the ability to assess mental capacity in the older person

OPLSP7A Demonstrate the ability to assess mobility in the older person
OPLSP8A Demonstrate measurement of visual acuity
OPLSP9A Diagnose and manage hearing loss
OPLSP10A Diagnose and manage constipation in the older person
OPLSP11A Diagnose and manage incontinence in the older person
OPLSP12A Apply the signs and symptoms of the early presentation of cancer to decision-making with older people
OPLSP13A Recognise suspected cancer early in the disease process
OPLSP14A Adopt a problem-based approach rather than a disease-based approach to the care of older people, who often have complex physical, psychological and social problems
OPLSP15A Assess the older person's potential for rehabilitation

4. Comprehensive Approach

This area of competence is about how you as a general practitioner must be able to manage co-morbidity, coordinating care of acute illness, chronic illness, health promotion and disease prevention in the general practice setting. As a GP you should be able to;

OPLCA1A Accept the complex nature of health problems in older patients
OPLCA2A Demonstrate the ability to communicate complex management strategies to patients and relatives
OPLCA3A Define the special features of psychiatric diseases in older people, including dementia
OPLCA4A Acknowledge how psychiatric disease in older people affects the person, the family and community
OPLCA5A Accept the importance of the mental state, psychosocial and mobility assessment in the care of the older person
OPLCA6A Outline methods to assist in effective time management to include home visits
OPLCA7A Identify appropriate screening services for hearing impairment in older adults
OPLCA8A Accept how multimorbidity will influence the management of existing disease and may delay the early recognition of clinical patterns
OPLCA9A Perform appropriate health promotion on an individual basis as part of the consultation in the older patient
OPLCA10A Describe the preventative strategies required in the care of older people
OPLCA11A Adapt care appropriately to provide health promotion, prevention, cure, care, rehabilitation and palliation for older people
OPLCA12A Organise multidisciplinary teamwork in primary care including involvement of family members nearby, or at a distance
OPLCA13A Identify related healthcare professionals, specialists and social services using a team approach

5. Community Orientation

This area of competence is about the physical environment of your practice population, and the need to understand the interrelationship between health and social care, and the tensions that may exist between individual wants and needs and the needs of the wider community. As a GP you should be able to:

OPLCO1A Accept the impact of poverty, ethnicity and local epidemiology in older people
OPLCO2A Identify inequalities in healthcare provision for older people
OPLCO3A Identify the positive and negative ways in which socio-economic and health features inter-relate, and the importance of this within the community

6. Holistic Approach

This area of competence is about your ability to understand and respect the values, culture, family structure and beliefs of your patients, and understand the ways in which these will affect the experience and management of illness and health. As a GP you should be able to:

OPLHA1A Discover the social circumstances and family structure of older people

OPLHA2A Identify issues related to carers, in particular the positive and negative impact of being a carer on their health and your holistic duty to address these issues

OPLHA3A Exemplify a sensitive approach to apparently dated social and health beliefs and cultural traditions

OPLHA4A Assess for possible neglect or abuse of the elderly

OPLHA5A Identify the legal rights of the older patient and problems arising from the disposal of their assets

OPLHA6A Identify the complex ethical issues posed by older people's impaired vision in relation to fitness to drive

Essential Features

The three essential features (EFs) below are concerned with the features of you as a doctor which may influence your ability to apply the core competences to real life in the work setting.

7. Contextual Features

This essential feature is about understanding your own context as a doctor and how it may influence the quality of your care. Important factors are the environment in which you work, including your working conditions, community, culture, financial and regulatory frameworks. A GP should:

OPLAC1A Identify moral, ethical and emotional issues relating to the end of life and after death

OPLAC2A Make use of key government policy documents that influence healthcare provision for older people

OPLAC3A Recognise how geographical distance influences your support and treatment of older people

OPLAC4A Identify the legal issues that may arise in the care of older people, e.g. confidentiality, the Mental Health Act, capacity, power of attorney, guardianship, living wills, death certification and cremation

8. Attitudinal Features

This essential feature is about your professional capabilities, values, feelings and ethics and the impact these may have on your patient care. A GP should:

OPLAA1A Act habitually to ensure that personal biases regarding the management of risk factors in the elderly do not influence management decisions

OPLAA2A Recognise personal attitudes to the elderly, to the processes of growing old, becoming frail and dying

OPLAA3A Recognise personal attitudes to the use of intensive or invasive tests and treatments and the use of limited healthcare resources in the care of the elderly

OPLAA4A Exemplify a non-judgmental approach to care of the older person so that personal biases do not adversely affect healthcare

9. Scientific Features

This essential feature is about the need to adopt a critical and evidence-based approach to your work, maintaining this through continuing professional development and lifelong learning. A GP should:

OPLAS1A Apply an evidence-based approach to management of health for older people

OPLAS2A Implement the key national guidelines that influence healthcare provision for older people

OPLAS3A Describe the key research findings that influence management of older people

OPLAS4A Accept the difficulties in extrapolating evidence from research to older people and those with multimorbidity

OPLAS5A Acknowledge the difficulties in designing ethically approvable research

Resources

In the following section you will find ICGP resources. All resources below are subject to the terms and conditions in appendix 3. All weblinks cited 2nd October 2019. In addition to this section the ICGP Library Catalogue is searchable for all ICGP material and ICGP Journals offers online journals via Full Text Finder.

ICGP – Quick Reference Guides

- Foley, T., Jennings, A., Swanwick, G. Dementia: Diagnosis and Management in General Practice 2019.
- Kildea-Shine, P., O'Riordan, M., Anticoagulation in General Practice/Primary Care 2014.
- Bradley, C. Repeat Prescribing 2013.
- Ryan, P., Meade, B., Jennings, A., Swanwick, G., O'Reilly, Z., O'Shea, B. Guidance for Improving the Care of People with Behavioural and Psychological Symptoms of Dementia (BPSD) in the Residential Care Home Setting 2019.

ICGP – eLearning (Not available at time of curriculum publication 2/10/19, please check https://www.icgpeducation.ie for updates)

- Dementia
- Multiple Myeloma

ICGP – Forum (Please log-in to the ICGP website on your browser before clicking the links)

Older person's health articles regularly appear in Forum. Please use the ICGP Library Catalogue to find others.

- Duffy, D. Medico-Legal: Consent and capacity 2018 Jun; 35(5); 37-38.
- Meagan, G. Feature: Making no bones about it 2017 May; 34(5); 32.
- Nic Shamhrain, A., Lyons, D. Clinical Review: Challenges in dementia care 2017 Apr; 34(4); 38-40.
- McCarthy, C., Clyne, B., Smith, S. Research: Tackling multimorbidity and polypharmacy 2016 Nov/Dec; 33(10); 44-45.
- Forde, D., Fagan, O. Research: Assessing fracture risk in osteoporotic patients 2016 May; 33(5); 44-46.
- Meade, B. Feature: Legal issues for nursing home GPs 2016 May; 33(5); 18-19.
- Meade, B. Feature: GPs and nursing homes – the medication review 2016 Mar; 33(3); 18-19.
- Meade, B. Feature: GPs and nursing homes – the new admission 2016 Feb; 33(2); 16-17.
- Meade, B. Feature: GPs and nursing homes – problems and rewards 2016 Jan; 33(1); 13-14.
- Vize, E. Cover Story: The changing face of care of the elderly 2013 May; 30(5); 12-13.

External Resources

In this section you will find external resources. All resources below are subject to the terms and conditions in appendix 3.

- Website;
  - National Positive Aging Strategy, Department of Health, Ireland 2013. Available here: https://health.gov.ie/healthy-ireland/national-positive-ageing-strategy/
- Articles;
  - Barnett, K., Mercer, SW., Norbury, M., Watt, G., Wyke, S., Guthrie, B. Epidemiology of multimorbidity and implications for health care, research, and medical education: a cross-sectional study. The Lancet , Volume 380 , Issue 9836 , 37 – 43. Available here: https://www.thelancet.com/action/showPdf?pii=S0140-6736%2812%2960240-2
  - Liam G Glynn, Jose M Valderas, Pamela Healy, Evelyn Burke, John Newell, Patrick Gillespie, Andrew W Murphy; The prevalence of multimorbidity in primary care and its effect on health care utilization and cost, Family Practice, Volume 28, Issue 5, 1 October 2011, Pages 516–523. Available here: https://academic.oup.com/fampra/article/28/5/516/822472
  - Smith SM, Wallace E, O'Dowd T, Fortin M. Interventions for improving outcomes in patients with multimorbidity in primary care and community settings. Cochrane Database of Systematic Reviews 2016, Issue 3. Art. No.: CD006560. DOI: 10.1002/14651858.CD006560.pub3. Available here: https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD006560.pub3/epdf/full

Community Resources

Want to contribute to the Community Resources?

Please email curriculum@icgp.ie . Internal CPD points for submissions: click to record.
Published submissions acknowledged by letter from the ICGP.

Self-Assessment

These resource(s) are a sample of those available to all with an OpenAthens account (all HSE employees which includes GP trainees), many of which include self-assessments. Please note these are UK resources, and some differences from Irish primary care can exist.

- Anaemia in old age: common presentations BMJ Learning 2018.

20. Sexual Health

CPD

Using the curriculum for a tutorial?

New (2018) up 5 hours of internal credits for in-practice tutorials not recorded elsewhere.

Introduction

The general practice management of sexual health covers physical, emotional, mental and social wellbeing in relation to sexuality, and not merely the absence of disease, dysfunction and infirmity. Sexual health requires a positive and respectful approach by the GP to sexuality and sexual relationships. World Health Organisation states that for sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.

Sexual health in general practice also involves a working knowledge of legislative public health requirements of STIs and mandatory reporting. This includes a working knowledge of disease management and public health issues.

Sexual health prevention and treatment services in Ireland include a broad range of health care at different levels, both public and private, throughout the health care system. The main elements include prevention of sexually transmitted infections (STIs) and clinical care for those with STIs, contraception, screening for diseases such as genital chlamydia, psychosexual counselling and support, and specialised services for high-risk groups and diseases.

Case Vignette

Roisin, a 27 year old student, was at a wedding last weekend and drank far more than usual. She comes to see you 3 days later for the 'morning after' pill as she has had unprotected intercourse. On further questioning you realise that she has had a persistent vaginal discharge for six weeks. You note that she is a smoker and has missed recent cervical smear checks.

Reflective Questions

Mapping the competencies of general practice to this case.
To help you understand how the GP curriculum can be applied to this case, ask yourself the following questions:

Primary Care Management

SXRPM1A How could I promote sexual health and well-being, applying the principles of health promotion and disease prevention?

SXRPM2A What are the timing considerations for this consultation?

Person Centred Care

SXRPC1A Communication: what 'phrases' might I use?

SXRPC2A What are the challenges in 'avoiding assumptions' and making an appropriate 'risk assessment' in this case?

Specific Problem Solving

SXRSP1A What further questions would I like answered in order to work towards solving Roisin's issues?

SXRSP1A What other resources/services/healthcare professionals could I involve in the management of this case?

Comprehensive Approach

SXRCA1A How could I approach the issues STI screening, binge drinking, smoking cessation and the cervical screening programme?

Community Orientation

SXRCO1A If I was looking to evaluate and develop my local sexual health services how would I begin to do this?

SXRCO2A How could I consider making the practice more welcoming for either gender to discuss their sexual health problems?

Holistic Approach

SXRHA1A What might be the implications for Roisin if she has acquired an STI or has an abnormal smear?

SXRHA2A How might I approach the issue of consent?

SXRHA3A What health promotion opportunities does this consultation present? Is she at risk of any other health problems?

Contextual Features

SXRAC1A How might my approach change if she presents late on the Friday of a Bank holiday weekend?

SXRAC2A What resources are available should I need access for contact tracing and STI management service?

Attitudinal Features

SXRAA1A What ethical challenges do I have in dealing with sexual health matters and crisis pregnancy?

SXRAA2A How would my attitude towards Maria change if I learned she was a sex worker? Or a victim of sexual abuse?

SXRAA3A What guidance does ICGP/Irish Medical Council give in these areas?

Scientific Features

SXRAS1A What is my plan for keeping up to date with current management of STIs and contraceptive choices?

SXRAS2A What are the resources that I need to access to improve my management and keep up

my skills?

SXRAS3A What evidence-based guidelines should I be aware of?

Learning Outcomes

The following learning outcomes demonstrate the core competences in this subject. You will require knowledge, skills and attitudes in the following areas:

1. Primary Care Management

This area of competence is about how you manage your contact with patients, dealing competently with any and all problems that are presented to you. (This area of competence is not limited to dealing with the management of the practice.) As a GP you should be able to:

SXLPM1A Perform an appropriate risk assessment through history-taking and examination

SXLPM2A Apply the information gathered from the patient's sexual history and examination to generate a differential diagnosis and formulate a management plan

SXLPM3A Manage common as well as rare but important presenting signs and symptoms which will require subsequent examination, investigation, treatment and/or referral, as appropriate (e.g. genital skin/mucosal conditions, abnormal genital smell, discharge, presentations of pain, and vaginal bleeding)

SXLPM4A Perform a digital and speculum examination, and assessment of the size, position and mobility of the uterus, and be able to recognise any abnormality of the pelvic organs

SXLPM5A Know the limitations of investigations and how to interpret them: e.g. blood tests for HIV, Hepatitis, microbiology swabs, cervical screening, and secondary care investigations like colposcopy

SXLPM6A Refer to specialist services if further assessment or treatment is needed

SXLPM7A Promote sexual health and well-being by applying health promotion and disease prevention strategies appropriately eg HPV vaccine, early cervical screening for at risk groups

2. Person Centred Care

This area of competence is about understanding and relating to the context of your patients as individuals, and developing the ability to work in partnership with them. A GP should;

SXLPC1A Understand developmental sexuality including the physical, emotional and social changes of puberty in girls and boys

SXLPC2A Understand the psychology relating to sexuality and management of sexual abuse and violence

SXLPC3A Understand sexual dysfunction as a common issue and have the ability to discuss this with patients

SXLPC4A Assess the competency of young people in making their own health decisions regarding their sexual health, including contraception

SXLPC5A Explain to patients the strategies for early detection of sexual health problems that may be present but have not yet produced symptoms

3. Specific Problem Solving

This area of competence is about the context-specific aspects of general practice, dealing with early and undifferentiated illness and the skills you need to tolerate uncertainty. As a GP you should be able to;

SXLSP1A Preform and interpret results of investigations in primary care: e.g. pregnancy testing, urinalysis, approaches to the diagnosis of bacterial vaginosis

SXLSP2A Be aware of the guidelines of cervical screening and colposcopy

SXLSP3A Know how to prescribe contraception including emergency contraception and its pharmacology, use, patient concordance issues for both genders

SXLSP4A Manage genital dermatology issues and common uro-gynaecology problems

4. Comprehensive Approach

This area of competence is about how you as a general practitioner must be able to manage co-morbidity, coordinating care of acute illness, chronic illness, health promotion and disease prevention in the general practice setting. As a GP you should be able to;

SXLCA1A Understand the GP's role and the patient's role in contact tracing

SXLCA2A Understand issues relating to sexual assault and refer to appropriate centres

SXLCA3A Understand legal/consensual issues surrounding treatment of minors, age of consent and notification of young people at risk of harm

5. Community Orientation

This area of competence is about the physical environment of your practice population, and the need to understand the interrelationship between health and social care, and the tensions that may exist between individual wants and needs and the needs of the wider community. As a GP you should be able to:

SXLCO1A Recognise the prevalence of sexual health problems in the local community

SXLCO2A Know the principles of, and current guidance for notifiable infections and contact tracing

SXLCO3A Refer patients to local sexual health services, including services for specialist contraceptive care further STI diagnosis and management; HIV management; and services for relationship problems and sexual dysfunction

6. Holistic Approach

This area of competence is about your ability to understand and respect the values, culture, family structure and beliefs of your patients, and understand the ways in which these will affect the experience and management of illness and health. As a GP you should be able to:

SXLHA1A Communicate effectively when talking about sex and sexual health, and display confidence with language and cultural sensitivity.

SXLHA2A Describe the ethical principles involved when treating patients who have sexual health concerns, e.g. contraception and abortion

SXLHA3A Understand the importance of confidentiality, informed choice and valid consent

SXLHA4A Understand the wider determinants of unplanned pregnancies and their impact on the individual and society

Essential Features

The three essential features (EFs) below are concerned with the features of you as a doctor which may influence your ability to apply the core competences to real life in the work setting.

7. Contextual Features

This essential feature is about understanding your own context as a doctor and how it may influence the quality of your care. Important factors are the environment in which you work, including your

working conditions, community, culture, financial and regulatory frameworks. A GP should:

SXLAC1A Work in partnership with practice nurses, and other members of the practice team, including receptionists, to ensure patient services in sexual health are accessible for all groups.

8. Attitudinal Features

This essential feature is about your professional capabilities, values, feelings and ethics and the impact these may have on your patient care. A GP should:

SXLAA1A Manage patients in a non- judgmental way and understanding different patient groups, including young people, people in same-sex relationships, older patients, people from culturally and linguistically diverse backgrounds, people with disabilities, injecting drug users and sex workers

SXLAA2A Counsel impartially in areas around crisis pregnancy, implications of termination and post termination care

SXLAA3A Ensure that your own beliefs, about any contraceptive methods, sexual behaviour and practices do not adversely affect the management of a patient's sexual health

SXLAA4A Ensuring sensitivity to particular cultural beliefs and patient choice, e.g. the need for a female practitioner

9. Scientific Features

This essential feature is about the need to adopt a critical and evidence-based approach to your work, maintaining this through continuing professional development and lifelong learning. A GP should:

SXLAS1A Practice evidence based medicine and be aware of constant changes in therapeutics and management options for various conditions.

Where the learning may take place?

- Primary care: cervical screening, STI testing, trainer tutorials, day release teaching
- Secondary care: Obstetrics, Gynaecology, Infectious diseases, GUM clinics
- Specialised STI units/ clinics
- Courses: IFPA, STIF, ICGP

Resources

In the following section you will find ICGP resources. All resources below are subject to the terms and conditions in appendix 3. All weblinks cited 2nd October 2019. In addition to this section the ICGP Library Catalogue is searchable for all ICGP material and ICGP Journals offers online journals via Full Text Finder.

ICGP – Website

- ICGP Women's Health Programme

ICGP – Quick Reference Guides

- ní Riain, A., Daly, M., Ryan, S., Murphy, M. Crisis Pregnancy: A management guide for General Practice 2017.
- Daly, M., ní Riain, A., Domestic Violence: A guide for General Practice 2014.

ICGP – eLearning (Not available at time of curriculum publication 2/10/19, please check https://www.icgpeducation.ie for updates)

- Contraception
- Sexually transmitted infections

ICGP – Forum (Please log-in to the ICGP website on your browser before clicking the links)

- Finn, M. Distance Learning Module: Men's health – Sexual dysfunction 2014 Jun; 31(6).
- Cooney, F. Women's Health: Gonorrhoea – urgent need to get it under control 2012 Sep; 29(9):47-49.

ICGP – Other Publications

- Allen, O. Lesbian, Gay & Bisexual Patients: The issues for General Practice 2013.
- ICGP Women's Health – LARC Resources and Useful Links

External Resources

In this section you will find external resources. All resources below are subject to the terms and conditions in appendix 3.

- Websites;
  - NICE (National Institute of Clinical Excellence) – Sexually transmitted infections.
  - HSE Women's Health Project. Available here: https://www.hse.ie/eng/services/list/5/sexhealth/whp/
  - Faculty of Sexual and Reproductive Healthcare (FSRH) - UK Medical Eligibility. Available here: https://www.fsrh.org/ukmec/
  - Faculty of Sexual and Reproductive Healthcare (FSRH) – Standards and Guidance. Available here: https://www.fsrh.org/standards-and-guidance/
  - British Association for Sexual Health and HIV - This website provides guidelines on the treatment of sexually transmitted infections, as well as details about courses on genito-urinary medicine including the Sexually Transmitted Infection Foundation (STIF) courses. Available here: https://www.bashh.org/guidelines
  - Irish Family Planning Association. Available here: https://www.ifpa.ie/
  - Sexual Assaults Treatment Units Ireland – Recent rape/Sexual assault: National Guidelines on Referral and Forensic Clinical Examination in Ireland, 4th edition, 2018. Available here: https://www.hse.ie/eng/services/publications/healthprotection/sart-national-guidelines-4th-edition.pdf
  - HSE Your Sexual Health. Available here: https://www.hse.ie/eng/health/hl/yoursexualhealth/
  - Sexual Assault Treatment Unit. Available here: https://www.hse.ie/eng/services/list/5/sexhealth/satu/
  - HSE HIV and Sexual Health helpline. Available here: https://www.hse.ie/eng/services/list/5/addiction/drugshivhelpline/hiv-and-sexual-health-helpline/

Community Resources

Want to contribute to the Community Resources?

Please email curriculum@icgp.ie . Internal CPD points for submissions: click to record.
Published submissions acknowledged by letter from the ICGP.

Self-Assessment

These resource(s) are a sample of those available to all with an OpenAthens account (all HSE employees which includes GP trainees), many of which include self-assessments. Please note these are UK resources, and some differences from Irish primary care can exist.

- Sexually transmitted infections: diagnostic picture tests BMJ Learning 2018.
- 10 minute consultation: Discussing human papilloma virus vaccination BMJ Learning 2017.

21. Genetic Health

CPD

Using the curriculum for a tutorial?

New (2018) up 5 hours of internal credits for in-practice tutorials not recorded elsewhere.

Introduction

The last 20 years has witnessed significant advances in genetic medicine and further understanding of genetic causes of disease.

International studies have highlighted the need for GPs to develop genetic literacy and to understand the role in identifying patients at risk of or who may have a genetic condition. This includes taking and considering a genetic family history in identifying families with Mendelian disorders and clusters of common conditions such as cancer, cardiovascular disease and diabetes and carrier testing for common recessive conditions and the diagnosis of inherited diseases such as Haemochromatosis and thrombophilia.[1]

General practice also plays a part in pre-pregnancy counselling from a genetic perspective, including discussion of prenatal screening and diagnostic tests for genetic conditions. GPs are also in a position to identify and assess the new born early at two and six weeks and can refer children with developmental delay, or dysmorphic features for diagnosis and specialist services.

Genetics can affect many areas of general practice care and GPs provide a supportive role to families with genetic conditions and co-ordinating their care between clinical genetics services and other clinical specialties.

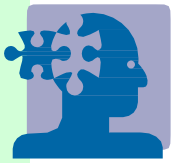
Case Vignette

1. **Martin**, aged 60 years, has been feeling tired and run down. He says he has been 'putting on a bit of weight' and feels uncomfortable in his upper abdomen but is more troubled by recent joint swelling and tenderness. He has been a construction worker most of his life and believes this is all part of the aging process. He is worried about a recent history of impotence but puts it down to stressors at work. Examination identifies hepatomegaly, but you also notice his skin is a grey-bronze colour. He is concerned and asks you to do some blood tests. His ferritin came back at 458.

2. **Brenda,** aged 52, attends for a blood pressure check as she has had 2 x raised readings over the past 2 months. Today it is 152/96. She says that she is not surprised it is raised as she has just heard that her sister has been diagnosed with ovarian cancer. This has come as a shock as she has been supporting her other sister through a course of chemotherapy for breast cancer.

3. **Anna**, aged 23 years, is planning her first pregnancy. During her preconception counselling you discover her younger brother died when he was 16 years of age from complications of cystic fibrosis. Her husband was originally from the Middle East. She is concerned that her future children may be at risk of cystic fibrosis.

4. **Stephanie**, aged 47 years, has a younger sister who has just been diagnosed with breast cancer. Her older brother commenced treatment for bowel cancer 2 years ago. She is now worried about her own risk of developing cancer and is keen to be tested for everything. Assuming she is currently well and her examination is normal, what advice is appropriate for managing her genetic risk?



Reflective Questions

Mapping the competencies of general practice to this case.
To help you understand how the GP curriculum can be applied to this case, ask yourself the following questions:

Primary Care Management

GERPM1A How can I recognise individuals or families who are at high risk of getting a genetic condition?

Person Centred Care

GERPC1A How can I, as a GP, help with the impact of a genetic diagnosis in a family?
GERPC2A How can I communicate such complex subject matter in simple terms to the patient?

Specific Problem Solving

GERSP1A What are the best ways of taking, recording and interpreting a genetic family history?
GERSP2A What is the best pathway to refer to secondary care?

Comprehensive Approach

GERCA1A What roles should the GP play in referral and co-ordination of screening of a family?
GERCA2A What ethical and legal issues must be thought of?

Community Orientation

GERCA1A What impact might a genetic diagnosis have on how a patient is accepted within the community?
GERCA2A What systems are in place for follow up or surveillance?

Holistic Approach

GERHA1A What impact might a genetic diagnosis have on how patients view themselves?

Contextual Features

GERAC1A How can I cover personal and family issues relating to genetics during the time available for routine consultations? Where are the local Genetic departments and how might I refer there?

Attitudinal Features

GERAA1A How do my attitudes as a GP influence the way I deal with genetic screening results for example results brought back from another country or tests bought over the internet?

Scientific Features

GERAS1A How do I know that information for my patients about the availability of genetic tests is up to date? How do I keep up to date about new developments? What resources do I have that I can access from general practice?

Learning Outcomes

The following learning outcomes demonstrate the core competences in this subject. You will require knowledge, skills and attitudes in the following areas:

1. Primary Care Management

This area of competence is about how you manage your contact with patients, dealing competently with any and all problems that are presented to you. (This area of competence is not limited to dealing with the management of the practice.) As a GP you should be able to:

GELPM1A Aware of preventive measures or targeted treatments exist for some genetic conditions (for example: lifestyle intervention; mastectomy and/or oophorectomy for BRCA 1/2 mutations; colectomy for adenomatous polyposis coli mutation carriers, statin use for familial hypercholesterolaemia; venesection for hemochromatosis; losartan for patients with Marfan's Syndrome)

GELPM2A Understand the systems in place to follow-up patients who have or are at risk of genetic conditions and have chosen to undergo regular surveillance (for example breast imaging for breast cancer or endoscopy for colon cancer)

GELPM3A Describe resources available to manage genetic conditions

GELPM4A Discuss the ethical, legal and social implications of common genetic tests

GELPM5A Maintain confidential medical records when recording or disclosing information to, or about, other family members and show awareness when information received from or about one individual can be used in a predictive way for another family member in the same practice

2. Person Centred Care

This area of competence is about understanding and relating to the context of your patients as individuals, and developing the ability to work in partnership with them. A GP should;

GELPC1A Communicate information to patients about genetics in a comprehensive and commensurate way

GELPC2A Counsel the person of the potential emotional, psychological and social impacts of a genetic diagnosis can have particularly associated with guilt about "passing on" a condition

3. Specific Problem Solving

This area of competence is about the context-specific aspects of general practice, dealing with early and undifferentiated illness and the skills you need to tolerate uncertainty. As a GP you should be able to;

GELSP1A Take a comprehensive family history

GELSP2A Understand heterogeneity in genetic disease and understand the principles of assessing genetic risk from family history i.e. likelihood of developing a certain disease

GELSP3A Identify from a family history other members of the family who may be at risk and need to be referred

GELSP4A Discuss common forms of inheritance e.g. autosomal dominant (familial hypercholesterolaemia and polycystic kidney disease) and autosomal recessive carrier testing (Sickle cell or cystic Fibrosis) and x linked conditions

GELSP5A Demonstrate awareness of genetic aspects of some multifactorial diseases e.g. cancer, DM, CHD

4. Comprehensive Approach

This area of competence is about how you as a general practitioner must be able to manage co-morbidity, coordinating care of acute illness, chronic illness, health promotion and disease prevention in the general practice setting. As a GP you should be able to;

GELCA1A Manage patients with or at risk of acquiring a genetic condition through co- ordination of care with other professionals including geneticists and other specialists

GELCA2A Communicate with other members of the family the different implications depending on the genetic cause of the condition

5. Community Orientation

This area of competence is about the physical environment of your practice population, and the need to understand the interrelationship between health and social care, and the tensions that may exist between individual wants and needs and the needs of the wider community. As a GP you should be able to:

GELCO1A Demonstrate awareness of the genetic aspects of antenatal and new born screening programmes

6. Holistic Approach

This area of competence is about your ability to understand and respect the values, culture, family structure and beliefs of your patients, and understand the ways in which these will affect the experience and management of illness and health. As a GP you should be able to:

GELHA1A Manage various ethical issues that may arise including confidentiality and non-disclosure of genetic information within families.

GELHA2A Manage with care the use of information (for instance in access to insurance or employment issues)

Essential Features

The three essential features (EFs) below are concerned with the features of you as a doctor which may influence your ability to apply the core competences to real life in the work setting.

7. Contextual Features

This essential feature is about understanding your own context as a doctor and how it may influence the quality of your care. Important factors are the environment in which you work, including your working conditions, community, culture, financial and regulatory frameworks. A GP should:

GELAC1A Describe the reproductive options available to those with a known genetic condition e.g Congenital Muscular dystrophy.

8. Attitudinal Features

This essential feature is about your professional capabilities, values, feelings and ethics and the impact these may have on your patient care. A GP should:

GELAA1A Acknowledge awareness of your own professional limits in regard to managing genetic conditions and knowing when and where to seek advice.

9. Scientific Features

This essential feature is about the need to adopt a critical and evidence-based approach to your work, maintaining this through continuing professional development and lifelong learning. A GP should:

GELAS1A Describe how to access appropriate information to manage genetic conditions

GELAS2A Aware of local and national guidelines on referral of specific cases.

Where the teaching may take place

- Hospitals
- General practice
- Day release

Resources

In the following section you will find ICGP resources. All resources below are subject to the terms and conditions in appendix 3. All weblinks cited 2nd October 2019. In addition to this section the ICGP Library Catalogue is searchable for all ICGP material and ICGP Journals offers online journals via Full Text Finder.

ICGP – eLearning (Not available at time of curriculum publication 2/10/19, please check https://www.icgpeducation.ie for updates)

- Maintaining Good Quality Medical Records in Primary Care
- Confidentiality

ICGP – Other Publications

- Burn, J. - Foundation Lecture ICGP AGM 2015, Genomics: Implications for General Practice (presentation) Genomics: Implications for General Practice ICGP AGM 2015 Foundation Lecture (Not available as a hyperlink. Please copy and paste to browser; https://www.icgp.ie/go/library/catalogue/item?spId=7740227A-AA03-12D0-5FA3533E4213BBF3)

External Resources

In this section you will find external resources. All resources below are subject to the terms and conditions in appendix 3.

- Websites;
  - NHS Genomics Education Programme – Taking a genetic family history. Available here: https://www.genomicseducation.hee.nhs.uk/takingfamilyhistory101/
  - National Centre for Biotechnology Information (NCBI) Databases of genetic conditions - GeneReviews. Available here: https://www.ncbi.nlm.nih.gov/books/NBK1116/
  - National Centre for Medical Genetics (Ireland). Available here: http://www.genetics.ie
  - EMS Trials Risk Evaluator. Available here: http://www.ems-trials.org/riskevaluator/
  - HSPC, 2020. Novel Coronavirus - Health Protection Surveillance Centre [online]. Available from: https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/ [Accessed 2 Sep 2020].
  - ICGP CVOID-19 Clinical Hub. ICGP, 2020. COVID-19 - Coronavirus - ICGP Web Site [online]. Available from: https://www.icgp.ie/go/in_the_practice/clinical_hub/covid_19_coronavirus [Accessed 2 Sep 2020].

- Article;
  - Kearney, M., Orrell, R.W., Fahey, M., Brassington, R., Pandolfo, M. Pharmacological treatments for Friedreich ataxia. Cochrane Database of Systematic Reviews 2016, Issue 8. Art. No.: CD007791. DOI: 10.1002/14651858.CD007791.pub4. Available here: https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD007791.pub4/full

Community Resources

Want to contribute to the Community Resources?

Please email curriculum@icgp.ie . Internal CPD points for submissions: click to record.
Published submissions acknowledged by letter from the ICGP.

References

1. Qureshi, N., Bethea, J., Modell, B., Brennan, P., Papageorgiou, A., Raeburn, S., Hapgood, R., Modell, M. Collecting genetic information in primary care: evaluating a new family history tool, Family Practice, Volume 22, Issue 6, 1 December 2005, Pages 663–669, https://doi.org/10.1093/fampra/cmi073.

22. Infectious Disease and Travel Health

Assessments

This chapter was deemed to have been poorly answered in prior ICGP assessments; CKT; 2017, 2015, 2014.

CPD

Using the curriculum for a tutorial?

New (2018) up 5 hours of internal credits for in-practice tutorials not recorded elsewhere.

Introduction

The prevention and control of infection is an essential component of care in all health care settings.[1] Infectious disease can affect all patient cohorts from neonates to elderly, previously well patients to those with multi morbidity.

Infectious diseases are a major cause of illness among school going children. Appropriate vaccination of children, in line with the National Immunisation Guidelines, has resulted in fewer childhood illnesses.[2]

The majority of infectious diseases can be managed in primary care with appropriate use of antibiotic, antiviral and anti-fungal medications. With the rise in prevalence of HIV infection, resurgence of tuberculosis (TB) and increasing numbers of overseas travellers, other aspects of infectious diseases are becoming more and more relevant to GPs. [3]

Case Vignette

A 31 year old Nigerian presented to GP Surgery with nausea, vomiting, fever, arthralgia, and severe headache after returning from 3 weeks in Africa visiting his family.

He attended prior to his holiday for a full travel health check-up and vaccination boosters. He was advised by his GP that he should take antimalarial tablets for the duration of his stay and also when he came back.

He had first become ill seven to ten days after his return with shaking chills, nausea, vomiting, arthralgia, and headache. These symptoms left him for a few days and he thought he was getting better. However similar symptoms returned and he needed to seek GP care.

His explained that he had stopped his antimalarials as he felt they were making him nauseous.

Reflective Questions

Mapping the competencies of general practice to this case.
To help you understand how the GP curriculum can be applied to this case, ask yourself the following questions:

Primary Care Management

IDRPM1A How could I manage this acute medical illness?
IDRPM2A How might I arrange admission to hospital if it felt that it was necessary?

Person-Centered care

IDRPC1A How could I understand some of the reasons behind poor medication compliance?
IDRPC2A How might I elicit the patient's health beliefs and other cultural barriers?
IDRPC3A What are the barriers for non-national patients and ethnic minorities in accessing healthcare in Ireland?
IDRPC4A What is my role as a GP in empowering patients to look after their own health?

Specific Problem Solving

IDRSP1A What further information would I seek on history and examination?
IDRSP2A What would be my differential diagnosis for fever with no obvious cause (PUO) in returned traveller?

Comprehensive Approach

IDRCA1A What health promotion and preventative health issues does this consultation raise for me?

Community Orientation

IDRCO1A What steps would I take in managing a notifiable disease?

Holistic Approach

IDRHA1A What issues might I consider that raises for the patient's family and community?
IDRHA2A How might I understand the emotional impact of acute illness on this patient?

Contextual Features

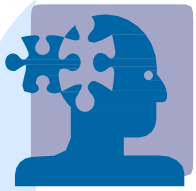
IDRAC1A Can I recognise the variations in health and health seeking behaviour according to ethnicity, socioeconomic status and the community in which I practice?

Attitudinal Features

IDRAA1A Have I an awareness of your my own beliefs, ethics and attitudes towards the care of patient and those that fail to comply to treatment give?
IDRAA2A Am I aware of the difference between what I think is an appropriate medical course of action and the course of action desired by patients, their relatives and their carers?

Scientific Features

IDRAS1A What local antibiotic guidelines are you aware of for managing infectious disease in the community?
IDRAS2A What resources would you consult for patients undertaking foreign travel?



Learning Outcomes

The following learning outcomes demonstrate the core competences in this subject. You will require knowledge, skills and attitudes in the following areas:

1. Primary Care Management

This area of competence is about how you manage your contact with patients, dealing competently with any and all problems that are presented to you. (This area of competence is not limited to dealing with the management of the practice.) As a GP you should be able to:

IDLPM1A Know of use, availability, efficacy and safety and storage of travel vaccines and other vaccines

IDLPM2A Carry out appropriate investigations on a patient with suspected infection

IDLPM3A Demonstrate knowledge of the requirements of delivering General Practice services in the setting of an epidemic/pandemic; both specifically in relation to the epidemic/pandemic and also generally on how these events effect General Practice as a whole.

2. Person Centred Care

This area of competence is about understanding and relating to the context of your patients as individuals, and developing the ability to work in partnership with them. A GP should;

IDLPC1A Counsel and advise on health matters pre-travel

IDLPC2A Take and record accurately pre-travel medical and travel history

IDLPC3A Perform risk assessment appropriate to the traveler, including consideration of specific groups (e.g. the elderly, immunosuppressed) and the hazards of specific types of travel

3. Specific Problem Solving

This area of competence is about the context-specific aspects of general practice, dealing with early and undifferentiated illness and the skills you need to tolerate uncertainty. As a GP you should be able to;

IDLSP1A Suspect, diagnose and manage an infection and refer appropriately

IDLSP2A Diagnose and manage pyrexia of unknown origin

IDLSP3A Manage fever in the returning traveller

IDLSP4A Recognise specific infections related to post-operative sepsis

IDLSP5A Know of use, efficacy and safety of antimalarial prevention measures and to prescribe appropriately

4. Comprehensive Approach

This area of competence is about how you as a general practitioner must be able to manage co-morbidity, coordinating care of acute illness, chronic illness, health promotion and disease prevention in the general practice setting. As a GP you should be able to;

IDLCA1A Exemplify appropriate use of communication skills when dealing with sensitive issues and confidentiality

IDLCA2A Commit to working with patients, their family, friends and carers and use their expertise to manage their condition collaboratively

IDLCA3A Formulate and communicate appropriate verbal and written advice for traveller, and to motivate them to apply the advice

5. Community Orientation

This area of competence is about the physical environment of your practice population, and the need to understand the interrelationship between health and social care, and the tensions that may exist between individual wants and needs and the needs of the wider community. As a GP you should be able to:

IDLCO1A Interact and liaise with other healthcare teams in the community (public health) and in the hospital (infectious disease physician)

IDLCO2A Obtain an understanding of the role of the local microbiologist and virologist and local pathways to investigations

6. Holistic Approach

This area of competence is about your ability to understand and respect the values, culture, family structure and beliefs of your patients, and understand the ways in which these will affect the experience and management of illness and health. As a GP you should be able to:

IDLHA1A Manage longer-term conditions e.g. hep c, HIV and other immune- compromised patients

IDLHA2A Understand different cultures health beliefs and working with them in managing their illness

Essential Features

The three essential features (EFs) below are concerned with the features of you as a doctor which may influence your ability to apply the core competences to real life in the work setting.

7. Contextual Features

This essential feature is about understanding your own context as a doctor and how it may influence the quality of your care. Important factors are the environment in which you work, including your working conditions, community, culture, financial and regulatory frameworks. A GP should:

IDLAC1A Demonstrate the ability to use personal protective equipment for infection scenarios

IDLAC2A Understand infection control policies in the practice and Use of Health and safety statements

8. Attitudinal Features

This essential feature is about your professional capabilities, values, feelings and ethics and the impact these may have on your patient care. A GP should:

IDLAA1A Adopt a non-judgmental approach particularly regarding disease, race, gender, life style, sexuality and religion

IDLAA2A Recognise the potential impact of long term infectious disease conditions on the patient and the aftercare that is needed

9. Scientific Features

This essential feature is about the need to adopt a critical and evidence-based approach to your work, maintaining this through continuing professional development and lifelong learning. A GP should:

IDLAS1A To be able to order and use the various tests and forms for the microbiology and virology laboratories

IDLAS2A Become competent in the management of antibiotic use according to Local and

National Antibiotic Control Policies and Guidelines

IDLAS3A Prescribe and administer immunisations as appropriate

IDLAS4A Know the various geographical patterns of disease, risk factors for their acquisition, and the availability of paper, electronic and other resources (e.g. vaccination guides, websites; fit for travel)

Learning Opportunities

- Hospital medical rotation
- Emergency Department Rotation
- General Practice
- Day Release

Resources

In the following section you will find ICGP resources. All resources below are subject to the terms and conditions in appendix 3. All weblinks cited 2nd October 2019. In addition to this section the ICGP Library Catalogue is searchable for all ICGP material and ICGP Journals offers online journals via Full Text Finder.

ICGP – Forum (Please log-in to the ICGP website on your browser before clicking the links)

- Hunter, N. Research: HCV – towards an integrated care model 2018 Jul/Aug; 35(6):36.
- Robinson, E., Thornton, L., Migone, C. Clinical Review: Tackling a silent killer through screening 2017/2018 Dec/Jan; 34(11):46-48.
- Cosgrove, B. Distance Learning Module: Immunisation – Primary and seasonal programmes 2017 Sep; 34(8).
- O'Connor, N., Rochfort, A. Quality in Practice: Why antimicrobial stewardship is important 2016 Oct; 33(9):21-22.
- O'Connor, N. Clinical Update: Antibiotic stewardship for general practice 2014 Nov; 31(10):49.
- Clinical Review: Where to find the latest guidelines on antibiotics 2014 Nov; 31(10):50.
- Hayes, M., Faherty, A., Hannon, D. Cover Story: Getting to grips with antibiotic overprescribing 2014 Jun; 31(6):14-16.
- Curran, TI., O'Kelly, F., Brady, C. Clinical Review: Current concepts in the treatment of UTIs 2013 Nov; 30(11):40-42.

ICGP – Other Publications

- ICGP Public Health Alerts: Available here: https://www.icgp.ie/go/library/public_health_alerts
- Harrington, P. Childhood immunisation – How to achieve a 95% target 2002.

External Resources

In this section you will find external resources. All resources below are subject to the terms and conditions in appendix 3.

- Websites;
  - Centers for Disease Control and Prevention – Destinations list. Available here: https://wwwnc.cdc.gov/travel/destinations/list
  - HSE Antibiotic Prescribing – List of conditions and treatments. Available here: https://www.hse.ie/eng/services/list/2/gp/antibiotic-prescribing/conditions-and-treatments/list-of-conditions-and-treatments.html

- NHS Scotland – Fit for Travel. Available here: https://www.fitfortravel.nhs.uk/home

Community Resources

Want to contribute to the Community Resources?

Please email curriculum@icgp.ie . Internal CPD points for submissions: click to record.
Published submissions acknowledged by letter from the ICGP.

Self-Assessment

These resource(s) are a sample of those available to all with an OpenAthens account (all HSE employees which includes GP trainees), many of which include self-assessments. Please note these are UK resources, and some differences from Irish primary care can exist.

- Herpes simplex type 1 oral infection: A guide to diagnosis and treatment BMJ Learning 2018.
- HIV infection: diagnostic picture tests BMJ Learning 2018.

References

1. HSE. Health Care Associated Infection and Antimicrobial Resistance. Available here; https://www.hse.ie/eng/about/who/healthwellbeing/our-priority-programmes/hcai/resources/general/
2. Public Health Medicine Communicable Disease Group, Management of Infectious Disease in Schools, HSE, 2014. Available from: https://www.education.ie/en/Schools-Colleges/Information/National-Emergencies-Public-Health-Issues/Management-of-Infectious-Disease-in-Schools.pdf
3. Mackintosh W, Bonington A. Tips for GP trainees working in infectious disease. *The British Journal of General Practice*. 2012;62(605):669-670. doi:10.3399/bjgp12X659484. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3505411/pdf/bjgp62-669.pdf

23. Social Health

Assessments

This chapter was deemed to have been poorly answered in prior ICGP assessments; CKT 2014

CPD

Using the curriculum for a tutorial?

New (2018) up 5 hours of internal credits for in-practice tutorials not recorded elsewhere.

"Social injustice is killing people on a grand scale", and, "the toxic combination of bad policies, economics and politics is, in large measure, responsible for the fact that a majority of people in the world do not enjoy the good health that is biologically possible" WHO 2008[1]

Introduction

The field of social medicine seeks to understand how social and economic conditions impact health, disease and the practice of medicine and foster conditions in which this understanding can lead to a healthier society.[1]

It is important for GPs to understand the social causation of poor health as well as the causes and effect of inequity on health.

Figure 1: – A Model of the Determinants of Health

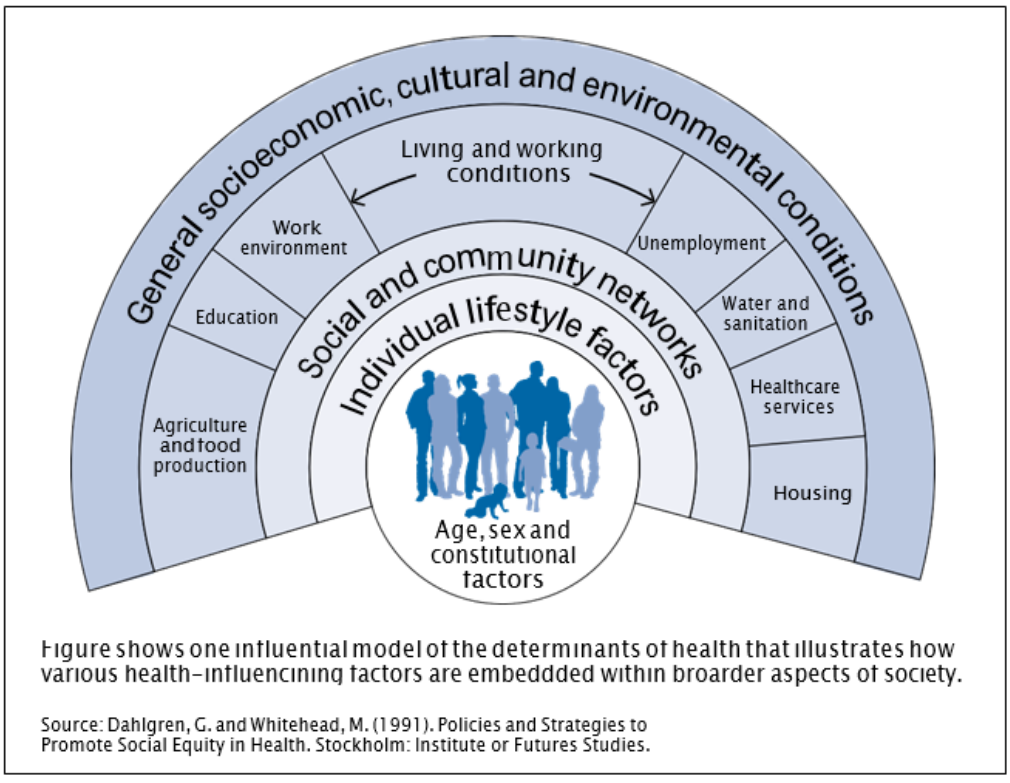


Figure shows one influential model of the determinants of health that illustrates how various health-influencing factors are embeddded within broarder aspects of society.

Source: Dahlgren, G. and Whitehead, M. (1991). Policies and Strategies to Promote Social Equity in Health. Stockholm: Institute or Futures Studies.

GPs should understand their role as part of a range of health and social services and networks aimed at keeping people well and challenging inequity which influences health. The GPs requires the knowledge and skills to support patients to self-care and to advocate for patients appropriately and access social supports rights and entitlements necessary for realising their health potential.

Case Vignette

Janet, a 56 years old woman has been diagnosed with hypertension. She is unable to go for a back operation because her blood pressure is too high and needs to be better controlled to have a GA. She has a chronic cough and complains of shortness of breath when going upstairs. She has been on the waiting list for a long time for this operation. She has had to self-certify as well as get sick note certifications for her housekeeping job over the last few months.

Her home life is very volatile her husband is a heavy gambler and has been long- term unemployed. They live in rented accommodation and there is a lot of drug use and anti-social behavior in the area. She is concerned for her four children as one of them is playing truant from school and the eldest has fallen into a bad crowd who use drugs. There is some risk to tenancy because of this and rent arrears.

She admits to feeling down and anxious and her history indicates a depressive episode with associated insomnia. She admits to using her sister's sleeping tablets. She is also smoking heavily. Her medical card is up for review and she has not completed and returned the forms. She also wants a letter for local authority housing.

Reflective Questions

Mapping the competencies of general practice to this case.
To help you understand how the GP curriculum can be applied to this case, ask yourself the following questions:

Primary Care Management

SHRPM1A	What practice management strategies are in place to address the high level of smoking related respiratory disease within your community e.g. COPD/Smoking cessation practice interventions.
SHRPM2A	How does my practice respond to the high level of multi-morbidity among the practice population?
SHRPM3A	What other organizations, support groups, social supports and services should I involve in assisting Janet and what is my practice relationship with these?
SHRPM4A	What is the practice policy on social welfare/housing forms?
SHRPM5A	How can the practice support Janet in accessing her entitlement to free health care?

Person Centred Care

SHRPC1A	How can I manage Janet's multiple problems taking into account a 10 minute appointment time?
SHRPC2A	How quickly might lifestyle changes lower Janet's blood pressure levels?
SHRPC3A	Do Janet's family circumstances mean she is more or less likely to respond to (a) brief intervention during the consultation (b) additional one-to-one help from a smoking cessation advisor or dietician?

SHRPC4A What are my non-drug management plans for Janet?
SHRPC5A What can I do regarding Janet's anxiety and self-medicating behaviour?
SHRPC6A How do I encourage Janet to begin to prioritise her health and engage with the health system?

Specific Problem Solving

SHRSP1A What occupational factors about a patient's working environment are vital to developing a management plan?
SHRSP2A What techniques can I use to help patients overcome anxiety about hospital investigations/procedures?
SHRSP3A How do I secure her commitment to long-term changes to her lifestyle?
SHRSP4A What action should I take when a patient refuses to attend follow-up after a screening test?

Comprehensive Approach

SHRCA1A How should the disclosure that Janet's husband is gambling again affect my management plan?
SHRCA2A What coping strategies besides smoking could she adopt to deal with the stress in her life? How do non-smoking women in Janet's situation cope?
SHRCA3A What sources of support and advice could I offer to her in her role as carer for other family members?

Community Orientation

SHRCO1A In my own practice community, what are the factors that encourage people like Janet to get help for her family members that suffer with addiction?
SHRCO2A What are the social determinants of Janet's health?
SHRCO3A What are the factors that cause children in lower SES areas to leave school early and what are the impacts of early school leaving on health?
SHRCO4A What community groups and organisations are in the area that could be a resource in helping Janet and family?

Holistic Approach

SHRHA1A What is the role for the GP in exploring the multiple 'clinical' and 'non clinical' social problems Janet faces?
SHRHA2A How do the social problems impact on the 'clinical' ones?
SHRHA3A What scope is there for a whole-family intervention to improve their overall health?
SHRHA4A Who could help me with this approach?
SHRHA5A How do I determine if any of the children are at risk?

Contextual Features

SHRAC1A How will the guidelines on prescribing benzodiazepines influence my decisions in treating Janet's anxiety in the context of self-medication?
SHRAC2A What can you do to gain an understanding the specific social determinant of health for your local community as well as the culture and health seeking patterns?

Attitudinal Features

SHRAA1A How do I uncover and check my attitudes toward Janet and her situation? Can I identify

where my own attitudes derive from social stigmatising attitudes and where my own behaviour results in discrimination against individual patients / patient groups? Do I believe Janet's health problems her own responsibility and her family problems a matter for her to sort out herself?

SHRAA2A What is my role as a GP in encouraging patients to participate in population screening programmes, even if the evidence of benefit for that particular type of patient is equivocal?

Scientific Features

SHRAS1A What are the clinical implications of having multi-morbidity?

SHRAS2A What does the literature say on difficulties faced by people from lower SES areas when seeking to stop smoking?

SHRAS3A What are the barriers created by appointment systems for people from lower SES areas or marginalised groups?

SHRAS4A What is the evidence base for the effectiveness of having accessible General Practice for addressing healthcare inequalities?

SHRAS5A How do I assess whether or not a trial of lifestyle modification is worthwhile for mild hypertension?

Learning Outcomes

The following learning outcomes demonstrate the core competences in this subject. You will require knowledge, skills and attitudes in the following areas:

1. Primary Care Management

This area of competence is about how you manage your contact with patients, dealing competently with any and all problems that are presented to you. (This area of competence is not limited to dealing with the management of the practice.) As a GP you should be able to:

SHLPM1A Carry out consultation in a trusting and respectful manner which encourages the patient to return no matter what their social background

SHLPM2A Understand the concepts of stigma; stereotyping; prejudice and discrimination and their effects on doctor-patient relationships

SHLPM3A Understand the specific needs of and barriers to accessing primary healthcare for marginalized groups including:

- **SHLPM3.1A** Homeless people
- **SHLPM3.2A** Drug users
- **SHLPM3.3A** Travellers
- **SHLPM3.4A** New communities
- **SHLPM3.5A** LGTB community members

SHLPM4A People with mental health problems etc

SHLPM5A Manage challenging behaviours in a manner that protects and maintains the doctor patient relationship

SHLPM6A Manage a request for benzodiazepines using a rational prescribing policy and in a manner that maintains a healthy doctor patient relationship

2. Person Centred Care

This area of competence is about understanding and relating to the context of your patients as individuals, and developing the ability to work in partnership with them. A GP should;

SHLPC1A Adapt to taking a focused social history from patients
SHLPC2A Record and build a social history over time which allows for change and a deep understanding of social factors affecting patient health
SHLPC3A Recognise and manage the heavy load of multi-morbidity found in disadvantaged communities at the individual and practice levels
SHLPC4A Communicate effectively to develop trusting relationships with patients who due to their familial and social background may have difficulty forming these
SHLPC5A Communicate effectively with patients who are not fluent in English
SHLPC6A Understand the consulting behaviours of specific marginal groups – homeless, travellers, drug users, new communities etc
SHLPC7A Understanding the healthcare needs and difficulties accessing healthcare for economic and political refugees, asylum seekers, and migrants

3. Specific Problem Solving

This area of competence is about the context-specific aspects of general practice, dealing with early and undifferentiated illness and the skills you need to tolerate uncertainty. As a GP you should be able to;

SHLSP1A Adapt health information effectively in particular for those with health literacy problems
SHLSP2A Manage specific healthcare issues pertinent to marginalised groups including:
- **SHLSP2.1A** Management of children at risk cases.
- **SHLSP2.2A** Management of drug addiction.
- **SHLSP2.3A** Detection and management domestic violence.
- **SHLSP2.4A** Management alcoholism.
- **SHLSP2.5A** Consulting using an interpreter.

SHLSP3A Consulting sensitively and appropriately with a patient with a differing cultural background

4. Comprehensive Approach

This area of competence is about how you as a general practitioner must be able to manage co-morbidity, coordinating care of acute illness, chronic illness, health promotion and disease prevention in the general practice setting. As a GP you should be able to;

SHLCA1A Train practice staff in awareness of social issues including disability and cultural awareness
SHLCA2A Be aware of the different accommodation options for those in poor housing or using homeless or asylum-seeking services
SHLCA3A Understand the differences between the social and medical models of disability
SHLCA4A Know the principles of Independent Living and the role of the personal assistant
SHLCA5A Understand the inverse care law and barriers to accessing health services faced by patients from areas of deprivation
SHLCA6A Understand the effect of childhood disadvantage on the development of health inequalities
SHLCA7A Understand the differences between blanket and pocket deprivation and the implications for the effective delivery of primary healthcare
SHLCA8A Understand the social determinants of health model
SHLCA9A Understand the primary care team model and its importance for areas of deprivation
SHLCA10A Understand how public policy can enforce or address health inequities

5. Community Orientation

This area of competence is about the physical environment of your practice population, and the need to understand the interrelationship between health and social care, and the tensions that may exist between individual wants and needs and the needs of the wider community. As a GP you should be able to:

SHLCO1A Understand the pathways in and out of homelessness, addiction, and crime

SHLCO2A Understand roles and responsibility of key workers & outreach workers and how to access key working for vulnerable patients

SHLCO3A Address poor uptake of preventative health services in areas of deprivation

SHLCO4A Be aware of cultural diversity between the Irish settled community and those from other cultures (including Travellers) and the effect of these on health and implications for healthcare delivery

6. Holistic Approach

This area of competence is about your ability to understand and respect the values, culture, family structure and beliefs of your patients, and understand the ways in which these will affect the experience and management of illness and health. As a GP you should be able to:

SHLHA1A Advocate on behalf of a patient who is not receiving optimum care due to their lack of social status

SHLHA2A Advocate on behalf of the community to address health inequities in their own community

SHLHA3A Advocate for patients to enable access to accommodation and other non-medical services that impact a patients' health

SHLHA4A Know the social causes of marginalization and their effect on health

Essential Features

The three essential features (EFs) below are concerned with the features of you as a doctor which may influence your ability to apply the core competences to real life in the work setting.

7. Contextual Features

This essential feature is about understanding your own context as a doctor and how it may influence the quality of your care. Important factors are the environment in which you work, including your working conditions, community, culture, financial and regulatory frameworks. A GP should:

SHLAC1A Self-care effectively to prevent stress and burnout

SHLAC2A Know how to identify the health inequities within her/his own general practice population/community

SHLAC3A Know the full range of community and social service involved in primary health care

SHLAC4A Know the full range of primary healthcare stakeholders and how to interact with them as part of general primary care

SHLAC5A Know referral pathways for social and community services for disadvantaged communities and marginalized groups

SHLAC6A Know the national and local community resources for patients

SHLAC7A Know where to access information on key services in local area working with key vulnerable groups

8. Attitudinal Features

This essential feature is about your professional capabilities, values, feelings and ethics and the impact these may have on your patient care. A GP should:

SHLAA1A Address prejudicial attitudes and discriminating behaviour that they and practice staff might have towards marginalized groups including drug users, homeless people, travellers, new communities, disabled people, and members of LGBT community

SHLAA2A Respect all patients irrespective of background and choices (e.g drug use or smoking)

SHLAA3A Identify where their own attitudes derive from social stigmatising attitudes and where their own behaviour results in discrimination against individual patients / patient groups

SHLAA4A Be sensitive to the differing cultural needs of non-Irish patients and travellers

SHLAA5A Be sensitive to the effects of disempowerment on patient's attitudes to doctors and other health professionals

SHLAA6A Engage positively with relevant community and social services in implementing primary healthcare

SHLAA7A Value other healthcare professionals and workers (including keyworkers) opinions

9. Scientific Features

This essential feature is about the need to adopt a critical and evidence-based approach to your work, maintaining this through continuing professional development and lifelong learning. A GP should:

SHLAS1A Know the evidence base for how health inequities impact on the health of their patient population

SHLAS2A Know the evidence base of the effects of global health inequities

SHLAS3A Know the methodologies used to research health inequities

SHLAS4A Describe the evidence base for health inequalities aspects of common conditions such as obesity, diabetes, cardio-vascular disease and mental health in the UK and globally

Where teaching can take place

- Primary Care
  - Tutorials with trainers
  - Primary health care teams
  - Working with refugee and asylum seekers/traveller groups/homeless
  - Workshops at day release teaching:
  - International and migrant health workers
  - Aspects of different groups accessing health services e.g. learning difficulty, ethnicity, religious, race, gay lesbian/ transgender groups
  - Using an interpreter; role plays
  - Use of Film to explore attitudes
  - Visit to prisons
  - Visit to community addiction clinics
  - Personal reading and self-directed group work reflective essays
  - Reflect on stereotyping, self-awareness and stigma
- Secondary care:
  - Addiction services
  - Mental health community services
  - A&E rotations

Resources

In the following section you will find ICGP resources. All resources below are subject to the terms and conditions in appendix 3. All weblinks cited 2nd October 2019. In addition to this section the ICGP Library Catalogue is searchable for all ICGP material and ICGP Journals offers online journals via Full Text Finder.

ICGP – Quick Reference Guides

- Daly, M., ní Riain, A Domestic Violence: A guide for General Practice 2014.

ICGP – Forum (Please log-in to the ICGP website on your browser before clicking the links)

- Ó Ciardha, D., Nolan, B., O'Callaghan, M. Feature: Social Prescribing – a novel approach 2015 Mar; 32(3):14-16.
- O'Donnell, P., MacFarlane, A., O'Carroll, A. Feature: Health inequity – dealing with the silent killer 2015 Mar; 32(3):20-22.
- O'Carroll, A., Quinn, L. Cover Story: Health issues you can't hear through a stethoscope 2013 Feb; 30(2):10-12.

ICGP – Other Publications

- Osborne, B. Irish General Practice: Working with deprivation 2015.

External Resources

In this section you will find external resources. All resources below are subject to the terms and conditions in appendix 3.

- Website;
  - Royal College of General Practitioners. Addressing Health Inequalities: A guide for General Practitioners, 2008 London, RCGP. Available here: https://www.icgp.ie/go/become_a_gp/educational_resources/reference_documents/C07CA74B-CA5E-4655-AFE06D37A530D04A.html
- Articles;
  - O'Carroll, A. North Dublin City GP Training – Responding to Local Need 2017. Available here: C:\Users\ICGP\Downloads\A_OCarroll._ICGP_Local_GP_Training_Needs._2017 (5).pdf
  - Tudor Hart J. The inverse care law. Lancet 1971;297:405e12.

Community Resources

Want to contribute to the Community Resources?

Please email curriculum@icgp.ie . Internal CPD points for submissions: click to record.
Published submissions acknowledged by letter from the ICGP.

Reference

1. Commission on Social Determinants of Health (2008). Closing the gap in a generation: health equity through action on the social determinants of health. Final Report of the Commission on Social Determinants of Health. Geneva, World Health Organization. Available here: http://apps.who.int/iris/bitstream/handle/10665/43943/9789241563703_eng.pdf;jsessionid=ABEF24F3D6E299888F09A7816AC240BB?sequence=1

24. Mental Health

Assessments

This chapter was deemed to have been poorly answered in prior ICGP assessments; MEQ; 2016.

CPD

Using the curriculum for a tutorial?

New (2018) up 5 hours of internal credits for in-practice tutorials not recorded elsewhere.

Introduction

At one time or another, about half of us will experience some kind of mental health problem, and many will turn to the GP for help and support. Studies find that, on average, about one third of GPs' patients experience mental health problems.[1] GPs often see patients who present with unexplained physical symptoms and may have underlying psychological distress.

Depression and anxiety are common in people with long-term physical conditions, and increase the morbidity and mortality from these conditions. People with severe mental health problems have an increased risk of morbidity and mortality, including cardiovascular disease and diabetes. Good communication skills, particularly listening skills, empathy, understanding and compassion, are key to managing people with mental health problems.[2–8]

Case Vignette

John is 17 years old and in Leaving Cert year in school. His parents have made an appointment for him with you. He tells you he is just there to get his parents off his case. He is sullen, looks bored and states he does not know what you can do for him.

He states his parents are worried about his drinking and that his school-work is suffering, he did badly in his mocks and his parents are really worried about his results.

John admits to drinking heavily most weekends. He can have 10–12 cans on a night out. He also smokes a "bit of weed". He does not see a problem with any of this. He denies using any other drugs.

John feels very anxious a lot of the time, but he is unsure why: sometimes it feels as if he cannot breathe properly. He does not care about his drinking. He feels numb a lot of the time. He does not care about his school-work or his exams. John states he does not care about things and is ambivalent about the future. In fact, he would not mind if he did not wake up in the morning.

You see from the notes that John's uncle (paternal) committed suicide 8 years ago.

John finally admits that recently he has started collecting boxes of pills, paracetamol mainly, and hiding them in his room. He states he does not know if he will take them but that it is good to have them there, in case things get too much.

John does not understand what depression is really; he does not feel sad; he just does not care.

Reflective Questions

Mapping the competencies of general practice to this case.
To help you understand how the GP curriculum can be applied to this case, ask yourself the following questions:

Primary Care Management

MHRPM1A From this case illustration what mental health problems are presented and how do I manage them?

Person Centred Care

MHRPC1A How do I demonstrate to John that I understand his distress?
MHRPC2A How do I explore his ideas, concerns and expectations?
MHRPC3A How do I explore his health beliefs?

Specific Problem Solving

MHRSP1A How can I assess the severity of anxiety and depression?
MHRSP2A How can I assess the level of his alcohol abuse and dependence?
MHRSP3A What features might alert me to an emerging psychosis?
MHRSP4A What further questions would I like answered in order to work towards managing John's issues?
MHRSP5A What other resources/services/healthcare professionals could I involve in the management of this case?

Comprehensive Approach

MHRCA1A How would I talk /engage John in relation to his mental health, his social stressors and his harmful behaviour?

Community Orientation

MHRCO1A What community resources are available for patients with mental health problems in my neighbourhood?
MHRCO2A What impact might a recent episode of self-harm or suicide in his school have on John?

Holistic Approach

MHRHA1A How can addressing John's family, social and school-life be incorporated as part of the management plan?

Contextual Features

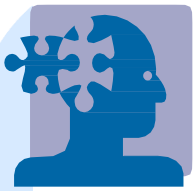
MHRAC1A How might my approach change if I was unable to access mental health services?

Attitudinal Features

MHRAA1A Am I affected by judgemental or prejudicial feelings in John's case, particularly in relation to harmful behaviour including drug-taking? If these feelings arose would they affect my consultation?

Scientific Features

MHRAS1A What is my plan for keeping up to date with current management of mental health disorders?



Learning Outcomes

The following learning outcomes demonstrate the core competences in this subject. You will require knowledge, skills and attitudes in the following areas:

1. Primary Care Management

This area of competence is about how you manage your contact with patients, dealing competently with any and all problems that are presented to you. (This area of competence is not limited to dealing with the management of the practice.) As a GP you should be able to:

MHLPM1A Understand the influence of physical and emotional factors on the development of mental health problems

MHLPM2A Understand the social influences on mental health including family and marital dynamics

MHLPM3A Understand risk factors for mental health problems, including long-term physical health, learning disability, social exclusion, unemployment and old age

MHLPM4A Understand the difference between depression and emotional distress and avoid medicalising distress

MHLPM5A Understand normal behaviour patterns including response to injury and illness from birth to adolescence

MHLPM6A Understand the emotional impact of hospitalisation on children

MHLPM7A Recognise abnormal child behaviour patterns

MHLPM8A Recognise fabricated illness and injury in children

MHLPM9A Describe the system of care for psychiatric conditions, including the roles of primary and secondary care, shared care arrangements, multi-disciplinary teams and patient involvement

MHLPM10A Recognise the need for involvement of secondary mental health or more experienced mental health personnel

MHLPM11A Protect and support colleagues where appropriate where known violence or aggression can be exhibited

2. Person Centred Care

This area of competence is about understanding and relating to the context of your patients as individuals, and developing the ability to work in partnership with them. A GP should;

MHLPC1A Demonstrate the ability to communicate appropriately with patients, relatives and guardians

MHLPC2A Recognise need to take a focused history, including psychosocial causes, which may require social services or Garda intervention

MHLPC3A Perform a mental state assessment

MHLPC4A Assess suicidal risk

MHLPC5A Demonstrate appropriate counselling skills

MHLPC6A Demonstrates tolerance and understanding when dealing with patients who present in a distressed state

MHLPC7A Demonstrate a sensitive approach to the patient and their family

3. Specific Problem Solving

This area of competence is about the context-specific aspects of general practice, dealing with early and undifferentiated illness and the skills you need to tolerate uncertainty. As a GP you should be able to;

MHLSP1A Understand the use of scoring tools to assess mental health problems

MHLSP2A Understand the range of psychological therapies available including cognitive behavioural therapies, mindfulness, counseling, psychodynamic, psychosexual and family therapy

MHLSP3A Understand the need to refer appropriately

MHLSP4A Understand the need to work in partnership with other agencies to secure appropriate social interventions for individuals

MHLSP5A Understand the initial management of those who present following violent behaviour (domestic, sexual assault, staff safety, restraint)

MHLSP6A Demonstrate an understanding of the appropriate use of drug therapy

MHLSP7A Demonstrate awareness of the pharmacology of major drug classes, which may be prescribed in secondary mental health service, with a dosage above what is normal in general practice.

MHLSP8A Demonstrate ability to manage common mental health issues and psychiatric emergencies in general practice

MHLSP9A Understand the primary care management of depression

MHLSP10A Understand the principles of managing a patient following self-harm, and suicidal ideation.

MHLSP11A Understand the need to deal with the postvention of suicide in family, friends and community.

MHLSP12A Understand the primary care management of anxiety

MHLSP13A Understand the primary care management of chronic mixed anxiety and depression

MHLSP14A Understand the primary care management of panic disorder

MHLSP15A Understand the primary care management of phobias

MHLSP16A Understand the primary care management of alcohol misuse

MHLSP17A Understand the primary care management of drug misuse

MHLSP18A Understand the primary care management of addiction

MHLSP19A Understand the primary care management of pain disorders

MHLSP20A Understand the primary care management of psychosomatic disorders

MHLSP21A Understand the initial management of grief, loss and relational conflicts

MHLSP22A Understand the primary care management of personality disorders

MHLSP23A Understand the primary care management of psychosis and other severe psychiatric disorders

MHLSP24A Understand the initial management of a child/adolescent with suspected psychotic illness

MHLSP25A Understand the primary care management of an eating disorder.

MHLSP26A Understand the primary care management of trauma/abuse

4. Comprehensive Approach

This area of competence is about how you as a general practitioner must be able to manage co-morbidity, coordinating care of acute illness, chronic illness, health promotion and disease prevention in the general practice setting. As a GP you should be able to;

MHLCA1A Understand that people with severe mental illness are at increased risk for cardiovascular disease and that such risk can be minimized through appropriate management.

MHLCA2A Understand the need to identify co-morbid psychiatric problems in people with physical health problems

MHLCA3A Demonstrate an awareness of child protection concerns where appropriate

5. Community Orientation

This area of competence is about the physical environment of your practice population, and the need to understand the interrelationship between health and social care, and the tensions that may exist between individual wants and needs and the needs of the wider community. As a GP you should be able to:

MHLCO1A Understand how to access support and advice from other agencies including specialist Child and Adolescent Mental Health Services

MHLCO2A Understand about the multi-disciplinary nature of child and adolescent mental health services

6. Holistic Approach

This area of competence is about your ability to understand and respect the values, culture, family structure and beliefs of your patients, and understand the ways in which these will affect the experience and management of illness and health. As a GP you should be able to:

MHLHA1A Be aware of the need to promote hope and demonstrate compassion and their use as resources to aid healing

Essential Features

The three essential features (EFs) below are concerned with the features of you as a doctor which may influence your ability to apply the core competences to real life in the work setting.

7. Contextual Features

This essential feature is about understanding your own context as a doctor and how it may influence the quality of your care. Important factors are the environment in which you work, including your working conditions, community, culture, financial and regulatory frameworks. A GP should:

MHLAC1A Understand the role of the GP in relation to the law pertaining to psychiatry, i.e. certification and testamentary capacity, confidentiality, Coroner's Act, and Mental Treatment Act

MHLAC2A Understand the Mental Treatment Act and how to create an immediate safety plan with a suicidal patient

8. Attitudinal Features

This essential feature is about your professional capabilities, values, feelings and ethics and the impact these may have on your patient care. A GP should:

MHLAA1A Demonstrate respect for patient's attitudes, values and beliefs in decision- making and choice of treatment

9. Scientific Features

This essential feature is about the need to adopt a critical and evidence-based approach to your work, maintaining this through continuing professional development and lifelong learning. A GP should:

MHLAS1A Understand the evidence base for care of people with mental health problems: evidence gathered from clinical controlled trials may not capture the complexities of working with people with mental health problems in primary care.

Related curricular areas/links

Refer also to the curriculum outcomes in the areas of:

- Children's Health
- Adolescent Health
- Sexual Health
- Women's Health
- Men's Health
- Multicultural health
- Communication skills
- Health Promotion
- Patients with long-term conditions
- Drug and Alcohol Misuse

Resources

In the following section you will find ICGP resources. All resources below are subject to the terms and conditions in appendix 3. All weblinks cited 2nd October 2019. In addition to this section the ICGP Library Catalogue is searchable for all ICGP material and ICGP Journals offers online journals via Full Text Finder.

ICGP – Main Website

- ICGP Mental Health Programme. Available here: https://www.icgp.ie/go/courses/mental_health

ICGP – Quick Reference Guides

- Anderson, R., Martin, J., Ahern, A., Finegan, P., Farran, C. Helping Patients with Alcohol Problems: A guide for Primary Care Staff 2014.
- Daly, M., ní Riain, A. Domestic Violence 2014.
- Foley, T., Swanwick, G. Dementia: Diagnosis and management in General Practice 2014.
- O'Shea, E. Communicating risk to patients 2014.
- Allen, O. Lesbian, Gay & Bisexual Patients: The issues for General Practice 2013.
- O'Keeffe, N., Gavin, B., Cullen, W., McNicholas, F. Child and Adolescent Mental Health: Diagnosis and management 2013.
- Kelly, M. Referral of People with Depression to Specialist Mental Health Services 2011.
- Gavin, B., Turner, N., O'Callaghan, E. Early Psychosis: Diagnosis and management from a GP perspective 2011.

ICGP – eLearning (Not available at time of curriculum publication 2/10/19, please check https://www.icgpeducation.ie for updates)

- Depression
- Suicide Prevention

ICGP – Forum (Please log-in to the ICGP website on your browser before clicking the links)

Mental health articles regularly appear in Forum. Please use the ICGP Library Catalogue to find others.

- Scollard, P., Holmes, K. Quality in Practice: Antipsychotic medication and QTc interval 2018 Jun; 35(5):44-45.
- Coleman, K., Shea, N., Dunne, A. Research: Safety first with lithium prescribing 2017 Oct; 34(9):49-51.
- Maher, K., Lyons, D. Clinical Review: Managing treatment-resistant depression 2017 Jan; 34(1):39-41.
- Wallace, D., Lyons, D. Mental Health: GPs at the forefront of depression care 2015 Nov; 32(10):47-50.
- McKenna, F. Mental Health: Physical care of patients with severe mental illness 2015 Apr; 32(4):46-48.
- Oliver-Dussault, C., Glynn, K. Mental Health - Schizophrenia and psychosis: An overview 2015 Feb; 32(2):37-38.
- Lennon, J., McGrogan, K. Research: SSRI antidepressants and cardiac risk 2014 Dec; 31(11):41-42.
- O'Keane, V. Distance Learning Module – Mental health: Identification and treatment of perinatal depression 2013 Oct; 30(10).
- Nolan, N. Insight: GP Responsibilities under Mental Health Act 2013 Jun; 30(6):9.
- Kennedy, N., Barkat, M. Distance Learning Module - Psychiatry: Dilemmas in bipolar disorder 2013 Apr; 30(4).

ICGP – Other Publications

- ICGP Submission of the Irish College of General Practitioners to the Oireachtas Joint Committee on the Future of Mental Health Care regarding the use of medication and talk therapies in relation to mental health 2018.
- ICGP Submission of the Irish College of General Practitioners to the Oireachtas Joint Committee on the Future of Mental Health Care in relation to GP led primary care expansion: improving care for people with mental health needs 2017.

Community Resources

In this section you will find training resources recommended by those in the training community and recent graduates. All resources below are subject to the terms and conditions in appendix 3.

- Website;
  - Mindfulness and Relaxation Centre at Beaumont Hospital†[1]. Available here: http://www.beaumont.ie/marc

Want to contribute to the Community Resources?

Please email curriculum@icgp.ie . Internal CPD points for submissions: click to record.
Published submissions acknowledged by letter from the ICGP.
Contributors above ;
†1: Dr Ronan Kearney. RCSI/Dublin North East TS 2018.

Self-Assessment

These resource(s) are a sample of those available to all with an OpenAthens account (all HSE employees which includes GP trainees), many of which include self-assessments. Please note these are UK resources, and some differences from Irish primary care can exist.

- Ask the Consultant: Old Age Psychiatry BMJ Learning 2017.
- 10 minute consultation: Stopping antidepressants following depression BMJ Learning 2016.

References

1. Kringlen, E., Torgersen, S., Cramer, V. (2001) A Norwegian psychiatric epidemiological study, American Journal of Psychiatry 158: pp. 1091-8. Available here: https://ajp.psychiatryonline.org/doi/pdf/10.1176/appi.ajp.158.7.1091
2. Scardovi, A., Rucci, P., Gask, L., Berardi, D., Leggieri, G., Ceroni, G.B., Ferrari, G. (2003) Improving psychiatric interview skills of established GPs: evaluation of a group training course in Italy, Family Practice, Volume 20(4) pp. 363–369. Available here: https://doi.org/10.1093/fampra/cmg404
3. Street, R., Makoul, G., Arora, N. and Epstein, R. (2009). How does communication heal? Pathways linking clinician–patient communication to health outcomes. Patient Education and Counseling, 74(3), pp.295-301.
4. Stewart, M.A. (1995) Effective Physician-Patient Communication and Health Outcomes: A review. Canadian Medical Association Journal, 152, pp.1423-1433. Available here: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1337906/pdf/cmaj00069-0061.pdf
5. Aspegren, K. (1999) BEME Guide No. 2: Teaching and learning communication skills in medicine-a review with quality grading of articles, Medical Teacher, 21:6, pp.563-570, DOI: 10.1080/01421599978979. Available here: file:///C:/Users/ICGP/Downloads/BEME02.pdf
6. JK Rao, J.K., Anderson, L.A., Inui, T.S., Frankel, R.M. (2007) Communication interventions make a difference in conversations between Physicians and Patients: A systematic review of the evidence." Medical Care, vol. 45(4), pp.340–349.
7. Roter, D.L., Hall, J.A., Kern, D.E., Barker, L.R., Cole, K.A., Roca, R.P. (1995) Improving Physicians' Interviewing Skills and Reducing Patients' Emotional Distress: A randomized clinical trial. Archives of Internal Medicine 155(17):pp.1877–1884. doi:10.1001/archinte.1995.00430170071009.
8. Gask, L., Goldberg, D., Lesser, A.L.,Millar, T. (1988). Improving the psychiatric skills of the general practice trainee: an evaluation of a group training course. Medical Education 22, pp.132–138.

25. Drugs and Alcohol Misuse

Assessments

This chapter was deemed to have been poorly answered in prior ICGP assessments; CCT; 2016, 2014. CCT; 2018, 2017.

CPD

Using the curriculum for a tutorial?

New (2018) up 5 hours of internal credits for in-practice tutorials not recorded elsewhere.

Introduction

Alcohol is an integral part of Irish culture and is fundamental to most of our social occasions. The National Substance Abuse Strategy highlighted that Irish adults drink in a more dangerous way than in nearly any other country with over half of drinkers were identified as having a harmful drinking pattern. This equates to nearly one and a half million adults in Ireland drinking in a harmful pattern.[1] The strategy also highlighted that binge drinking is a common phenomenon in Ireland, and Irish adults binge drink more than any other European country, with one-quarter of Irish adults reporting that they binge drink every week.

Furthermore, Irish children are drinking from a younger age and we have one of the highest levels of underage drinking in the developed world.[2]

Recent and current levels of illegal drug use were mainly stable in Ireland between 2006/7 and 2010/11, though lifetime use of drugs rose from 24 to 27%. The most common used illegal drug used in the previous month was cannabis at 2.8%.[3]

Addiction is wide-ranging. The most common addictions are to tobacco and alcohol. Other addictions include prescription drugs and illegal drugs. Gambling, social media, shopping, over working, over eating and sexual addiction are some of the behavioral addictions affecting our society. All addictions have harmful consequences for the individual affected, their families and friends, their work colleagues and wider society. There is no question that people with severe addictions are a challenging population to work with. They trigger our judgments and anxieties. They threaten the comfortable self-image we've worked so hard to establish for ourselves as cool competent and powerful professionals.[4] The GP needs to be very aware of his or her emotions both during and after consultations in order to effectively engage with patients and avoid alienating this difficult group further. Primary care has a lot to offer these patients in reducing and aiding recovery.

Case Vignette

Tom is a 52-year-old man who presents with his son. He has a long history of alcohol abuse. He has been homeless for most of the past fifteen years. 6 months ago, Tom did a residential detoxification course and remained abstinent for 3 weeks afterwards. His son had allowed him to live with him when he completed the course. The amount Tom has been drinking has gradually increased since.

He now drinks 12–15 cans per day and drinks first thing in the morning before he gets up. He denies any drug use but does occasionally buys sleeping tablets on the street. His son would like blood tests for his dad as he has noticed that he has lost weight since discharge from his residential course.

His daughter in law is distressed with this behaviour and is worried about the affect this is having on their two children. His son would like to help his Dad get his own accommodation as he is worried about him living on the streets.

Tom reports that he is happy to try to cut down his drinking but feels he is unable to stop. He does not wish to do another residential detoxification course as he found it too religious and feels that it messed with his head afterwards.

How do you help Tom and his family address his problems?

Reflective Questions

Mapping the competencies of general practice to this case.
To help you understand how the GP curriculum can be applied to this case, ask yourself the following questions:

Primary Care Management

DARPM1A	What is my practice's policy in managing people who request help in drug and/or alcohol detoxification.
DARPM2A	Are there other members in the primary care team or local voluntary groups that I could involve in his care?
DARPM3A	How does my practice interact with these groups?
DARPM4A	What is my practice policy on social welfare/housing forms?

Person Centred Care

DARPC1A	What communication skills could I use to help Tom address his drinking again?
DARPC2A	How would I help him to prioritize his health?
DARPC3A	How would I screen for underlying depression and other mental health problems?

Specific Problem Solving

DARSP1A	How do I prioritise the issues that need to be addressed within the time constraints that the appointment has been given?
DARSP2A	How would I assess the issue of weight loss?
DARSP3A	How would I follow up with Tom if he fails to re-attend for investigations?

Comprehensive Approach

DARCA1A What are the possible negative outcomes of Tom's drinking on other family members? Can I make any interventions to try to reduce these?

DARCA2A What are the housing options available to Tom? Is there a way I can influence how they manage his case?

Community Orientation

DARCO1A In my own practice community, what are the factors that help people with addiction and their family members seek help?

DARCO2A What are the social determinants of Tom's health?

Holistic Approach

DARHA1A How do I help Tom to engage in addressing all aspects of his health, his alcohol dependence, his mental health and his physical health.

DARHA2A How do I support his son in coping with his Dad's issues?

DARHA3A How is Tom's housing issue impacting on his health?

Contextual Features

DARAC1A What local detoxification and addiction services are available to me?

DARAC2A What are the local housing options?

Attitudinal Features

DARAA1A How do I feel about Tom's drinking and his failed detoxification?

DARAA2A How do I feel about his son's approach to caring for his Dad?

DARAA3A Can I identify when my attitudes result in barriers that impede patients in accessing health care? How do I address these?

Scientific Features

DARAS1A What evidence is there regarding the effectiveness of in-patient or out- patient detoxification?

DARAS2A What are the clinical implications of having multiple co-morbidity?

DARAS3A What is the incidence of dual diagnosis of mental health problems in patients with addiction problems?

Learning Outcomes

The following learning outcomes demonstrate the core competences in this subject. You will require knowledge, skills and attitudes in the following areas:

1. Primary Care Management

This area of competence is about how you manage your contact with patients, dealing competently with any and all problems that are presented to you. (This area of competence is not limited to dealing with the management of the practice.) As a GP you should be able to:

DALPM1A Demonstrate the ability to take an appropriate history exploring problem alcohol and drug use and assess the co morbidities, both mental and physical, associated with these

DALPM2A Can successfully and safely run an alcohol detox programme for a patient at home

DALPM3A Knowledge of secondary complications and infective risks arising from drug use and how to manage these

DALPM4A Recognise the barriers that people with drug and alcohol addiction face in accessing healthcare and design ways to reduce them in their practice

2. Person Centred Care

This area of competence is about understanding and relating to the context of your patients as individuals, and developing the ability to work in partnership with them. A GP should;

DALPC1A Manage challenging behaviours in a manner that protects and maintains the doctor patient relationship

DALPC2A Carry out consultation in a trusting and respectful manner encouraging the patient to return regardless of how they are managing their addiction. The trainee needs to be aware of the barriers society and health systems create that prevent people with addictions accessing health services

DALPC3A Respect all patients irrespective of background and choices (e.g. drug use or smoking)

3. Specific Problem Solving

This area of competence is about the context-specific aspects of general practice, dealing with early and undifferentiated illness and the skills you need to tolerate uncertainty. As a GP you should be able to;

DALSP1A Recognize the symptoms and signs of drug and alcohol misuse as well as the signs and symptoms of withdrawal

DALSP2A Manage a request for benzodiazepines and other drugs with a street value using a rational prescribing policy and in a manner that maintains a healthy doctor patient relationship

DALSP3A Can apply screening questionnaires to assess drug and alcohol miss-use where appropriate

DALSP4A Knowledge of the common side effects of drug use and how these present in general practice

4. Comprehensive Approach

This area of competence is about how you as a general practitioner must be able to manage co-morbidity, coordinating care of acute illness, chronic illness, health promotion and disease prevention in the general practice setting. As a GP you should be able to;

DALCA1A Recognize that drug and alcohol problems are often unrecognized in older adults

DALCA2A Assess the possible degree of harm to at risk children and adults and contact social services if concerns are raised

5. Community Orientation

This area of competence is about the physical environment of your practice population, and the need to understand the interrelationship between health and social care, and the tensions that may exist between individual wants and needs and the needs of the wider community. As a GP you should be able to:

DALCO1A Understand roles and responsibility of key workers & outreach workers and how to access key working for vulnerable patients

DALCO2A Understand the benefits of opiate substitution and how to access treatment for their patients

6. Holistic Approach

This area of competence is about your ability to understand and respect the values, culture, family structure and beliefs of your patients, and understand the ways in which these will affect the experience and management of illness and health. As a GP you should be able to:

DALHA1A An awareness of the multifactorial causes of addiction and the multiple factors that hinder recovery

DALHA2A Communicate effectively to develop trusting relationships with patients ensuring that all patients are treated with compassion

Essential Features

The three essential features (EFs) below are concerned with the features of you as a doctor which may influence your ability to apply the core competences to real life in the work setting.

7. Contextual Features

This essential feature is about understanding your own context as a doctor and how it may influence the quality of your care. Important factors are the environment in which you work, including your working conditions, community, culture, financial and regulatory frameworks. A GP should:

DALAC1A Insure that repeat prescriptions are monitored for long-term prescribing of addictive drugs and that corrective action is taken when a problem is identified

DALAC2A Refer to and liaise with local specialist and secondary care services when appropriate thus enabling the patient to get the most comprehensive care possible

DALAC3A Direct patients to voluntary groups such as alcoholic anonymous and narcotics anonymous which may help empower the patient in managing his/ her addiction.

DALAC4A Be aware of the different accommodation options for those in poor housing or homeless and how to advocate on behalf of the patient

8. Attitudinal Features

This essential feature is about your professional capabilities, values, feelings and ethics and the impact these may have on your patient care. A GP should:

DALAA1A Identify where his/her own attitudes derive from social stigmatising attitudes and where their own behaviour results in discrimination against individual patients / patient groups

DALAA2A Be sensitive to the effects of disempowerment on patient's attitudes to doctors and other health professionals

DALAA3A Have an awareness of addictions in themselves and colleagues and how to best address these

DALAA4A Value other healthcare professionals and workers (including keyworkers) opinions

DALAA5A Instill hope for the future and belief in recovery

DALAA6A Prioritize own self-care

9. Scientific Features

This essential feature is about the need to adopt a critical and evidence-based approach to your work, maintaining this through continuing professional development and lifelong learning. A GP should:

DALAS1A Understand and apply their knowledge of the cycle of change and motivational interviewing in order to intervene with patients effectively to reduce behavoiurs that

	are having a negative impact on their health
DALAS2A	Understands the legislation on drink and drug driving and the gudelines issued in relation to suspending driving and be able to recommend appropriate changes if needed
DALAS3A	Have a knowledge of current government policy on drug and alcohol treatment
DALAS4A	Describe the graded dose-response relationship between Adverse Childhood experiences (ACEs) and negative health and well-being outcomes across the life course (including alcohol abuse and illicit drug use).
DALAS5A	Describe how the ACE pyramid represents the conceptual framework for how ACEs contribute to the development of risk factors for disease and well-being throughout life.

Where teaching might take place

- Hospital: Ward rounds, specialised addiction services, outpatients
- GP/ community: Tutorials, OOH, homeless aid, bus, methadone practices, pharmacy

Resources

In the following section you will find ICGP resources. All resources below are subject to the terms and conditions in appendix 3. All weblinks cited 2nd October 2019. In addition to this section the ICGP Library Catalogue is searchable for all ICGP material and ICGP Journals offers online journals via Full Text Finder.

ICGP – Main Website

- ICGP Substance Misuse. Available here: https://www.icgp.ie/go/courses/substance_misuse

ICGP – Quick Reference Guides

- Ó Colmain, A. Drugs and Doping in Sport 2015.
- Anderson, R., Martin, J., Ahern, A., Finegan, P., Farran, C. Helping Patients with Alcohol Problems – A guide for Primary Care Staff 2014.

ICGP – eLearning (Not available at time of curriculum publication 2/10/19, please check https://www.icgpeducation.ie for updates)

- Promoting Alcohol Reduction

ICGP – Forum (Please log-in to the ICGP website on your browser before clicking the links)

Drug and alcohol misuse articles regularly appear in Forum. Please use the ICGP Library Catalogue to find others

- O'Kelly, M. Research: Methadone therapy and QTc prolongation 2017 Feb; 34(2):35.
- Hopkins, J., Courtney, D., O'Kelly, S., O'Kelly, F. Research: Getting it right on methadone treatment 2015 May; 32(5):40-41.
- Latham, J. Distance Learning Module: Alcohol problems – Intervention and management 2014 Dec; 31(11).
- Lalevic, G. Clinical Review: Detecting and managing alcohol misuse 2014 Jun; 31(6):43-45.
- Bressan, J., Ford, C. Cover Story: Will new drug misuse laws hit the right target 2014 Feb; 31(2):12-14.
- Douglas, L., Redahan, M., Feeney, L. Distance Learning Module: Alcohol misuse – Screening and intervention 2014 Feb; 31(2).

ICGP – Other Publications

- Health Service Executive/Irish College of General Practitioners/College of Psychiatrists of Ireland Pharmaceutical Society of Ireland Clinical Guidelines for Opioid Substitution Treatment (OST) 2016.

External Resources

In this section you will find external resources. All resources below are subject to the terms and conditions in appendix 3.

- Websites;
  - Alcoholics Anonymous Ireland. Available here: https://www.alcoholicsanonymous.ie/
  - Aware - Support organisation for patients/families with elation/depression. Available here: https://www.aware.ie/
  - Drug and Alcohol Information and Support - Drugs.ie. Available here: http://www.drugs.ie/
  - ICGP Hepatitis C Conference February 2018. Available here: https://www.icgp.ie/go/courses/substance_misuse/conferences_and_workshops/DE5B758C-97FF-9EB6-11E27D1BB47E1989.html
  - Narcotics Anonymous Ireland. Available here: https://www.na-ireland.org/
  - National Institute on Drug Abuse (US). Available here: https://www.drugabuse.gov/
  - Substance Misuse Programme Conference May 2018: Managing Problem Alcohol & Drug Use in Primary Care. Available here: https://www.icgp.ie/go/courses/substance_misuse/news_articles_publications/D72CBE39-BE2B-2082-CCA6E09468B2A172.html
  - Sick Doctor Scheme. Available here: https://www.icgp.ie/go/in_the_practice/doctors_health
  - Substance Misuse Management Good Practice (SMMGP). Available here: https://smmgp.org.uk/
  - The role of GPs in the recovery process. Available here: https://www.youtube.com/watch?v=ucjWEI2ETTE&feature=youtu.be

Community Resources

In this section you will find training resources recommended by those in the training community and recent graduates. All resources below are subject to the terms and conditions in appendix 3.

- Website;
  - Sport Ireland Anti-Doping Athlete Zone – Therapeutic Use Exemptions†1. Available here: https://www.sportireland.ie/Anti-Doping/Athlete-Zone/Therapeutic-Use-Exemptions-/

Want to contribute to the Community Resources?

Please email curriculum@icgp.ie . Internal CPD points for submissions: click to record.
Published submissions acknowledged by letter from the ICGP.

Contributors above;

†1: Dr Ronan Kearney. RCSI/Dublin North East TS 2018.

Self-Assessment

These resource(s) are a sample of those available to all with an OpenAthens account (all HSE employees which includes GP trainees), many of which include self-assessments. Please note these are UK resources, and some differences from Irish primary care can exist.

- Novel psychoactive substances: types, mechanisms of action and effects BMJ Learning 2017.

References

1. Department of Health, Steering Group Report on a National Substance Abuse Strategy, February 2012. Available here: https://www.drugsandalcohol.ie/16908/2/Steering_Group_Report_on_a_National_Substance_Misuse_Strategy_-_7_Feb_11.pdf
2. Byrne, S. Costs to Society of Problem Alcohol Use in Ireland: A report for the Health Service Executive, 2010, Dublin, HSE. Available here: https://www.hse.ie/eng/services/publications/topics/alcohol/costs%20to%20society%20of%20problem%20alcohol%20use%20in%20ireland.pdf
3. National Advisory Committee on Drugs and Alcohol (NACDA) Prevalence of Drug Use and Gambling in Ireland and Drug Use in Northern Ireland 2014/15: Regional Drug and Alcohol Task Force (Ireland) and Health and Social Care Trust (Northern Ireland) Results February 2017, NACDA. Available here: https://www.nacda.ie/index.php/publications/180-test.html
4. Maté, G. In the Realm of Hungry Ghosts: Close encounters with addiction, Vintage, Toronto, Canada, 2009.

26. End of Life Care

Assessments

This chapter was deemed to have been poorly answered in prior ICGP assessments; MEQ; 2016. CCT; 2018, 2017, 2016.

CPD

Using the curriculum for a tutorial?

New (2018) up 5 hours of internal credits for in-practice tutorials not recorded elsewhere.

Introduction

One of your essential roles as a GP is to help your patients die with dignity and with minimal distress if they opt to die at home and dying at home is a strong preference for most patients but have fears around the process. GPs must be able to identify such patients at an early stage when the disease is no longer curable. Through coordinating team working, interagency working and communication a GP can assess and make plans for future patient care needs.

Most patients die of non-cancer causes (circulatory 34% Cancer 29%)[1]. In 2011, 11% populations are over 65. It is estimated that by 2036 over 25% of the population will be over 65 years. In 2010, 2/3 patients died in community without specialist palliative care. Therefore to ensure our patients achieve best care at this time requires organisation and leadership within the practice. Early referral to palliative care services is essential to significantly alter the quality of life and end of life care for the family and caregivers.

Palliative Medicine is the branch of medicine involved in the care of patients of all ages with life-limiting illness for whom the focus of care is to optimize their quality of life through expert management of their physical symptoms as well as psychological, social and spiritual support as part of a multi-professional team. Support is essential for the caregiver's family or other throughout the illness but also after.

Case Vignette

Gertie, a 66 year old lady who you referred to hospital with abdominal pain and weight loss was recently diagnosed with metastatic oesophageal cancer and discharged home. She was not fit for surgery or chemotherapy was referred to Palliative Care. You are called out as the patient has uncontrolled pain. You park outside the house and are met by the patient's daughter, Angela, at the gate who says:

"You can ask her about the pain but you can't tell her she has cancer it would kill her. We just told her she has a bug so best to tell her that if she asks. Don't mention the word Palliative"

Angela is also distressed because her brother George lives in Australia and sister Geraldine lives in Canada. They have been on the phone regularly asking when they should come home and Angela asks your advice on what to tell them.

You visit Gertie some days later and get an opportunity to speak to her alone. She asks you "Am I dying?" She expresses feeling very distressed and wishes it all would end. "I wish I would just die now'.

Reflective Questions

Mapping the competencies of general practice to this case.
To help you understand how the GP curriculum can be applied to this case, ask yourself the following questions:

Primary Care Management

PARPM1A	Where in this case am I demonstrating my ability to function as both leader and member of end-of-life teams?
PARPM2A	Am I aware of the principles of palliative care and end-of-life care and how these apply to cancer and non-cancer illnesses such as cardiovascular, neurological, respiratory and infectious diseases?
PARPM3A	How would I approach taking a history and relevant examination to assist clinical decision making to diagnose dying and initiate appropriate care plans in the community?
PARPM4A	What structures can I put in place for following up with Gerties family and how can I facilitate this with ease?
PARPM5A	Is a separate consultation necessary?
PARPM6A	How confident is my prescribing in this area?
PARPM7A	How defined is the role of other members of the practice in the area of palliative care and is there a member with a special interest or skills?
PARPM8A	How do I refer and access for the patient home palliative care services and what is my awareness of their role?
PARPM9A	How can I communicate with other health professionals in particular the local specialist palliative care services and hospice?
PARPM10A	How my doctor's bag is stocked for palliative care house calls and who is responsible for the appropriate stock?

Person-Centered care

PARPC1A	How might I attend to the spiritual religious and cultural needs of this patient and her family?
PARPC2A	Would I like to assess Gertie alone and how would I approach this?
PARPC3A	How would I assess her level of understanding of her illness and its prognosis?
PARPC4A	How can I communicate effectively with the patient, her family and carer(s) regarding difficult and sensitive information around disease progression and prognosis to a level of their understanding and priority?
PARPC5A	How will I describe how continuity of care will be managed through various health care professionals to limit distress with the aim of maximizing quality of life?

Specific Problem Solving

PARSP1A	Which specific problem-solving elements are demonstrated in the vignette?
PARSP2A	What potential palliative care emergencies might arise in this situation?
PARSP3A	How can I create repeated opportunities for the patient to discuss end of life care?
PARSP4A	How can I provide medical care that is structured around the patients and in this case family's needs?
PARSP5A	How am I influenced by time and resources constraints and how would I manage this?

Comprehensive Approach

PARCA1A	How would I explain disease progression and processes around death and dying in

Gertie's case?

PARCA2A How can I demonstrate an ability to fulfil medical, legal and professional obligations?

PARCA3A How can I advocate for the best level of care for my patient in the home setting?

PARCA4A Understanding the administrative tasks associated with such care, death certification, cremation forms and how to become familiar with same?

Community Orientation

PARCO1A What services might be available to my patient and his carers through the wider primary care team and how do I access them?

PARCO2A What impact can Gerties cancer have on her family and friends and what community voluntary services and supports are available outside of primary care team?

Holistic Approach

PARHA1A How could I manage the grieving process in Gertie's family?

PARHA2A Am I aware of normal and abnormal grieving processes and its impact on symptomatology?

PARHA3A How can I manage the uncertainties generated in this home visit?

PARHA4A How can I approach each individual's expectations?

PARHA5A Am I aware of the spiritual and psychosocial aspects related to end of life care?

PARHA6A Am I aware of the various components of the experience of disease and dying in terms of the patients and families understanding and the consequences of such in reaching a mutual shared management plan?

Contextual Features

PARAC1A How can I access training and resources to upskill and pursue knowledge to be more confident in this area?

PARAC2A What is my approach to time and its management in this home visits?

PARAC3A How can I consider cultural differences that will influence my management?

PARAC4A What issues are raised about confidentiality and capacity in this case?

Attitudinal Features

PARAA1A What are my personal feelings about advance care planning and adhering to my patient's requests?

PARAA2A How may personal circumstance and life events influence your role in this setting?

PARAA3A What is my approach to open disclosure of a terminal prognosis shown to be favoured by patients?

PARAA4A How are my communication skills in a challenging consultation?

PARAA5A How can I maintain the challenge of professional boundaries in this case?

PARAA6A How can I deal with the impact of death and bereavement in my normal working day and what is my approach to self-care?

PARAA7A How can I respect and preserve the patient's autonomy in this case?

PARAA8A What would be my approach to issues around privacy when talking to a patient in the home?

Scientific Features

PARAS1A What is the evidence-base for end-of-life care and what are the difficulties associated with research in this area?

PARAS2A What is my understanding and how do I access and then implement within my practice current evidence-based guidelines in this area?

Learning Outcomes

The following learning outcomes demonstrate the core competences in this subject. You will require knowledge, skills and attitudes in the following areas:

1. Primary Care Management

This area of competence is about how you manage your contact with patients, dealing competently with any and all problems that are presented to you. (This area of competence is not limited to dealing with the management of the practice.) As a GP you should be able to:

PALPM1A Understand the principles of palliative care and end-of-life care and how these apply to cancer and non-cancer illnesses such as cardiovascular, neurological, respiratory and infectious diseases.

PALPM2A Demonstrate an understanding of the natural history and role of disease specific treatments in advanced life limiting illness

PALPM3A Demonstrate an understanding of issues surrounding confidentiality, disclosure/release of information; discovery (FOI) of records.

PALPM4A Master the ability to communicate complex medical strategies to patients and families

PALPM5A Exemplify a sensitive approach to the specific needs of the dying patient

PALPM6A Maintain a sensitive approach to family/carer recognising their concerns

2. Person Centred Care

This area of competence is about understanding and relating to the context of your patients as individuals, and developing the ability to work in partnership with them. A GP should;

PALPC1A Outline patients' rights and be informed sufficiently to enable them to be involved in decisions about their treatment and care

PALPC2A Demonstrate how to ensure confidentiality and respect of privacy for the patient

PALPC3A Identify and focus investigation on patients' needs and expectations

PALPC4A Implement and deliver with discussion a care plan appropriate to patients and caregivers needs and wishes

PALPC5A Demonstrate ability to identify from an early stage family and patient insight into their condition

PALPC6A Adopt a supportive role so that patients are involved in their care decisions and recognise their need for autonomy

3. Specific Problem Solving

This area of competence is about the context-specific aspects of general practice, dealing with early and undifferentiated illness and the skills you need to tolerate uncertainty. As a GP you should be able to;

PALSP1A Manage distressing symptoms, e.g. nausea, pain, shortness of breath and confusion.

PALSP2A Use appropriate drug/nutrition delivery systems, e.g. a syringe driver

PALSP3A Describe the conversion of drugs from oral dosage to other appropriate delivery systems

PALSP4A Describe palliative care emergencies and their appropriate management: e.g bone fractures, spinal cord compression and haemorrhage.

PALSP5A Demonstrate knowledge of the legal and ethical issues in context of resuscitation, organ donation/transplantation

PALSP6A Demonstrate the ability to take and analyse a clinical history and conduct a reliable and appropriate examination and assessment to diagnose a dying patient and activate appropriate care plans

PALSP7A Outline correct procedures for obtaining consent (for treatment, investigations, procedures, research project, and post-mortem

PALSP8A Describe legal responsibilities surrounding death/disease certification; regarding mental illness; referrals to coroner; also in criminal cases

PALSP9A Assess and conduct investigations carefully and appropriately, considering patient's needs, risks, and values.

PALSP10A Demonstrate a good knowledge of the pharmacology, therapeutics of treatments prescribed, choice of routes of administration, dosing schedules, compliance strategies; the objectives, risks and complications of treatment

PALSP11A Recognise and deal with reactions and side effects

PALSP12A Perform regular reviews of medications so that drugs and inappropriate interventions are discontinued

4. Comprehensive Approach

This area of competence is about how you as a general practitioner must be able to manage co-morbidity, coordinating care of acute illness, chronic illness, health promotion and disease prevention in the general practice setting. As a GP you should be able to;

PALCA1A Understand the main principles of medical ethics including beneficence, autonomy and justice/equity

PALCA2A Implement opportunistic disease prevention and lifestyle changes using the correct channels and providing suitable health education and promotion

PALCA3A Counsel and explain to patients and their carer's issues of symptom control, disease progression

PALCA4A Understand patients concerns and issues of advance care planning

5. Community Orientation

This area of competence is about the physical environment of your practice population, and the need to understand the interrelationship between health and social care, and the tensions that may exist between individual wants and needs and the needs of the wider community. As a GP you should be able to:

PALCO1A Adapt to recognise and respect input from others as part of a MDT and be able to work co-operatively

PALCO2A Delegate and refer cases appropriately

PALCO3A Perfect good communication skills in liaising, discussing and negotiating effectively with those undertaking investigation

PALCO4A Identify and utilize support provided by voluntary agencies and patient support groups, as well as expert services

PALCO5A Utilise palliative care services appropriately

PALCO6A Complete documentation of clear management plans in MDT to achieve safe and effective quality patient care

PALCO7A Assume responsibility for the role of the GP within the MDT involved in terminal care

PALCO8A Manage confidentiality and the sharing of information with other health professional

6. Holistic Approach

This area of competence is about your ability to understand and respect the values, culture, family structure and beliefs of your patients, and understand the ways in which these will affect the experience and management of illness and health. As a GP you should be able to:

PALHA1A Assessment and knowledge of boundaries limiting consultations including ethical and duty of care to the patient

PALHA2A Demonstrate an understanding of the psychosocial and spiritual issues that impact on and influence end of life care in the community

PALHA3A Exhibiting empathy and show consideration for all patients, their impairments and attitudes irrespective of cultural and other differences

PALHA4A Recognising that incapacity and illness has an impact on relationships and family, having financial as well as social effects

PALHA5A Awareness of any religious or spiritual needs they may have

Essential Features

The three essential features (EFs) below are concerned with the features of you as a doctor which may influence your ability to apply the core competences to real life in the work setting.

7. Contextual Features

This essential feature is about understanding your own context as a doctor and how it may influence the quality of your care. Important factors are the environment in which you work, including your working conditions, community, culture, financial and regulatory frameworks. A GP should:

PALAC1A Recognise potential obstacles such as cultural, educational, ethical that may influence the quality of your care to the patient

PALAC2A Demonstrate the ability to cope with changing circumstances, variable demand, being prepared to re-prioritise

8. Attitudinal Features

This essential feature is about your professional capabilities, values, feelings and ethics and the impact these may have on your patient care. A GP should:

PALAA1A Aware of your own and others preconceptions and prejudices

PALAA2A Aware of the extent and limitations of own areas of practice/expertise

PALAA3A Exemplify a non-judgmental approach to patient's problem

PALAA4A Aware of the impact of breaking bad news on your working day

PALAA5A Aware of your own limitations and seek help

PALAA6A Be comfortable in the area of breaking bad news and discussing poor outcomes with the patient and care providers

PALAA7A Adopt a non-judgmental approach at all times

PALAA8A Value the role of the GP in end of life care for all patients

9. Scientific Features

This essential feature is about the need to adopt a critical and evidence-based approach to your work, maintaining this through continuing professional development and lifelong learning. A GP should:

PALAS1A Awareness that the evidence base for care at the end of life, which is less rigorous because there are very few trials available.

PALAS1A Demonstrate and ongoing commitment to CME to improve knowledge skills and experience in the area of end of life care

Where the teaching will take place

- Hospital /Hospice rotations
- Hospice visits
- Day release
- GP practice
- Nursing home rounds
- Tutorials

Resources

In the following section you will find ICGP resources. All resources below are subject to the terms and conditions in appendix 3. All weblinks cited 2nd October 2019. In addition to this section the ICGP Library Catalogue is searchable for all ICGP material and ICGP Journals offers online journals via Full Text Finder.

ICGP – eLearning (Not available at time of curriculum publication 2/10/19, please check https://www.icgpeducation.ie for updates)

- Think Ahead: End of Life Planning

ICGP – Forum (Please log-in to the ICGP website on your browser before clicking the links)

- Ryan, S., Wallace, E. Managing Dyspnoea in Palliative Care 2016 Feb; 33(2):40-42.
- Marry, J., Barragry, R., Murphy, S., O'Shea, B. Coming to terms with End of Life Planning 2015 Jul/Aug; 32(7):16-17.
- O'Callaghan, C., Lucey, M. Feature: Developing Palliative Care in the Community 2014 Nov; 31(10):26-27.
- Doran, K. Medico-Legal: What is in the Advance Healthcare Decisions Bill 2013 Mar; 30(3):15-16.
- Doran, K. Medico-Legal: Ethical and legal issues at the end of life 2013 Feb; 30(2):17-18.

External Resources

In this section you will find external resources. All resources below are subject to the terms and conditions in appendix 3.

- Websites;
  - Dying Matters (UK). Available here: https://www.dyingmatters.org/
  - Irish Cancer Society. Available here: www.cancer.ie
  - Irish Hospice Foundation – Competence & Compassion: End of Life Map. Available here: http://hospicefoundation.ie/wp-content/uploads/2013/04/End-of-Life-Care-Map-2013-version.pdf
  - Irish Hospice Foundation. Available here: www.hospicefoundation.ie
  - Royal College of General Practitioners – Palliative and End of Life Care Strategy and Clinical Resources . Available here: http://www.rcgp.org.uk/clinical-and-research/resources/a-to-z-clinical-resources/end-of-life-care-resources-for-gps.aspx
  - The Gold Standards Framework (UK). Available here: www.goldstandardsframework.org.uk
  - Stories for Education: Living with Death https://vimeo.com/271700671

Community Resources

Want to contribute to the Community Resources?

Please email curriculum@icgp.ie . Internal CPD points for submissions: click to record.
Published submissions acknowledged by letter from the ICGP.

Self-Assessment

These resource(s) are a sample of those available to all with an OpenAthens account (all HSE employees which includes GP trainees), many of which include self-assessments. Please note these are UK resources, and some differences from Irish primary care can exist.

- Clinical Pointers: Palliative Care in the Community BMJ Learning 2016.

References

1. Baile, W.F., Buckman, R., Lenzi, R., Glober, G., Beale, E.A., Kudelka, A.P. (2000) SPIKES – A six-step protocol for delivering bad news: Application to the patient with cancer. Oncologist 5(4):pp.302-311 Available here: http://theoncologist.alphamedpress.org/content/5/4/302.full.pdf
2. Levetown, M. (2008) Communicating with children and families: From everyday interactions to skill in conveying distressing information. PEDIATRICS, 121(5), pp.e1441-e1460. Available here: http://pediatrics.aappublications.org/content/pediatrics/121/5/e1441.full.pdf

27. ENT/Oral and Facial Problems

Assessments

This chapter was deemed to have been poorly answered in prior ICGP assessments; CKT; 2018, 2016, 2015. CCT; 2018.

CPD

Using the curriculum for a tutorial?

New (2018) up 5 hours of internal credits for in-practice tutorials not recorded elsewhere.

Introduction

ENT problems compromise a considerable part of the work load in general practice. A survey of 225 general practitioners showed that 50% of children seeking medical care from their general practitioners had problems in this area.[1] Waiting times to see ENT specialist in Ireland have traditionally been very long and commonly over two years.[2] These waits increase the need for GPs to be very competent and proficient in dealing with ENT problems.

Case Vignette

1. Ear

Carmel is 81 years old. She is brought in by her daughter Joan. Joan has arranged a hearing test for Carmel for the following day, in main street opticians, that have recently started to perform hearing tests and sell hearing aids. She just wants you to make sure her mother has no wax "so that they can do the test". This is the first time anyone has ever mentioned to you, that Carmel might have a hearing issue How do you proceed?

2. Nose

Mary, a receptionist, presents with persistent nasal obstruction, runny nose, watery eyes and regular sneezing. The problem is perennial and has been getting worse for years. She is concerned about house dust and grass allergy as it can be worse if exposed to both those triggers. It is interfering with her work and in particular when she is talking to customers on the phone. The use of steroid sprays and antihistamines only marginally improves things and she tells you she is 'fed up with these symptoms' and has researched the possibility of using immunotherapy. Your examination reveals some swelling in the nose, more noticeable on the right than the left. Mary's mother is the next patient in. She presents with recurring nose bleeds for the last week.

3. Throat

Winston is a 30 year old smoker. He has a sore throat of one week's duration. He is also hoarse with palpable cervical nodes. He has no fever in the surgery but he feels hot and cold when at home.

4. Orofacial

Harry is 66 – he complains of pain in his right ear but ear examination is entirely normal. The pain occasionally radiates towards temple, and towards jaw. He had rear molars removed 6/12 earlier. This pain has been going on for a few months now but is recently worse. Life has been stressful of late, his wife died last year. He is tender on palpating the jaw joints and, opening and closing the mouth. Sometimes there is a crunching noise when he eats.

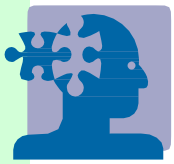
With each patient – explore the most salient features with respect to the following:

- history taking, and why are those the most salient features to you?
- focused examination, and why are those the most salient features to you?
- differential, its order, and why did you choose this order?
- immediate management plan, and why are these the most salient features of your plan?
- plans for follow up, and why are those the most salient features to you?

With each patient – now consider changing the patient's story – make the following changes, in turn, and see whether these altered scenarios affect your thinking regarding history, examination, differential, immediate and subsequent plan.

1. If the symptoms were sudden recent onset
2. If the symptoms were chronic
3. If the symptoms were bilateral
4. If the symptoms were unilateral
5. If the patient was a child
6. If the patient was elderly
7. The patient does not want hospital involvement

At all stages, as you proceed, keep in mind the following generic domains that the college would like you to use, as lenses, to expand your perspectives on your patients.



Reflective Questions

Mapping the competencies of general practice to this case.
To help you understand how the GP curriculum can be applied to this case, ask yourself the following questions:

Primary Care Management

ENRPM1A What can be done for the patient, in general practice, and in the community, that need not be done in a hospital clinic or A&E department?

ENRPM2A What skills can you develop with regard to each case, to make it more likely that the patient gets optimal care without resource to hospital specialists?

ENRPM3A Discuss when and where hospital needs to be involved.

ENRPM4A What are possible red flags to out rule in each case?

ENRPM5A What red flags would initiate referral?

ENRPM6A In each case, what features would you seek to elicit, to reassure yourself, that community management is appropriate?

Person Centred Care

ENRPC1A What issues could be going on in the patient's life, which could impair an optimal outcome?

ENRPC2A What issues could be going on, that could increase the likelihood of an optimal outcome?

ENRPC3A What can you do for the patient, to help overcome any issues that could lead to a suboptimal outcome?

ENRPC4A What can you do for the patient, to encourage his/her best efforts a helping themselves?

Specific Problem Solving

ENRSP1A Can I recognise the normal?
ENRSP2A How do I know if this ear examination is normal or abnormal?
ENRSP3A How do I know if this nasal examination is normal or abnormal?
ENRSP4A How do I know if this throat examination is normal or abnormal?
ENRSP5A How, through examination, can I tell if this hearing loss is conductive or sensorineural. What difference does it make to me, once I can establish the difference?
ENRSP6A What ENT medication treatments, OTC and Prescription, work?
- ENRSP6.1A Which don't?
- ENRSP6.2A Which have evidence, which don't?
- ENRSP6.3A Which are the most cost effective and which are least cost effective?

ENRSP7A Which ENT procedure treatments work?
ENRSP8A Which have strong evidence supporting use?
ENRSP9A Which have less strong evidence?
ENRSP10A Can you think of any with equivocal or no evidence?

Comprehensive Approach

ENRCA1A What else should I be addressing in this consultation, and if not appropriate in this one, in subsequent ones?
ENRCA2A How can I empower patients to adopt self-treatment options for self-limiting conditions?
ENRCA3A What resources can I recommend to patient to help with management of conditions?

Community Orientation

ENRCO1A ENT Public OPD access is a finite stressed resource.
ENRCO2A ENT medication treatments vary in cost between cheap to expensive.
ENRCO3A What can I do to ensure that these resources are used appropriately, and with consideration to them being available to my patients when they definitely do need them?

Holistic Approach

ENRHA1A How might these symptoms affect the patient's day to day life? How might you advise to minimise the impact of these and other ENT symptoms on the patient. What can others do to help?

Contextual Features

ENRAC1A Are there accessible, secondary care ENT services, available to your patients?
ENRAC2A Is there a paucity of public ENT specialist availability in your area?
ENRAC3A If there is a gap, what can you do to bridge that gap?
ENRAC4A Would you ever see yourself developing a special interest and skills in ENT to support your patients and colleagues?
ENRAC5A How does your surgery accommodate people who have impaired hearing and or speech?

Attitudinal Features

ENRAA1A Do I lose interest in the patient's problem, when I feel it might be one that I cannot cure and that nature should sort out with time?

ENRAA2A Do I get frustrated with patients who don't take their treatments as prescribed, or who stop them, and come back and tell me they are no better?

ENRAA3A Do I get cross with the patient, if the patient expresses disappointment that they are not getting an antibiotic?

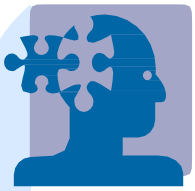
Scientific Features

ENRAS1A Do I have sufficient knowledge of ENT and facial anatomy to allow me to detect any abnormality?

ENRAS2A If not, what are the ways to improve my knowledge?

ENRAS3A What is the evidence for the effectiveness of common ENT treatments?

ENRAS4A Can I demonstrate an evidence-based approach to antibiotic prescribing with common ENT presentations?



Learning Outcomes

The following learning outcomes demonstrate the core competences in this subject. You will require knowledge, skills and attitudes in the following areas:

1. Primary Care Management

This area of competence is about how you manage your contact with patients, dealing competently with any and all problems that are presented to you. (This area of competence is not limited to dealing with the management of the practice.) As a GP you should be able to:

ENLPM1A Manage primary contact with patients who have a common/important ENT, oral or facial problem, e.g. vertigo or tinnitus

ENLPM2A Know the epidemiology of head and neck cancers, including the risk factors, and identify unhealthy behaviour

ENLPM3A Identify symptoms that are within the range of normal and require no treatment such as small neck lymph nodes in healthy children and 'geographic tongue'

ENLPM4A Understand how to recognise rarer but potentially serious conditions such as oral, head and neck cancer

ENLPM5A Understand when watchful waiting and the use of delayed prescriptions are indicated

2. Person Centred Care

This area of competence is about understanding and relating to the context of your patients as individuals, and developing the ability to work in partnership with them. A GP should;

ENLPC1A Communicate effectively with patients with hearing impairment and deafness, or speech impairment, some of which may occur together

ENLPC2A Prepare an ear for syringing

ENLPC3A Syringe an ear - safely and consistently

ENLPC4A Understand and relate to your patients as individuals and develop an ability to formulate shared management plans

3. Specific Problem Solving

This area of competence is about the context-specific aspects of general practice, dealing with early and undifferentiated illness and the skills you need to tolerate uncertainty. As a GP you should be able to;

ENLSP1A Carry out appropriate examination of the nose, throat, neck and sinuses

ENLSP2A Carry out detailed tests where indicated, e.g. audiological tests and the Dix– Hallpike test to help diagnose benign paroxysmal positional vertigo (BPPV)

ENLSP3A Examination of the balance centres, and being able to recognise what is normal vs abnormal

ENLSP4A Elicit from the history what the patient means when he or she mentions being "dizzy"

ENLSP5A Demonstrate to a patient how to install ear drops, whether medications, or cerumenolytics

ENLSP6A Recognise various causes of vertigo and advise accordingly

4. Comprehensive Approach

This area of competence is about how you as a general practitioner must be able to manage co-morbidity, coordinating care of acute illness, chronic illness, health promotion and disease prevention in the general practice setting. As a GP you should be able to;

ENLCA1A Understand the relationship between factors in the patient's environment, such as smoking or noise levels, and the cause and management

ENLCA2A Appreciate that pathology in other systems may lead to ENT-related symptoms

ENLCA3A Understand when urgent (or semi-urgent) referral to secondary care may be indicated, e.g. in trauma, epistaxis, quinsy (peritonsillar abscess), severe croup or stridor

ENLCA4A Understand that ENT pathology can lead to developmental delay, e.g. 'glue ear' can impair a child's learning

ENLCA5A Understand that systemic disease such as hematological, dermatological and gastrointestinal problems may present with oral symptoms, e.g. glossitis caused by iron deficiency anaemia

ENLCA6A Demonstrate an ability to elicit parental concerns about ENT conditions such as tonsillitis and otitis media and develop shared management plans that correlates with national prescribing guidelines for antibiotics

5. Community Orientation

This area of competence is about the physical environment of your practice population, and the need to understand the interrelationship between health and social care, and the tensions that may exist between individual wants and needs and the needs of the wider community. As a GP you should be able to:

ENLCO1A Refer patients with oral disease to appropriate specialist services in oral medicine or oral and maxillofacial surgery

ENLCO2A Know the community services that may be available, e.g. for audiological assessment

ENLCO3A Refer patients with dental or gingival problems to their dental services

6. Holistic Approach

This area of competence is about your ability to understand and respect the values, culture, family structure and beliefs of your patients, and understand the ways in which these will affect the experience and management of illness and health. As a GP you should be able to:

ENLHA1A Appreciate the impact of hearing loss on quality of life and understand the community and cultural attitudes to deafness

ENLHA2A Understand that patients in poorer socio-economic situations (including the homeless) have higher rates of head and neck malignancy

ENLHA3A Know how community-specific aspects of oromucosal disease may be related to lifestyle (e.g. chewing paan, tobacco, betel nut, khat/qat, or reverse smoking)

ENLHA4A Know that certain ENT, oral and facial symptoms may be manifestations of psychological

distress, e.g. globus pharyngeus, atypical facial pain, burning mouth syndrome

ENLHA5A Demonstrate effective strategies for dealing with parental concerns regarding ENT conditions such as recurrent tonsillitis or otitis media with effusion, e.g. explain why antibiotics are not always indicated Understand the significant quality-of-life impairment that may arise from common ENT and oral complaints, e.g. snoring, rhinosinusitis, persistent oral ulceration and dry mouth

ENLHA6A Recognize that certain oral facial and neck symptoms can be in response to psychological distress

ENLHA7A Explain and develop a shared management plan with the patient on how to manage these distressing symptoms

ENLHA8A Be able to communicate effectively with patient who have hearing impairments and/or speech impairments.

ENLHA9A Understand the barriers faced by our Deaf community in obtaining health care and demonstrate advocacy skills required to reduce inequalities in access

ENLHA10A Understand the quality of life implications and frustrations that arise for patients with chronic conditions such as hearing impairment, tinnitus and chronic rhinitis and the ability to empower them with self-management and coping plans

Essential Features

The three essential features (EFs) below are concerned with the features of you as a doctor which may influence your ability to apply the core competences to real life in the work setting.

7. Contextual Features

This essential feature is about understanding your own context as a doctor and how it may influence the quality of your care. Important factors are the environment in which you work, including your working conditions, community, culture, financial and regulatory frameworks. A GP should:

ENLAC1A Ensure that your working environment is equipped to ease communication with patients who are hard of hearing and does not create barriers to accessing your services

ENLAC2A Ensure the practice welcomes patients from low socioeconomic classes and is active in reducing risk factors for head and neck malignancy

ENLAC3A To differentiate when not to refer and use watchful waiting as the best plan.

ENLAC4A To be aware of the clinical and non-clinical resources available to your patients in your locality and on a national level.

8. Scientific Features

This essential feature is about your professional capabilities, values, feelings and ethics and the impact these may have on your patient care. A GP should:

ENLAS1A Ensuring that a patient's hearing impairment or deafness does not prejudice the information communicated or your attitude as a doctor towards the patient

ENLAS2A Demonstrating empathy and compassion towards patients with ENT symptoms that may prove difficult to manage e.g. tinnitus, facial pain, unsteadiness

ENLAS3A Avoiding a negative attitude towards homeless patients, which can lead to less vigilance in early detection of head and neck cancer in this group

ENLAS4A To recognise, within oneself, any doctor frustrations, regarding patients attending with conditions that might be short lived and respond to conservative , non prescription measures

ENLAS5A To recognise, within oneself, any doctor frustrations, regarding patients who may not comply precisely with treatment plans and, once recognised, then modify same, to ensure they do not adversely affect the patients progress to optimal outcome

ENLAS6A Understand the quality of life implications and frustrations that arise for patients with chronic conditions such as hearing impairment, tinnitus and chronic rhinitis

ENLAS7A Understand the barriers faced by our Deaf community in obtaining health care and demonstrate advocacy skills required to reduce inequalities in access

9. Scientific Features

This essential feature is about the need to adopt a critical and evidence-based approach to your work, maintaining this through continuing professional development and lifelong learning. A GP should:

ENLAS1A Recognising that your training in ENT, oral and facial problems might need to be supplement

ENLAS2A Demonstrating knowledge of the scientific backgrounds of symptoms, diagnosis and treatment of ENT, oral and facial conditions

ENLAS3A Demonstrating an evidence-based approach to antibiotic prescribing

ENLAS4A Understanding and implementing the key national guidelines that influence healthcare provision for ENT problems

ENLAS5A To know each ENT red flag and how to elicit same, and to be able to formulate a management plan

ENLAS6A Being able to elicit whether hearing loss is sensorineural or conductive, and to appreciate the significances in different situations (unilateral vs bilateral : acute vs chronic : presence vs absence of coryzal/URTI features)

ENLAS7A To understand the importance of whether hearing loss is sensorineural or conductive, and to appreciate the significances in different situations (unilateral vs bilateral : acute vs chronic : presence vs absence of coryzal/URTI features)

Resources

In the following section you will find ICGP resources. All resources below are subject to the terms and conditions in appendix 3. All weblinks cited 2nd October 2019. In addition to this section the ICGP Library Catalogue is searchable for all ICGP material and ICGP Journals offers online journals via Full Text Finder.

ICGP – Forum (Please log-in to the ICGP website on your browser before clicking the links)

- O'Neill J. Distance Learning Module: Immunisation: Safety and efficacy of HPV vaccine. 2018 Jul/Aug; 35 (6).
- Buckley C. Research: Poor access to ear microsuction services. 2017 Mar; 34(3): 40-41.
- O'Connor T. Clinical Review: Are oral myofunctional disorders overlooked? 2016 Mar; 33 (3): 45-47.
- O'Neill JP. Clinical Review: Head and neck cancer: key role of the GP. 2015 Sep; 32 (8): 56-58.

External Resources

In this section you will find external resources. All resources below are subject to the terms and conditions in appendix 3.

- Website(s);
  - Patient.info (both patient information leaflets and healthcare professional sections). Available here: https://www.patient.info
  - The Cochrane database of systematic reviews. Available here: https://www.cochranelibrary.com/
- Textbook(s);
  - Corbridge RJ. Essential ENT Practice. (2nd ed) London: CRC Press, 2011.
  - Murtagh J. Murtagh's Practice tips. (7th ed) Australia: McGraw Hill Education, 2017.

Community Resources

In this section you will find training resources recommended by those in the training community and recent graduates. All resources below are subject to the terms and conditions in appendix 3.

Want to contribute to the Community Resources?

Please email curriculum@icgp.ie . Internal CPD points for submissions: click to record.
Published submissions acknowledged by letter from the ICGP.

Self-Assessment

These resource(s) are a sample of those available to all with an OpenAthens account (all HSE employees which includes GP trainees), many of which include self-assessments. Please note these are UK resources, and some differences from Irish primary care can exist.

- Sore throat: diagnostic picture tests. BMJ Learning. 2018.
- Quick tips: managing patients with ear wax. BMJ Learning. 2018.

References

1. Donnelly MJ, Quraishi MS, McShane DP. ENT and general practice: a study of paediatric ENT problems seen in general practice and recommendations for general practitioner training in ENT in Ireland. *Ir J Med Sci.* 1995 Jul-Sep; 164(3):209-11.
2. Culliton G. ENT outpatient waits of nearly three years. *Irish Medical Times*, March 24 2011. Available here: https://www.imt.ie/news/ent-outpatient-waits-of-nearly-three-years-24-03-2011/

28. Eye Problems

Assessments

This chapter was deemed to have been poorly answered in prior ICGP assessments; CKT; 2017, 2016.

CPD

Using the curriculum for a tutorial?

New (2018) up 5 hours of internal credits for in-practice tutorials not recorded elsewhere.

Introduction

An NCBI study in 2008 into the prevalence of blindness and vision impairment in Ireland found that there are more than 13,000 people who are blind or vision impaired1. This figure underestimates the prevalence as it does not take account those people not known to the NCBI. Visual impairment is a significant cause of physical and psychosocial morbidity and is a barrier to accessing healthcare. However, an effected individuals quality of life and psychosocial situation can be maximised with appropriate rehabilitation and supports.

The GP has a key role as part of the multidisciplinary team in coordinating access to community and secondary care services. It is important that GP surgeries are accessible to their patients with impaired vision. Many other eye complaints cause patients to attend their GP for assessment and management. Systemic illnesses can also present with visual symptoms. As part of opportunistic health screening, GPs are well placed to ensure that patients have regular eye tests and are referred appropriately and in a timely manner.

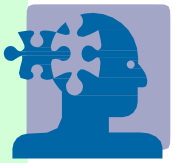
Case Vignette

Bet is a 56 year old mother of three. Her husband died last year and her youngest child has recently left home. She has some financial difficulties since her husband died and has been doing a course for the last year with a view to getting into full time employment. She was married soon after leaving school and became a stay at home mother, so has never worked. She has been having headaches recently which she has been putting down to using the computer on her course. She has been meaning to get her eyes tested but has not gotten around to it. They were “not too bad” so had not attended you with them. She has had general aches and pain over the last few months and finds getting out of chairs difficult. Reaching for dishes in the top cupboard is also becoming increasingly difficult.

For the last two days she has been feeling a bit run down. She has a headache which is different to her previous headaches; it is only on the right side. She found brushing her hair painful this morning and thinks her vision is a little blurred which is what made her come into you today. She took paracetamol which has helped “a bit” with the pain. She is anxious to get back to her course as she has already missed a number of days. She is hoping you will give her some painkillers and maybe some drops for her eyes.

She has no floaters or flashing lights. She has not vomited and ate her breakfast this morning though she didn’t really feel hungry. She is not febrile and her blood pressure is normal. She has a BMI of 32. Fundoscopy is normal. Examination demonstrates a reduced pulsation over her right temporal artery but is otherwise unremarkable.

You have no access to blood testing today as there is no transport for samples.



Reflective Questions

Mapping the competencies of general practice to this case.
To help you understand how the GP curriculum can be applied to this case, ask yourself the following questions:

Primary Care Management

EYRPM1A What are the clinical issues I will prioritise in this consultation?
EYRPM2A How can I develop a collaborative relationship with Bet to improve her health outcomes?
EYRPM3A What referral pathways are available to me locally to have Bet seen by a specialist in a way that is acceptable to Bet and efficient in terms of resources?
EYRPM4A How can I ensure that borderline or abnormal test results are followed up in my practice?

Person Centred Care

EYRPC1A Bet is very worried about missing any more days of her course, how will I communicate my concerns to her and proceed to a collaborative management plan?
EYRPC2A How can I improve upon my communication skills to better develop a doctor- patient partnership?
EYRPC3A What resources are available to me regarding patient-education?
EYRPC4A How do I balance Bet's chronic needs with this acute presentation?

Specific Problem Solving

EYRSP1A What other questions would I like to ask Bet prior to aid the formation of a collaborative management plan?
EYRSP2A If I had access to near patient testing what investigation(s) would I like to undertake?
EYRSP3A What local referral pathways are available to me?

Comprehensive Approach

EYRCA1A What chronic conditions should I be cognisant of in Bet's case?
EYRCA2A How do I balance the management of these conditions with the acute presentation in this case?
EYRCA3A What screening is appropriate for Bet, e.g. Diabetic Retina Screen or other national and local screening programmes?
EYRCA4A What health promotion would be appropriate for Bet? How would I approach the topic of Bet's weight?
EYRCA5A What services are available in the community and in secondary care to optimise Bet's health and wellbeing?

Community Orientation

EYRCO1A If Bet did have permanent impairment of her vision:
- **EYRCO1.1A** what services are available to help her live an independent life?
- **EYRCO1.2A** what effect would this have on her ability to drive?
- **EYRCO1.3A** how accessible is my practice to her in regard to this visual impairment?

EYRCO2A Bet delayed having her vision tested due to (among other reasons) the cost of it, what support might Bet be entitled to in this regard?

Holistic Approach

EYRHA1A If Bet did have permanent impairment of her vision:
- **EYRHA1.1A** how would her social circumstances affect her ability to live independently?
- **EYRHA1.2A** how would this loss of vision affect her social situation and intentions of entering gainful employment?

EYRHA2A What is my understanding of how social circumstances effect health and health seeking behaviour?

Contextual Features

EYRAC1A How do the socio-economic factors in my practice community effect the care I provide my patients?

EYRAC2A When seeking secondary care for my patients, what role does geography play?

EYRAC3A What equipment would help me better serve the needs of my patients with visual impairment both acute and chronic?

EYRAC4A Considering the limited resources available to me, how can I optimise the care I provide to Bet?

Attitudinal Features

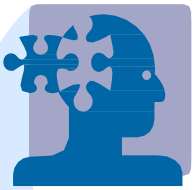
EYRAA1A What assumptions have I made about Bet and how do these effect my interactions with her?

EYRAA2A If Bet does not take my advice how will it affect my consultation with her and how will it affect my own values?

Scientific Features

EYRAS1A With the ever changing world of medical evidence how do I stay up to date with current best practice?

EYRAS2A What resources can I use for deepening my knowledge of eye pathologies I rarely see?



Learning Outcomes

The following learning outcomes demonstrate the core competences in this subject. You will require knowledge, skills and attitudes in the following areas:

1. Primary Care Management

This area of competence is about how you manage your contact with patients, dealing competently with any and all problems that are presented to you. (This area of competence is not limited to dealing with the management of the practice.) As a GP you should be able to:

EYLPM1A Manage primary contact with all patients who have an eye problem

EYLPM2A Understand the common eye conditions in primary care and manage them appropriately (see list)

EYLPM3A Make timely, appropriate referrals on behalf of patients to specialist and community eye services

EYLPM4A Understand the importance of early diagnosis of ocular conditions to optimise outcomes

EYLPM5A Accept the role of screening for early identification of ocular pathologies eg diabetic retinopathy

EYLPM6A Appraise the role of the GP in screening for and managing those at risk of ocular complications of systemic diseases

EYLPM7A Recognise ocular manifestations of neurological disease, e.g. hemianopia, nystagmus

2. Person Centred Care

This area of competence is about understanding and relating to the context of your patients as individuals, and developing the ability to work in partnership with them. A GP should;

EYLPC1A Appreciate the importance of the social and psychological impact of eye problems on the patient

EYLPC2A Understand the importance of exploring the ideas, concerns and feelings of patients who are threatened with sight loss

EYLPC3A Know how to communicate with a visually impaired person and their carers, and help them to participate fully in planning the management of their problem

3. Specific Problem Solving

This area of competence is about the context-specific aspects of general practice, dealing with early and undifferentiated illness and the skills you need to tolerate uncertainty. As a GP you should be able to;

EYLSP1A Conduct a comprehensive assessment of common eye complaints including history and exam to be able to formulate a differential diagnosis

EYLSP2A Know how to assess and manage acute ocular complaints including visual disturbance, the red eye and the painful eye

EYLSP3A Assess the range of visual disturbances to distinguish the underlying cause, eg blurred vision, double vision, hemianopia, floaters and flashes

EYLSP4A Illustrate an understanding of refractive errors and the ways in which they can present

EYLSP5A Recognise ophthalmic emergencies and refer appropriately, e.g. new visual distortion in wet age-related macular degeneration, sudden loss of vision

EYLSP6A Understand the use and side effect (risks) of medications for eye problems including mydriatics, topical anaesthetics, corticosteroids, antibiotics and glaucoma agents, and be able to explain these to your patient

EYLSP7A Manage superficial ocular trauma, including assessment of foreign bodies, abrasions and minor lid lacerations

EYLSP8A Apply knowledge to assess infants for eye disorders at routine checks, and in response to parental concern

4. Comprehensive Approach

This area of competence is about how you as a general practitioner must be able to manage co-morbidity, coordinating care of acute illness, chronic illness, health promotion and disease prevention in the general practice setting. As a GP you should be able to;

EYLCA1A Promote a healthy lifestyle for your patients and manage co-morbidity in an attempt to reduce the prevalence of blinding eye conditions

EYLCA2A Manage the underlying systemic disease to reduce further complications, e.g. diabetes, vascular disease, connective tissue disorders and infections such as herpes

EYLCA3A Understand the significance of visual impairment for a patient's ability to self-manage other chronic illness

5. Community Orientation

This area of competence is about the physical environment of your practice population, and the need to

understand the interrelationship between health and social care, and the tensions that may exist between individual wants and needs and the needs of the wider community. As a GP you should be able to:

EYLCO1A Know the RSA driving regulations for people with visual problems, and your role in relation to your patient

EYLCO2A Facilitate patients' access to sources of social and charity support for visually impaired adults and children

EYLCO3A Recognise your responsibility to facilitate access to the services you provide, including the practice environment

EYLCO4A Be aware of the resources for the blind

6. Holistic Approach

This area of competence is about your ability to understand and respect the values, culture, family structure and beliefs of your patients, and understand the ways in which these will affect the experience and management of illness and health. As a GP you should be able to:

EYLHA1A Understand the significant psychological impact of sight loss for the patient and their family

EYLHA2A Understand the impact eye problems may have on co-morbidity/disability and fitness to work, and on independent living

Essential Features

The three essential features (EFs) below are concerned with the features of you as a doctor which may influence your ability to apply the core competences to real life in the work setting.

7. Contextual Features

This essential feature is about understanding your own context as a doctor and how it may influence the quality of your care. Important factors are the environment in which you work, including your working conditions, community, culture, financial and regulatory frameworks. A GP should:

EYLAC1A Developing your understanding of how you might organise screening for eye problems in your practice, e.g. six-week baby check, checks for diabetic retinopathy, glaucoma, squint

EYLAC2A Understanding what influences the patients in your practice to take up regular eye examinations to prevent sight loss

8. Attitudinal Features

This essential feature is about your professional capabilities, values, feelings and ethics and the impact these may have on your patient care. A GP should:

EYLAA1A Maintain the GP's role as coordinator with other primary care health professionals, of effective and appropriate care for patients with eye problems

EYLAA2A Justify the complex ethical issues posed by impaired vision in relation to fitness to drive and work, along with any associated legislation

EYLAA3A Adopt a collaborative approach to assessing and managing the needs of those with visual impairment

EYLAA4A Advocate for patients with visual impairment; recognising that patients with visual impairment may have difficulty receiving written information and accessing healthcare services, and your role in implementing measures to overcome these obstacles to effective health care

EYLAA5A Understanding your role in balancing the autonomy of patients with the need to

address visual problems and public safety

9. Scientific Features

This essential feature is about the need to adopt a critical and evidence-based approach to your work, maintaining this through continuing professional development and lifelong learning. A GP should:

EYLAS1A Understanding and implementing best practice that influences the provision of eye healthcare including prevention and management of eye problems, visual impairment and blindness

EYLAS2A Being aware of major advances in therapy for eye conditions

EYLAS3A Demonstrate an understanding of the GP's role in diagnosing and managing common eye conditions (including but not limited to);

- **EYLAS3.1A** Arc eye
- **EYLAS3.2A** Blepharitis
- **EYLAS3.3A** Congenital abnormalities of the eye
- **EYLAS3.4A** Corneal abrasion
- **EYLAS3.5A** Dry eyes
- **EYLAS3.6A** Episcleritis
- **EYLAS3.7A** Ectropian and entropian
- **EYLAS3.8A** Glaucoma
- **EYLAS3.9A** Lens opacities including cataracts
- **EYLAS3.10A** Macular disease
- **EYLAS3.11A** Meibomian cysts
- **EYLAS3.12A** Pinguecula
- **EYLAS3.13A** Pterigium
- **EYLAS3.14A** Refractive error
- **EYLAS3.15A** Retinal detachment
- **EYLAS3.16A** Retinal vascular occlusion
- **EYLAS3.17A** Retinopathy including diabetic and hypertensive
- **EYLAS3.18A** Stye
- **EYLAS3.19A** Squint
- **EYLAS3.20A** Temporal arteritis
- **EYLAS3.21A** Vitreous haemorrhage

EYLAS4A Perform examination of the eye, and understand when each assessment is appropriate (including but not limited to);

- **EYLAS4.1A** Examination of conjunctiva
- **EYLAS4.2A** Colour vision testing
- **EYLAS4.3A** Eversion of the eyelid
- **EYLAS4.4A** Flourescein staining
- **EYLAS4.5A** Measure visual acuity
- **EYLAS4.6A** Occular movements
- **EYLAS4.7A** Pupil size and reactivity
- **EYLAS4.8A** Visual field testing by confrontation
- **EYLAS4.9A** Irrigation of the eye

Where the learning can take place

- Primary care
  - General practice is an ideal setting for you to learn how to manage eye problems with some GP's having a special interest in this area.
- Secondary care

- As a GP specialty trainee you should be able to attend secondary care-based ophthalmology clinics and/or eye casualty to learn about both acute and chronic conditions.

– Self-directed

Resources

In the following section you will find ICGP resources. All resources below are subject to the terms and conditions in appendix 3. All weblinks cited 2nd October 2019. In addition to this section the ICGP Library Catalogue is searchable for all ICGP material and ICGP Journals offers online journals via Full Text Finder.

ICGP – Forum (Please log-in to the ICGP website on your browser before clicking the links)

- Treacy, G. Distance Learning Module: Ophthalmology – Eye problems in the elderly 2016 Nov; 33(10).
- Treacy, G. Distance Learning Module: Ophthalmology - Managing red eye in general practice 2016 Jul/Aug; 33(7).

External Resources

In this section you will find external resources. All resources below are subject to the terms and conditions in appendix 3.

- Websites;
  - Age-Related Macular Degeneration. Available here: http://www.amd.ie/
  - International Glaucoma Association. Available here: www.glaucoma-association.com
  - Moorfields Hospital (NHS) – Eye conditions. Available here: http://www.moorfields.nhs.uk/listing/conditions
  - National Council for the Blind Ireland. Available here: www.ncbi.ie
  - NICE Guideline 81, Glaucoma: Diagnosis and Management, 2017. Available here: https://www.nice.org.uk/guidance/NG81
  - Road Safety Authority - Sláinte agus Tiomáint: Medical Fitness to Drive Guidelines 2017. Available here: http://www.rsa.ie/RSA/licensed-Drivers/Safe-driving/Medical-Issues/
  - Royal College of Ophthalmologists. Available here: https://www.rcophth.ac.uk/
- Article;
  - Taylor HR. Eye health in the future: what are the challenges for the next twenty years? Community Eye Health. 2008; 21(67):48-49. Available here: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2580066/pdf/jceh_21_67_048.pdf

Community Resources

Want to contribute to the Community Resources?

Please email curriculum@icgp.ie . Internal CPD points for submissions: click to record.
Published submissions acknowledged by letter from the ICGP.

Self-assessment

These resource(s) are a sample of those available to all with an OpenAthens account (all HSE employees which includes GP trainees), many of which include self-assessments. Please note these are UK resources, and some differences from Irish primary care can exist.

Quick Tips: Red eye BMJ Learning 2018.

29. Pain Management

Assessments

This chapter was deemed to have been poorly answered in prior ICGP assessments; MEQ; 2015. CKT; 2018.

CPD

Using the curriculum for a tutorial?

New (2018) up 5 hours of internal credits for in-practice tutorials not recorded elsewhere.

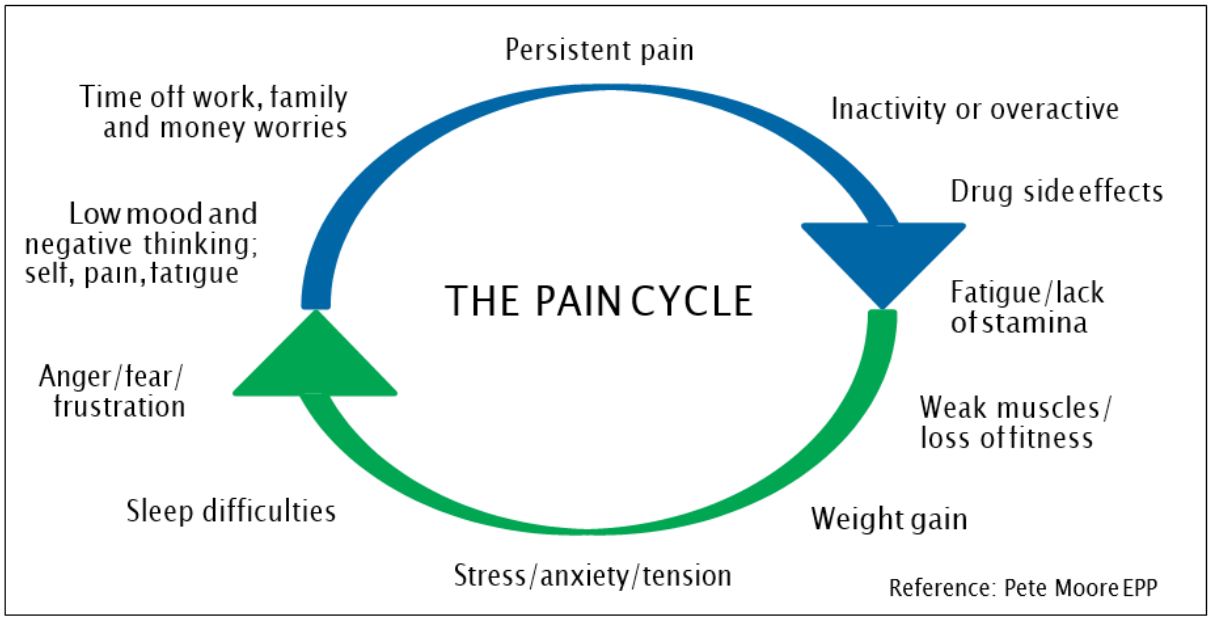
Introduction

Pain is defined by the International Association for the Study of Pain: (IASP) as, "an unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage" (www.iasp-pain.org).

The definition is important because it links emotion to the sensory experience. This means that the only way of deciding whether someone has pain is by asking them or watching them. Stimuli that cause pain may be associated with actual or potential tissue damage. While this sensation in itself may be unpleasant, there is also an accompanying emotional experience including fear.

Chronic pain is a common complex sensory, emotional, cognitive and behavioural long-term health condition. Some people report pain in the absence of tissue damage or any likely pathophysiological cause, which may indicate a psychological basis. There may be no way to distinguish their experience from that due to tissue damage. If a patient regards their experience as pain, and if they report it in the same ways as pain caused by tissue damage, this should be accepted as pain. This definition avoids tying pain to the stimulus. Patients who are unable to communicate verbally can still experience pain.

Figure 1: – Changing the impact of pain experience



Case Vignette

Kevin is a 35 year old factory worker. He was involved in a RTA 3 months ago. He was the driver of a car hit from behind by another car. Despite initial assessment in hospital including x-rays, and physiotherapy arranged privately, he continues to complain of persistent low back pain radiating to the back of his left thigh.

Coughing and sneezing do not affect the pain. No medication you have prescribed has made any difference.

Examination shows very little physical signs to match his symptoms however, all his movements are slow and deliberate. When he flexes his spine his extended fingers are at the level of his knees. When lying he cannot bring his hips to 90 degrees without expressions of pain, yet earlier he was sitting at one stage with his legs crossed. Light palpation of his spine shows diffuse widespread non-anatomical tenderness.

His place of work has offered light work for about 4 weeks to encourage him to return.

Reflective Questions

Mapping the competencies of general practice to this case.
To help you understand how the GP curriculum can be applied to this case, ask yourself the following questions:

Primary Care Management

PIRPM1A	What can I do to help patients post RTA?

Person Centred Care

PIRPC1A	How will I approach this case?
PIRPC2A	Should I prescribe him stronger analgesics or should I take a more cautious approach involving other health professionals?
PIRPC3A	How will I manage advising a potential return to light work?

Specific Problem Solving

PIRSP1A	Am I certain there are no subtle neurological findings and have I addressed all his concerns appropriately?
PIRSP2A	What are you going to say?
PIRSP3A	What are you going to prescribe?
PIRSP4A	When do you see the patient again?
PIRSP5A	Who else do you involve in the management of the patient?

Comprehensive Approach

PIRCA1A	Have I linked him in with all services?
PIRCA2A	Do I need to consider a psychological assessment or counselling?
PIRCA3A	Who are the other team players with managing this patient?
PIRCA4A	Are there other players, not necessarily on the same team?

PIRCA5A How do you communicate with them?
PIRCA6A How do you make sure they all have a common goal?

Community Orientation

PIRCO1A Am I aware of what services are available to GMS and Private patients?
PIRCO2A How might I get this person back integrated into the community to work?
PIRCO3A What treatments can be delegated to others?
PIRCO4A How to delegate?
PIRCO5A How to ensure they report back with their progress?

Holistic Approach

PIRHA1A Is there anything in his past history that might indicate a more psychological cause for his pain?

Contextual Features

PIRAC1A How is he managing financially being off work?.
PIRAC2A Is it impacting on his mood? Are there any concerns with overuse of medications?

Attitudinal Features

PIRAA1A Have I been judgemental in dealing with him over many consultations?
PIRAA2A Am I treating his 'true pain' even if I objectively can't find any concerning features?

Scientific Features

PIRAS1A Am I aware of the therapies he may need and how to increase and decrease accordingly?
PIRAS2A Am I confident in my ability to examine a patient post RTA and complete a legal report?
PIRAS3A Do I practice best evidence when it comes to initiating therapies?

Learning Outcomes

The following learning outcomes demonstrate the core competences in this subject. You will require knowledge, skills and attitudes in the following areas:

1. Primary Care Management

This area of competence is about how you manage your contact with patients, dealing competently with any and all problems that are presented to you. (This area of competence is not limited to dealing with the management of the practice.) As a GP you should be able to:

PILPM1A Take a complete pain assessment, which includes location, duration, intensity, quality, associated symptoms, aggravating and relieving factors
PILPM2A Knowledge of the red and yellow flags within systems and how they influence management
PILPM3A Discriminate between physiological and neuropathic pain categories.
PILPM4A Differentiate between tolerance, dependence, and addiction.
PILPM5A Describe pharmacologic interventions for pain.
PILPM6A Be able to convert from parental opioids to oral opioids to transdermal opioids using analgesics charts.

PILPM7A Be able to write Morphine, Hydromorphine, fentanyl PCA orders.

PILPM8A Be able to de-prescribe opioids when there is no evidence of their benefit in chronic pain

2. Person Centred Care

This area of competence is about understanding and relating to the context of your patients as individuals, and developing the ability to work in partnership with them. A GP should;

PILPC1A Individualise a pain treatment plan based on clinical and personal goals, while setting objective outcome criteria by which to evaluate a client's response to interventions for pain.

3. Specific Problem Solving

This area of competence is about the context-specific aspects of general practice, dealing with early and undifferentiated illness and the skills you need to tolerate uncertainty. As a GP you should be able to;

PILSP1A Identify subjective and objective data to collect and analyse when assessing pain.

PILSP2A Know how to act as a team member and delegate work as necessary.

4. Comprehensive Approach

This area of competence is about how you as a general practitioner must be able to manage co-morbidity, coordinating care of acute illness, chronic illness, health promotion and disease prevention in the general practice setting. As a GP you should be able to;

PILCA1A Identify risks and benefits of various analgesic delivery routes and analgesic delivery technologies.

PILCA2A Describe non-pharmacologic pain control interventions.

PILCA3A Describe the World Health Organization's ladder step approach developed for cancer pain control.

5. Community Orientation

This area of competence is about the physical environment of your practice population, and the need to understand the interrelationship between health and social care, and the tensions that may exist between individual wants and needs and the needs of the wider community. As a GP you should be able to:

PILCO3A Understand the difference between opioid tolerance and physiologic dependence as addiction.

PILCO4A Identify potential barriers to effective pain management

6. Holistic Approach

This area of competence is about your ability to understand and respect the values, culture, family structure and beliefs of your patients, and understand the ways in which these will affect the experience and management of illness and health. As a GP you should be able to:

PILHA1A Describe how the physical, mental, spiritual, and social aspects of pain contribute to concepts such as pain tolerance, suffering, and pain behaviour.

PILHA2A Instruct patients in the importance of communicating about their pain using various scales, where 0 = no pain and 10 = worst possible pain.

Essential Features

The three essential features (EFs) below are concerned with the features of you as a doctor which may influence your ability to apply the core competences to real life in the work setting.

7. Contextual Features

This essential feature is about understanding your own context as a doctor and how it may influence the quality of your care. Important factors are the environment in which you work, including your working conditions, community, culture, financial and regulatory frameworks. A GP should:

PILAC1A Participate willingly in sharing care with other primary and secondary care providers

8. Attitudinal Features

This essential feature is about your professional capabilities, values, feelings and ethics and the impact these may have on your patient care. A GP should:

PILAA1A Aware if the patient requires you to advocate on their behalf for any particular services needed.

PILAA2A Understand the psychosocial components of acute and chronic pain and its potential impact on family dynamics.

PILAA3A Understand and respect cultural and spiritual differences and how this may impact history taking, physical exam, and response to treatment.

PILAA4A Recognise how personal biases and judgments may limit appropriate assessment and treatment of pain. Develop strategies to avoid this.

PILAA5A Recognise when a patient's need demands an advocacy role.

9. Scientific Features

This essential feature is about the need to adopt a critical and evidence-based approach to your work, maintaining this through continuing professional development and lifelong learning. A GP should:

PILAS1A Aware of recourses available to you in the management of pain in patients.

PILAS2A Practice with best evidence the new therapeutics in the area of pain control

Resources

In the following section you will find ICGP resources. All resources below are subject to the terms and conditions in appendix 3. All weblinks cited 20th September 2018. In addition to this section the ICGP Library Catalogue is searchable for all ICGP material and ICGP Journals offers online journals via Full Text Finder.

ICGP – eLearning

- Pain Management – Low back pain

ICGP – Forum (Please log-in to the ICGP website on your browser before clicking the links)

- Clear, E. Distance Learning Module: Pain Management – Managing acute pain 2018 May; 35(4).
- Lane, J. Distance Learning Module: Pain Management – Chronic pain 2017/2018 Dec/Jan; 34(11).
- Irving, N., Wann, C. Audit: Room for improvement in codeine prescribing 2017 Jun; 34(6):50-51.
- Galvin, D., Hu, P. Clinical Review: Current thinking on neuropathic pain 2017 May; 34(5):34-36.

- Calamai, A., Dowdall, D. Clinical Review: The challenge of opioid-induced hyperalgesia 2015 Dec; 32(11): 39-41.
- Power, C., Spencer, O., O''Donnell, L., McCollum, R. Clinical Review: Helping patients make sense of chronic pain 2015 Jul/Aug; 32(7):36-38.
- Jooste, R., O'Connor, T. Clinical Review: Management guide to post-herpetic neuralgia 2014 Dec; 31(11):47-49.

External Resources

In this section you will find external resources. All resources below are subject to the terms and conditions in appendix 3.

- Websites;
  - Arthritis Ireland, Coping with Pain. Available here: http://www.arthritisireland.ie/go/information/booklets/coping_with_pain
  - Chronic Pain Ireland. Available here: www.chronicpain.ie
  - European Pain Federation. Available here: www.efic.org
  - Irish Pain Society, Chronic Pain – It is a disease, 2014. Available here: https://youtu.be/C4xU9VSpXqA
  - Irish Pain Society. Available here: www.irishpainsociety.com/

Community Resources

Want to contribute to the Community Resources?

Please email curriculum@icgp.ie . Internal CPD points for submissions: click to record.
Published submissions acknowledged by letter from the ICGP.

Self-Assessment

These resource(s) are a sample of those available to all with an OpenAthens account (all HSE employees which includes GP trainees), many of which include self-assessments. Please note these are UK resources, and some differences from Irish primary care can exist.

Assessing pain and using the analgesic ladder - Management of acute pain in adults: A guide for newly qualified doctors. BMJ Learning 2018.

30. Care of People with Physical Disability

CPD

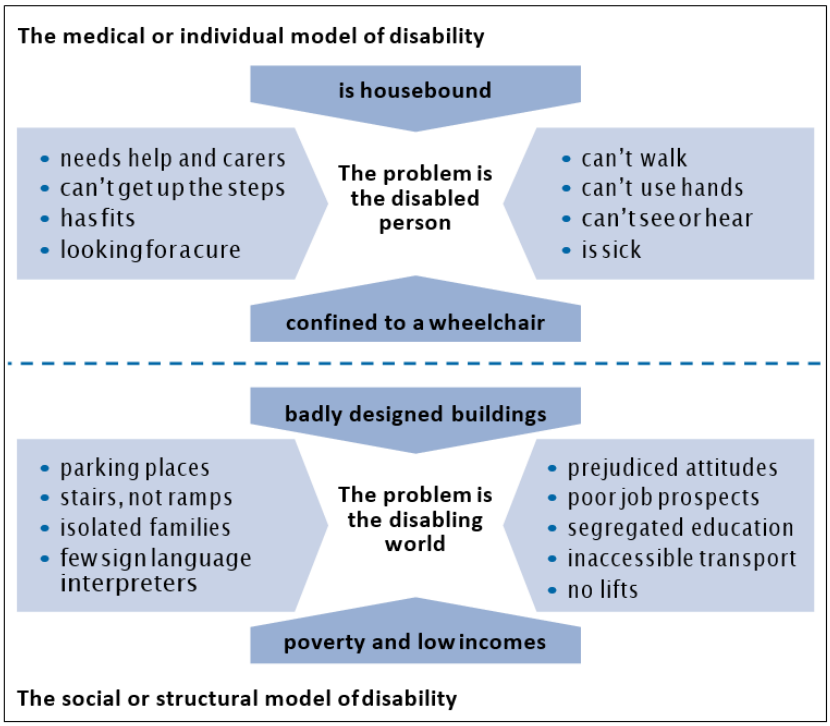
Using the curriculum for a tutorial?

New (2018) up 5 hours of internal credits for in-practice tutorials not recorded elsewhere.

Introduction

The disability chapter deals with physical disability. It addresses the general practitioner's role in providing holistic primary care to people with disabilities. The concept of disability has changed from a medical focus on impairment to a social focus on addressing how the effect of that impairment depends on individual patient's environmental and social context. Thus, people in wheelchairs are only mobility impaired if their environment does not have inaccessible entrances; stairways or facilities; blind people can have equal employment opportunities if their rights are protected by equality legislation etc.[1] They are also more likely to suffer the negative consequences of health inequalities. [2 3 4] The social model also focuses on how to remove the barriers that prevent people with disabilities fully participating in society. It has been demonstrated that negative attitudes held by healthcare workers towards people with disabilities create substantial barriers for people with disabilities accessing health services.[5 6 7 8] For medicine, this also involves doctors reviewing the physical, administrative, attitudinal and internalised barriers that prevent our patients with disabilities having complete access to the services we offer all our patients.

Figure 1: The Medical versus the Social Model of Disability



Source: Disability Rights Commission, Citizenship and disability, Lesson 3, Worksheet 2. At www.drc.org.uk/citizenship

Case Vignette

Maria is 18 years of age and has a severe physical congenital disability due to cerebral palsy. She lives at home with her mother and father. She has just finished school and is awaiting her leaving certificate results. She uses an electric wheelchair and has a speech impairment. She waited in the corridor as there are steps down to your waiting room. Her mother comes in with her. Her mother starts the conversation and says that Maria can be hard to understand and she will help relay her story. She says that Maria has been feeling feverish and unwell. She has a history of urine infections and she is wondering if Maria might have a recurrence. Maria attempts to speak and her mother asks her what is she trying to say. Maria speaks. The GP finds it hard to hear. Her mother tells him that Maria wants to discuss contraception. She tells the GP that she knows Maria has been having difficulties with heavy periods and she thinks that this is why she wants to discuss contraception. She then looks at the doctor and mouths that she is not sexually active so that Maria cannot hear her.

Reflective Questions

Mapping the competencies of general practice to this case.
To help you understand how the GP curriculum can be applied to this case, ask yourself the following questions:

Primary Care Management

DPRPM1A How do I ensure that my practice is fully accessible where accessibility encompasses the removal of physical, administrative and attitudinal barriers?

DPRPM2A In this case, how could I promote the management of disability issues, applying the principles of health promotion and secondary prevention?

DPRPM3A How do ensure that my practice is recognised as a disability friendly practice.

Person Centred Care

DPRPC1A How do I ensure that Maria's rights as a fully functioning competent adult are recognised and ensure the focus of the consultation is kept on her and her needs?

DPRPC2A How do I protect Maria's right to confidentiality taking into account her mother being present in the consultation and also acting as interpreter?

Specific Problem Solving

DPRSP1A How do I manage communication with a patient with a speech impediment?

DPRSP2A How do I handle a consultation with an adult where a parent is present?

DPRSP3A Do I have any knowledge of sexual issues for people with disabilities or resources for people with disabilities who wish to explore their sexuality?

Comprehensive Approach

DPRCA1A How would I talk her through the cervical screening programme, STI screening? Binge drinking and smoking cessation.

DPRCA1A Am I aware of the Independent Living Movement approach to maximising the

independence of people with disabilities.

Community Orientation

DPRCO1A What community and health sector resources are available to me in working with Maria?

Holistic Approach

DPRHA1A How do you provide routine GP care for Maria, while recognising she may have particular medical needs deriving from her disability and also ensuring that you do not 'over-medicalise' her situation.

Contextual Features

DPRAC1A How would I manage if Maria's disability was different e.g. deafness or blindness?

Attitudinal Features

DPRAA1A Do I have any difficulty with Maria having a sexual life?

DPRAA2A Do I have any reservations about people with disabilities ability to have an independent and socially productive life?

DPRAA3A Am I at ease in communicating with people with speech impairments?

Scientific Features

DPRAA1A What are the possible medical complications Maria may face from her immobility and dependency on a wheelchair?

DPRAS1A How the curricular outcomes are divided to knowledge, skills, attitudes.

Learning Outcomes

The following learning outcomes demonstrate the core competences in this subject. You will require knowledge, skills and attitudes in the following areas:

1. Primary Care Management

This area of competence is about how you manage your contact with patients, dealing competently with any and all problems that are presented to you. (This area of competence is not limited to dealing with the management of the practice.) As a GP you should be able to:

DPLPM1A Reach shared and mutually acceptable management plans with patients with disabilities.

DPLPM2A Manage familial concerns about their family member with a disability while respecting the autonomy of the person with the disability.

DPLPM3A Understand how to assess the impact of disabilities on patients' activities of daily living.

DPLPM4A Know how to advise people with disabilities on how to access the medical and social entitlements and supports including support organizations.

2. Person Centred Care

This area of competence is about understanding and relating to the context of your patients as individuals, and developing the ability to work in partnership with them. A GP should;

DPLPC1A Demonstrate an awareness of the particular importance of a person-centred approach when consulting, often with communications involving carers

DPLPC2A Preform a history and exam in a manner that respects the patient's autonomy and right to independence.

DPLPC3A Communicate effectively with people with speech, eyesight or hearing impairments and know of the aids that will improve such communication (e.g. loop systems).

DPLPC4A Understand how to ensure that a general practice is fully accessible, physically, administratively and attitudinally.

DPLPC5A Understand the varying emotional impacts of both congenital and later onset disability on patients' and their families' lives.

3. Specific Problem Solving

This area of competence is about the context-specific aspects of general practice, dealing with early and undifferentiated illness and the skills you need to tolerate uncertainty. As a GP you should be able to;

DPLSP1A Understand the range of physical disabilities associated with the more common conditions (please note this is not an exhaustive list):

- **DPLSP1.1A** Cerebral palsy
- **DPLSP1.2A** Down syndrome
- **DPLSP1.3A** Neural tube defects
- **DPLSP1.4A** Polio and post-polio Syndrome
- **DPLSP1.5A** Cystic Fibrosis
- **DPLSP1.6A** Epilepsy
- **DPLSP1.7A** Multiple Sclerosis
- **DPLSP1.8A** Friedrichs Ataxia
- **DPLSP1.9A** Motor neurone disease
- **DPLSP1.10A** Arthritic conditions
- **DPLSP1.11A** Acquired brain injury
- **DPLSP1.12A** Spinal cord injury
- **DPLSP1.13A** Limb amputation
- **DPLSP1.14A** Stroke

DPLSP2A Manage the common problems associated with various disabilities including pain; contractures; pressure sores; muscular spasms; urinary catheter management etc.

DPLSP3A Understand the importance of when to refer patients for genetic counselling

4. Comprehensive Approach

This area of competence is about how you as a general practitioner must be able to manage co-morbidity, coordinating care of acute illness, chronic illness, health promotion and disease prevention in the general practice setting. As a GP you should be able to;

DPLCA1A Understand of the Independent Living Movement and Patient Advocacy Programmes

DPLCA2A Have a clear understanding of the legal, ethical and medical issues involved in assessing capacity and consent, and the mechanisms by which these can be determined

DPLCA3A Understand the legal implications of equality legislation as applying to the rights of people with disabilities

5. Community Orientation

This area of competence is about the physical environment of your practice population, and the need to understand the interrelationship between health and social care, and the tensions that may exist between individual wants and needs and the needs of the wider community. As a GP you should be able to:

DPLCO1A Demonstrate an awareness of residential situations, and attendance at day centres

DPLCO2A Understand the importance of multi-disciplinary team work when supporting people with disabilities

6. Holistic Approach

This area of competence is about your ability to understand and respect the values, culture, family structure and beliefs of your patients, and understand the ways in which these will affect the experience and management of illness and health. As a GP you should be able to:

DPLHA1A Demonstrate an understanding of the importance of continuity of care in this group

DPLHA2A Advocate effectively for patients with disabilities who's right to healthcare is being infringed.

Essential Features

The three essential features (EFs) below are concerned with the features of you as a doctor which may influence your ability to apply the core competences to real life in the work setting.

7. Contextual Features

This essential feature is about understanding your own context as a doctor and how it may influence the quality of your care. Important factors are the environment in which you work, including your working conditions, community, culture, financial and regulatory frameworks. A GP should:

DPLAC1A Know how to ensure their practice is organised to ensure people with disabilities can access the full range of therapeutic and preventative health services available in general practice.

DPLAC2A Understand the importance of appropriate house-call arrangements for people with disabilities who cannot access the surgery for routine GP and/or preventative care.

DPLAC3A Promote equal opportunity employment policies in their practice for people with disabilities.

8. Attitudinal Features

This essential feature is about your professional capabilities, values, feelings and ethics and the impact these may have on your patient care. A GP should:

DPLAA1A Critically reflect on your own and society's attitudes to disability and how those attitudes affect their interactions with people with disabilities.

DPLAA2A Show respect for people with disabilities by using appropriate language and avoiding stigmatising or negative words/phrases.

DPLAA3A Address negative attitudes towards people with disabilities displayed by practice staff or partners.

DPLAA4A Be aware of and respect the necessity for extra time in the consultation for people with disabilities.

DPLAA5A Recognise the commonly held negative attitudes towards sexuality and disability and how these attitudes negatively impact on people with disabilities right to a fulfilling

sexual life.

9. Scientific Features

This essential feature is about the need to adopt a critical and evidence-based approach to your work, maintaining this through continuing professional development and lifelong learning. A GP should:

DPLAS1A Know where to access information where they have knowledge gaps concerning rare disabilities that affect their patients

Resources

In the following section you will find ICGP resources. All resources below are subject to the terms and conditions in appendix 3. All weblinks cited 2nd October 2019. In addition to this section the ICGP Library Catalogue is searchable for all ICGP material and ICGP Journals offers online journals via Full Text Finder.

ICGP – Other Publications

- ICGP, ICGP Policy on Trainee with a Disability 2017.

External Resources

In this section you will find external resources. All resources below are subject to the terms and conditions in appendix 3.

- Website(s);
  - BMA and Patient Liaison Group. Available here: https://www.bma.org.uk/collective-voice/committees/patient-liaison-group
  - BMA Equality, diversity and inclusion. Available here: https://www.bma.org.uk/about-us/equality-diversity-and-inclusion
  - The RACGP Curriculum for Australian General Practice 2016. Available here: https://curriculum.racgp.org.au/
  - Department of Transport, Guidance to General Practitioners on Assessment for Eligibility for the Disabled Parking Permit, 2011.

Community Resources

Want to contribute to the Community Resources?

Please email curriculum@icgp.ie . Internal CPD points for submissions: click to record.
Published submissions acknowledged by letter from the ICGP.

References

1. Oliver, M., Sapey, B., Thomas, P. (eds). Social work with disabled people, 4th ed., Basingstoke, Palgrave Macmillan, 2012.
2. Disability Rights Commission (UK), Equal Treatment Closing the Gap, 2006. Available here: https://disability-studies.leeds.ac.uk/wp-content/uploads/sites/40/library/DRC-Health-FI-main.pdf
3. Shah, S., Priestly, M. Better Services, Better Health: The healthcare experiences of Black and minority ethnic disabled people, Leeds Involvement Project 2001. Available here: https://www.lemosandcrane.co.uk/dev/resources/Leeds%20Health%20Action%20Zone%20-

%20Better%20services,%20better%20health.pdf

4. Royal National Institute for the Deaf (Hearing Loss UK), A Simple Cure: A national report into deaf and hard of hearing people's experiences of the National Health Service, London, 2004.
5. Morris, J. 'One town for my body, another for my mind' Services for people with physical impairments and mental health support needs, Joseph Rowntree Foundation York, 2004. Available here: http://www.jrf.org.uk/sites/default/files/jrf/migrated/files/1859351948.pdf

31. Care of People with Intellectual Disability

CPD

Using the curriculum for a tutorial?

New (2018) up 5 hours of internal credits for in-practice tutorials not recorded elsewhere.

Introduction

Intellectual disability or learning disability are terms that are often interchangeable and have the same meaning. Intellectual disability involves a greater than average difficulty in learning. The range can extend from people with borderline or mild difficulty learning to those with more severe or profound disabilities. Caring for people with disabilities can represent a small but significant proportion of a GP's case load. Recent figures show that there are 27,000 people with intellectual disability registered on the national Intellectual disability database in Ireland. That is a prevalence rate of 7.38 per 1000 of the total population. (Disability database division, Health Research Board)

A person is felt to have intellectual disability when the following actors are present.

- Intellectual functioning is significantly below average
- Difficulties with everyday life skills including social functioning and communication.
- The condition is present from childhood (18 years or less).

Many Prenatal, Postnatal, Perinatal and environmental factors have been identified as causes. The most common genetic condition associated is Down's syndrome and the most common identifiable inherited cause is Fragile X.

Patients with learning disabilities have 2.5 times as many associated medical problems as non-learning disabled control patients. Patients with learning disabilities have an increased incidence of psychiatric illness, epilepsy and behavioural difficulties. 30% have epilepsy, and perceptual problems are very common as over 30% have visual problems and over 30% have hearing problems.

A large proportion of those with Down's syndrome develop dementia and some become hypothyroid. Continence and ambulation problems are extremely common. Many are unable to take responsibility for their own health or read instructions and are dependent on a range of family and carers, because of their limited intellectual capacity.

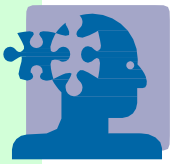
Improved antenatal, obstetric care and screening tests (PKU) have all played a role in preventing many cases of Intellectual disability. Use of vaccines MMR and Hib along with accident prevention child car and bicycle helmets. Agencies and organisations funded by the HSE to support adults with disability must comply with 'New Directions'. New directions is the HSE policy for non-residential supports (day services) to adults with disability. According to New Directions these supports should be individualized outcome-focused supports which will enable adults with disabilities to live a life of their choosing in their community with their own wishes.

For adults the emphasis is on encouraging as independent a life as possible and supporting the person

in their own home or in an informal group or community home setting. GP's need to be aware of the likely associated conditions in managing patients with learning disabilities and where then to obtain the specialist help and advice, understand how the psychiatric and physical illness may present atypically and use of additional skills of diagnosis and examination in patients unable to describe or verbalise symptoms.

Case Vignette

Sharon a 41 year old girl with Down's Syndrome. She lives at home with her mother and younger brother who is 30yrs. She has moderate intellectual disability. She is able to carry out some independent jobs at home but in the last year she has slowed down a lot and is becoming more dependent on her mother. She has put in a request for a home visit to discuss about Sharon's periods getting very heavy and her increased agitation and nighttime waking.



Reflective Questions

Mapping the competencies of general practice to this case.
To help you understand how the GP curriculum can be applied to this case, ask yourself the following questions:

Primary Care Management

DIRPM1A	How can I prepare for acute episodes of illness in adults with intellectual disability?
DIRPM2A	What services are in place to help get the right gynaecology advice for Sharon?
DIRPM3A	Does Sharon's mum have access to the right grants and support as her main carer?

Person Centred Care

DIRPC1A	What does patient autonomy mean for this patient?
DIRPC2A	Does she need any a blood test to check for Hypothyroidism?
DIRPC3A	Does she need her medications reviewed to help with recent sleep pattern changes?

Specific Problem Solving

DIRSP1A	What are the difficulties in obtaining a history of behaviour change in an adult with intellectual disability?
DIRSP2A	What is my differential diagnosis here and how would I explore it?
DIRSP3A	What do I know about night sedation and is appropriate for this case?

Comprehensive Approach

DIRCA1A	Who are the other members of this patient's care team?
DIRCA2A	Is a referral to OT or physiotherapy necessary to check for patient safety around the house?

Community Orientation

DIRCO1A	What are the community resources available to this patient in my practice area?
DIRCO1A	Community support/ day care centre respite groups

Holistic

DIRHA1A How can I screen for the possibility of depression or cognitive decline being a problem?

Context

DIRAC1A Is my practice patient centred for this group of patient?

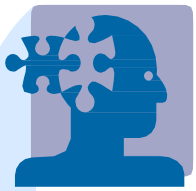
Attitude

DIRAA1A How might my attitudes differ when dealing with patients who have a learning disability?

DIRAA2A How do I think my own feelings and attitudes impact on difficult decisions in the care of adults and children with intellectual disability?

Science

DIRAS1A What are the difficulties of getting research evidence about the management of patients with intellectual disability?



Learning Outcomes

The following learning outcomes demonstrate the core competences in this subject. You will require knowledge, skills and attitudes in the following areas:

1. Primary Care Management

This area of competence is about how you manage your contact with patients, dealing competently with any and all problems that are presented to you. (This area of competence is not limited to dealing with the management of the practice.) As a GP you should be able to:

DILPM1A Understand that a significant minority of any practice population will include patients who have mild learning disabilities, who may need no particular special services, but who may have reading, writing and comprehension difficulties.

DILPM2A Accept that there will be a few with special needs accessing services with moderate, severe and profound learning disabilities that need to be identified, monitored and reviewed appropriately.

DILPM3A Demonstrate an awareness of likely associated conditions, the high mortality, the high morbidity and the difference in morbidity compared with the rest of the population.

DILPM4A Understand the support needed with adolescents who have intellectual disability as they become adults and no longer have the multidisciplinary support of community pediatricians.

2. Person Centred Care

This area of competence is about understanding and relating to the context of your patients as individuals, and developing the ability to work in partnership with them. A GP should;

DILPC1A Demonstrate appropriate communication skills to patients affected with learning disabilities as often communications involves a carer or other person and this may affect the doctor–patient relationship.

DILPC2A Understand the importance of continuity of care in this group.

DILPC3A Manage the issues of capacity and consent, and the mechanisms by which these can be determined.

3. Specific Problem Solving

This area of competence is about the context-specific aspects of general practice, dealing with early and undifferentiated illness and the skills you need to tolerate uncertainty. As a GP you should be able to;

DILSP1A Describe how psychiatric and physical illness may present atypically in patients with learning disabilities that have sensory, communication and cognitive difficulties.

DILSP2A Understand the need to use additional enquiry, appropriate tests and careful examination in patients unable to describe or verbalise symptoms.

DILSP3A Accept the significance and prevalence of oropharyngeal disorders and dysphagia in people with intellectual disability and its relevance to the high prevalence of respiratory disorders in these patients

DILSP4A Demonstrate how to conduct a physical and mental state assessment with patients who have a learning disability.

4. Comprehensive Approach

This area of competence is about how you as a general practitioner must be able to manage co-morbidity, coordinating care of acute illness, chronic illness, health promotion and disease prevention in the general practice setting. As a GP you should be able to;

DILCA1A Describe the associated medical problems in commonly encountered conditions that make up learning disabilities, including Down's and fragile X syndromes, cerebral palsy and autistic spectrum disorder.

DILCA2A Demonstrate an understanding of the psychiatric disorders prevalent in the adult with intellectual disability and how his or her diagnosis, detection and management differs.

DILCA3A Understand the diagnosis and management of patients with autistic spectrum conditions.

DILCA4A Demonstrate an understanding of how patients with borderline intelligence have difficulty coping with complex functions and how this can affect their behaviour.

DILCA5A Manage safe prescribing systems as adults with intellectual disability are subject to poly-pharmacy.

5. Community Orientation

This area of competence is about the physical environment of your practice population, and the need to understand the interrelationship between health and social care, and the tensions that may exist between individual wants and needs and the needs of the wider community. As a GP you should be able to:

DILCO1A Describe the roles of carers, respite care opportunities, voluntary and statutory agencies and an ability to work in partnership with them so there is cooperation without duplication.

DILCO2B Describe the role of the GP in recognising and responding to issues relating to safeguarding vulnerable persons at risk of abuse.

6. Holistic Approach

This area of competence is about your ability to understand and respect the values, culture, family structure and beliefs of your patients, and understand the ways in which these will affect the experience and management of illness and health. As a GP you should be able to:

DILHA1A Apply Holistic Approach to patients with learning disabilities, considering likely bio-

psycho-social and cultural factors.

DILHA2A Describe the impact of learning disabilities on family dynamics and the implications for physical, psychological and social morbidity in the patient's carers.

DILHA3A Understand that by the time the patient with intellectual disability has reached adulthood the parents have gone through a different series of transitions from other parents..

Essential Features

The three essential features (EFs) below are concerned with the features of you as a doctor which may influence your ability to apply the core competences to real life in the work setting.

7. Contextual Features

This essential feature is about understanding your own context as a doctor and how it may influence the quality of your care. Important factors are the environment in which you work, including your working conditions, community, culture, financial and regulatory frameworks. A GP should:

DILAC1A Demonstrate an awareness of the need to provide more time in the consultation in order to deal more effectively with people with learning disabilities.

DILAC2A Understand the impact of the doctor's working environment on the care provided to patients with intellectual disability, e.g. access, atmosphere in the waiting area, the measures taken to compensate for sensory impairment

8. Attitudinal Features

This essential feature is about your professional capabilities, values, feelings and ethics and the impact these may have on your patient care. A GP should:

DILAA1A Demonstrate an understanding that all citizens should have equal rights to health, and equitable access to health and health information according to their needs.

DILAA2A Understand that PWLD are more prone to the effects of prejudice and unfair discrimination, and that doctors have a duty to recognise this within themselves, other individuals and within systems, and to take remedial action.

9. Scientific Features

This essential feature is about the need to adopt a critical and evidence-based approach to your work, maintaining this through continuing professional development and lifelong learning. A GP should:

DILAS1A Aware of the evidence regarding the health needs of people with learning disabilities.

DILAS2A Demonstrate the use of screening tests for adults with intellectual disability to detect neurological and psychiatric problems such as dementia and depression.

Where the learning may take place?

- Primary Care: community clinics, Nursing Homes, surgery consultations, tutorials
- Secondary Care: Day Hospital, Community clinics,
- Self-directed work.

Resources

In the following section you will find ICGP resources. All resources below are subject to the terms and conditions in appendix 3. All weblinks cited 2nd October 2019. In addition to this section the ICGP Library Catalogue is searchable for all ICGP material and ICGP Journals offers online journals via Full Text Finder.

ICGP – Forum (Please log-in to the ICGP website on your browser before clicking the links)

- Kiely, A.D. Clinical Review: A care plan for patients with intellectual disability 2015 Jul/Aug;32(7):39-40.

External Resources

In this section you will find external resources. All resources below are subject to the terms and conditions in appendix 3.

- Website(s);
  - Inclusion Ireland - National Association for People with an Intellectual. Available here: http://www.inclusionireland.ie/
  - University of Hertfordshire – Understanding Intellectual Disability and Health. Available here: http://www.intellectualdisability.info/
  - HSE New Directions Personal Support Services for Adults with Disabilities. Available here: https://www.hse.ie/eng/services/list/4/disability/newdirections/
  - Department of Transport, Guidance to General Practitioners on Assessment for Eligibility for the Disabled Parking Permit, 2011.
- Article(s);
  - Lindsay, P. (ed). The Care of the Adult with Intellectual Disability in Primary Care Oxford: Radcliffe Press, 2011.
  - Martin G., Lindsay P. Dying and living with learning disability: will health checks for adults improve their quality of life? The British Journal of General Practice. 2009; 59(564):480-481. doi:10.3399/bjgp09X453503. Available here: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2702012/pdf/bjgp59-480.pdf
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Community Resources

Want to contribute to the Community Resources?

Please email curriculum@icgp.ie . Internal CPD points for submissions: click to record.
Published submissions acknowledged by letter from the ICGP.

32. Health Promotion

CPD

Using the curriculum for a tutorial?

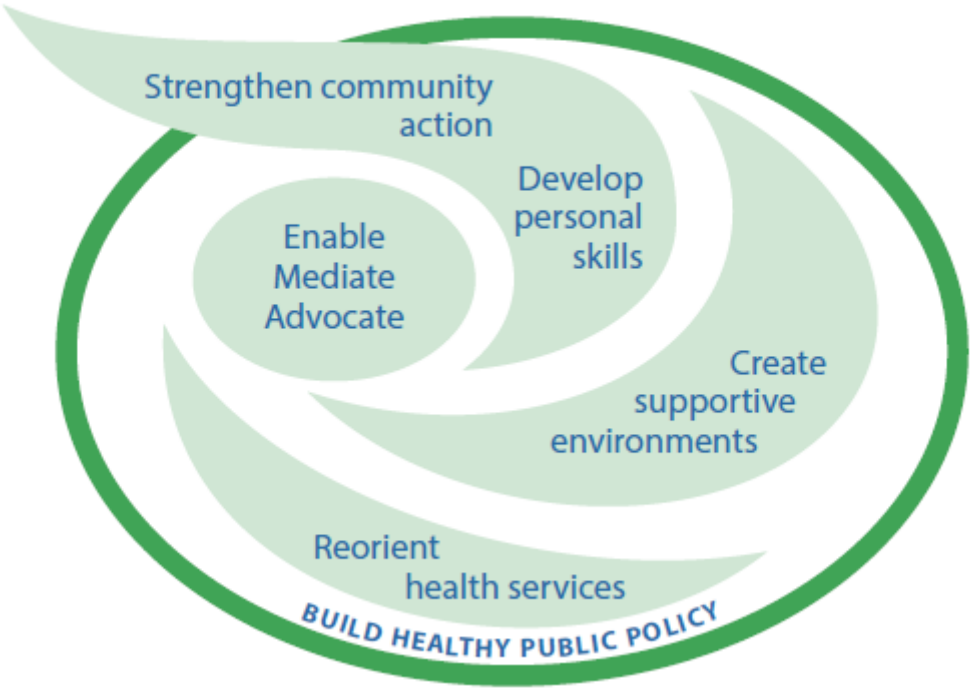
New (2018) up 5 hours of internal credits for in-practice tutorials not recorded elsewhere.

Introduction

'Health promotion is the process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment. Health is, therefore, seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasising social and personal resources, as well as physical capacities.

Therefore, health promotion is not just the responsibility of the health sector but goes beyond healthy life-styles to well-being.' [1]

A schematic representation of the Ottawa charter mission.



There is a degree of overlap with the fields of social medicine, in relation to understanding and challenging inequity. The GP's role may include supporting patients in vindicating those rights and entitlements necessary for realising their health potential.

There is further overlap with the field of preventative medicine. The GP needs to understand the

benefits and risks of screening and immunisation.

Opportunistic health promotion has been described as one of the four pillars of the consultation[2].The GP requires the knowledge and skills to encourage patients towards self-care, including where appropriate the delivery of brief advice and interventions to promote health and prevent disease. The role of work in promoting health and well-being should be recognised.

Case Vignette

Philomena, aged 45, works part-time as a care assistant. She requests a repeat prescription for migraine medication and a sick cert. She seems stressed and admits that she is finding it hard to cope with running the family on a very tight budget.

Philomena smokes 10 cigarettes a day. She says she is too busy to exercise. She drinks alcohol occasionally. She has never attended for cervical screening.

Her partner is unemployed and has recently started to drink more alcohol than usual. The care of the home and the three children seems to fall entirely to Philomena.

On examination you find her BP is 150/90, her BMI 29.5 and a recent fasting blood sugar was 5.8.

Reflective Questions

Mapping the competencies of general practice to this case.
To help you understand how the GP curriculum can be applied to this case, ask yourself the following questions:

Primary Care Management

HPRPM1A	What issues are raised by this consultation?
HPRPM2A	How will I prioritise matters that need to be addressed?
HPRPM3A	What actions should I take when a patient fails to attend follow-up?

Person Centred Care

HPRPC1A	What strategies is Philomena using to cope and what are her priorities today?
HPRPC2A	How might I develop a therapeutic relationship with Philomena and secure her commitment to long-term changes in her lifestyle?
HPRPC3A	Do I think Philomena's circumstances mean she is more or less likely to respond to brief intervention during the consultation or additional one-to-one help?
HPRPC4A	What non-drug options are available for Philomena?

Specific Problem Solving

HPRSP1A	What is my approach to headache: what information do I need to gather from history and examination to formulate a management plan?
HPRSP2A	What occupational factors about Philomena's working environment are important in developing a management plan?
HPRSP3A	What use of time/incremental investigations might be appropriate here?

HPRSP4A How can I cope with any elements of uncertainty in the management plan?

Comprehensive Approach

HPRCA1A What strategies are in place within the practice for managing repeat requests for sick certs?

HPRCA3A Can I suggest structures, systems or procedures to improve handling of requests for continuing sickness certification? What barriers need to be overcome?

HPRCA4A How should the disclosure about Philomena's husband's drinking affect my management plans?

Community Orientation

HPRCO1A What needs are suggested by Philomena's role? What supports might be available within the practice and within the wider community to support her in coping or to support her in making changes?

HPRCO2A What voluntary and statutory organisations are at work in a typical Irish community?

HPRCO3A Can I describe the function of some of these? Can I speculate as to how they see the role of the GP? Have I ever asked them?

HPRCO4A What role might I have as a professional in advocating locally or nationally for unmet needs in relation to this sort of presentation? Has the ICGP, Community Health Organisation or the IMO/NAGP any such function?

Holistic Approach

HPRHA1A In what way might Philomena's background influence her perception of what is and what is not a problem?

HPRHA2A Are there particular cultural groups whose thinking might be very different from my own?

HPRHA3A What does my approach to Philomena say to her about whether I am considerate of her views? How could I check that I am being respectful?

Contextual Features

HPRAC1A What aspects of the general practice contract(s) support or inhibit health- promoting practice?

HPRAC2A How does my work situation influence my ability to work effectively with this family? How much time can I devote to understanding complex social presentations? Have I the resources to allow me participate in multidisciplinary working or in community engagement?

HPRAC3A How do my personal needs affect my capacity to work with this family or in community action?

HPRAC4A How does my personal background, (language, culture, education) affect my ability to work effectively in promoting the health of this family?

Attitudinal Features

HPRAA1A Have I checked my attitudes to unemployment, obesity, mental illness, smoking, alcohol or drug misuse?

HPRAA2A Can I tell when I am being judgemental in my attitude?

HPRAA3A How might this influence my performance?

Scientific Features

HPRAS1A	What literature or training have I encountered that provides evidence for how I might address the specific aspects of this case?
HPRAS2A	Am I aware of the philosophical basis for health promotion as opposed to disease management and the scientific evidence that supports this approach to human health?
HPRAS3A	Am I conversant with public policy at a national, local and organisational level that seeks to assess need, plan and act in the interest of health promotion?
HPRAS4A	What are the characteristics of a good screening programme?

Learning Outcomes

The following learning outcomes demonstrate the core competences in this subject. You will require knowledge, skills and attitudes in the following areas:

1. Primary Care Management

This area of competence is about how you manage your contact with patients, dealing competently with any and all problems that are presented to you. (This area of competence is not limited to dealing with the management of the practice.) As a GP you should be able to:

HPLPM1A	Assess a healthy individual patient's risk factors
HPLPM2A	Understand the interaction between work and illness in patients
HPLPM3A	Understand the links between health and work, including the positive benefits of work on well-being

2. Person Centred Care

This area of competence is about understanding and relating to the context of your patients as individuals, and developing the ability to work in partnership with them. A GP should;

HPLPC1A	Understand the concepts of promoting health, and quality of life as perceived by patients
HPLPC2A	Understand approaches to behavioural change including "Stages of Change Model" and their relevance to health promotion, self-care and behavioural change.
HPLPC3A	Demonstrate ability to practice motivational interviewing, to link brief interventions with clinical practice.
HPLPC4A	Negotiate a shared understanding of problems and their management (including self-management), so that patients are empowered to look after their own health and have a commitment to health promotion and self-care
HPLPC5A	Encourage patients, their carers (and family when appropriate) to access further information and use patient support groups
HPLPC6A	Understand the concept of risk and be able to communicate risk effectively to patients and their families
HPLPC7A	Demonstrate ability to explain to patients the long-term impact on health of risk factors such as alcohol and substance misuse, poor diet, inadequate exercise and risky sexual behavior
HPLPC8A	Explain to the patient and/or their relatives the evidence about a screening programme and debate whether it is worthwhile for individuals or groups

HPLPC9A Be able to explain the benefits and risks of child immunisation and vaccination in order to reassure parents effectively

3. Specific Problem Solving

This area of competence is about the context-specific aspects of general practice, dealing with early and undifferentiated illness and the skills you need to tolerate uncertainty. As a GP you should be able to;

HPLSP1A Distinguish between the different perspective required in managing work and health issues (e.g. back pain, repetitive strain injury, anxiety) and the range of professionals who can help you support patients at work such as occupational health staff, physiotherapists and counselors

HPLSP2A Apply the same scientific discipline to elements of practice concerning healthy people as those who are sick

4. Comprehensive Approach

This area of competence is about how you as a general practitioner must be able to manage co-morbidity, coordinating care of acute illness, chronic illness, health promotion and disease prevention in the general practice setting. As a GP you should be able to;

HPLCA1A Describe how to work with other members of the primary healthcare team to promote health and well-being through appropriate health promotion and disease prevention strategies

5. Community Orientation

This area of competence is about the physical environment of your practice population, and the need to understand the interrelationship between health and social care, and the tensions that may exist between individual wants and needs and the needs of the wider community. As a GP you should be able to:

HPLCO1A Recognise and contend with the potential tension between the health promotion role as a GP and the patient's own agenda

HPLCO2A Describe importance of promoting people with a disability in the workplace by encouraging and advocating for disabled patients

6. Holistic Approach

This area of competence is about your ability to understand and respect the values, culture, family structure and beliefs of your patients, and understand the ways in which these will affect the experience and management of illness and health. As a GP you should be able to:

HPLHA1A Explain the importance of promoting the positive benefits of work and health to patients

HPLHA2A Explain the importance of promoting return to work and rehabilitation after illness or accident

Essential Features

The three essential features (EFs) below are concerned with the features of you as a doctor which may influence your ability to apply the core competences to real life in the work setting.

7. Contextual Features

This essential feature is about understanding your own context as a doctor and how it may influence the quality of your care. Important factors are the environment in which you work, including your

working conditions, community, culture, financial and regulatory frameworks. A GP should:

HPLAC1A Understand the ethos of own workplace and need to embrace preventive care and health promotion

HPLAC2A Be aware of the impact of overall GP workload on own ability to deliver health promotional care to well patients

HPLAC3A Be aware of the interaction of work and private life and need to strive for a good balance between both, and own personal example in healthy living

8. Attitudinal Features

This essential feature is about your professional capabilities, values, feelings and ethics and the impact these may have on your patient care. A GP should:

HPLAA1A Acknowledge insight into personal or systematic bias that can marginalize individuals or groups

HPLAA2A Justify own views in relation to ethical aspects of prevention, pre- symptomatic diagnostics, asymptomatic therapy and factors that influence lifestyles

HPLAA3A Justify own views on the universal right to healthcare, the prioritisation and costs of healthcare, and the minimisation of barriers to accessing care when vulnerable or unwell

9. Scientific Features

This essential feature is about the need to adopt a critical and evidence-based approach to your work, maintaining this through continuing professional development and lifelong learning. A GP should:

HPLAS1A The individual as a being with a capacity to strive for and attain maximum health

HPLAS2A Community action towards health gain

HPLAS3A Reorientation of the health service towards promotion of health as a social goal

HPLAS4A The health-supporting environment at home, in the community and in the general practice

HPLAS5A Health equity, social justice and relative poverty

Be aware of the factual elements underpinning health-promoting practice such as

- Legislative and Executive initiatives aimed at Health Promotion
- The social determinants of health.
- The impact of social and cultural diversity on health and health beliefs.
- The theoretical basis for behavioural change.
- Health promotion within models of the GP consultation.
- Health promotion in relation to physical activity, sexual health, smoking, cancer prevention, nutrition, men's health, womens' health, mental health, drug misuse, alcohol misuse, oral health, children's health.

Resources

In the following section you will find ICGP resources. All resources below are subject to the terms and conditions in appendix 3. All weblinks cited 2nd October 2019. In addition to this section the ICGP Library Catalogue is searchable for all ICGP material and ICGP Journals offers online journals via Full Text Finder.

ICGP – Quick Reference Guide

- O'Shea E. Communicating Risk to Patients Quick Reference Guide. 2014.
- Anderson R, Martin J, Aherin A, Finegan P, Farren C. Helping Patients with Alcohol Problems – A Guide for Primary Care Staff. 2014.
- HSE/ICGP Weight Management Treatment Algorithms.
- Bradley C. Repeat Prescribing: Quick Reference Guide. 2013.

ICGP – eLearning (Not available at time of curriculum publication 2/10/19, please check https://www.icgpeducation.ie for updates)

- Promoting Physical Activity.
- Chronic Condition Self-Management.
- Health Literacy.
- Suicide Prevention.

ICGP – Forum (Please log-in to the ICGP website on your browser before clicking the links)

- Ryan L, O'Shea D. Health Promotion: Embracing social media for health promotion. 2013 Nov; 30 (11): 38-39.
- Kenny L. Research: Dr Internet – patients need proper guidance. 2013 Jun; 30 (6): 42-43.
- Keane G, Doherty C. Research: Patterns of patient non-attendance. 2015 Mar; 32 (3): 37-38.
- O'Loughlin R, Stevens L. Cover Story: Why we must keep up with tech-savvy patients. 2016 Sept; 33 (8): 14-16.
- Look Tong R. Quality in Practice: 'Weight while you wait' – a helpful tool in practice. 2016 Sep; 33 (8): 25-26.
- Gallagher J, McDonald K. Feature: Heart failure success story with virtual consult. 2016 Jul/Aug; 33 (7): 17-18.
- McEllistrem B, Clifford M. Research: Video consultations – examining the evidence. 2016 Jun; 33 (6): 24-26.
- Dillon L, Scully M, Ni Shuilleabhain A, O'Shea B. Research: Time for a rethink on dealing with obesity? 2017/2018 Dec/Jan; 34 (11): 56-57.
- Vellinga A, Duane S. Research: A smart approach to management of UTIs. 2017 Nov; 34 (10): 48.

ICGP – Other Publications

- ICGP Public Health Notices.

External Resources

In this section you will find external resources. All resources below are subject to the terms and conditions in appendix 3.

- Website(s);
  - Get Ireland Active. Available here: http://www.getirelandactive.ie/
  - Health Promotion.ie. Available here: https://www.healthpromotion.ie/

- Your Mental Health.ie. Available here: http://www.yourmentalhealth.ie/
- HSE – Immunisation Guidelines for Ireland. Available here: https://www.hse.ie/eng/health/immunisation/hcpinfo/guidelines/
- Medical Certification Under Social Welfare Legislation-Instructions for Medical Certifiers. Available here: http://www.welfare.ie/en/Pages/Medical-Certification-Under-Social-Welfare-Legislation-Instr.aspx
- National Learning Network provides a range of flexible training courses and support services for people who need specialist support (job seekers,unemployed, people with an illness or disability) in 50 centres around the country. Available here: www.nln.ie
- The National Screening Service. Available here: http://www.cancerscreening.ie/

Community Resources

In this section you will find training resources recommended by those in the training community and recent graduates. All resources below are subject to the terms and conditions in appendix 3.

- Website(s);
  - Doctor Mike's YouTube Page - 23 and 1/2 hours: What is the single best thing we can do for our health?†1. Available here: https://www.youtube.com/watch?v=aUaInS6HIGo&t
  - Under the Weather†2. Available here: http://undertheweather.ie/

Want to contribute to the Community Resources?

Please email curriculum@icgp.ie . Internal CPD points for submissions: click to record.
Published submissions acknowledged by letter from the ICGP.

Contributors above;

†1: Dr Ronan Kearney. RCSI/Dublin North East TS.

†2: Dr Laura Nicholson. Sligo TS.

Self-Assessment

These resource(s) are a sample of those available to all with an OpenAthens account (all HSE employees which includes GP trainees), many of which include self-assessments. Please note these are UK resources, and some differences from Irish primary care can exist.

- The health benefits of physical activity: promoting physical activity in primary care. BMJ Learning. 2018.

References

1. World Health Organisation. Ottawa Charter for Health Promotion. Copenhagen: World Health Organisation, 1986. Available here: http://www.who.int/healthpromotion/conferences/previous/ottawa/en/
2. Stott N, Davis R. The exceptional potential in each primary care consultation. *J R Coll Gen Pract.* Apr 1979; 29(201): 201–205.

33. Multicultural Health

Assessments

This chapter was deemed to have been poorly answered in prior ICGP assessments; CKT; 2017.

CPD

Using the curriculum for a tutorial?

New (2018) up 5 hours of internal credits for in-practice tutorials not recorded elsewhere.

'Cultural competence is a set of congruent behaviours, attitudes and policies that come together in a system, agency or health service, or among professionals, which enable the organisation or those professionals to work effectively in cross cultural situation.' [1]

Introduction

A patient's cultural background has multiple influences on their presentation in general practice. The most obvious influence is language difference. However, it also influences how they perceive and interpret symptoms and how they perceive the doctor's role and therapeutic options she/he can offer. People from culturally diverse backgrounds often have difficulties accessing healthcare due to several factors including difficulties navigating the system, institutionalised discrimination/prejudice and lastly, due to the fact that many come from socio- economically deprived backgrounds and so are affected by health inequities. The GP's role is to develop a personal and practice cultural competency.

Case Vignette

Cecilia presents to the surgery. She is an asylum seeker from Central Africa and has been staying in an asylum hostel with her two children (5 and 8-year-old boys) for the last three years. She had a very sad story of having to leave her home country quickly due an outbreak of extreme violence in her home town against her ethnic group. She lost her two parents in this and has not had contact with any of her other family members or husband since she left. She is French speaking and has poor English and is accompanied by her 8-year-old who speaks good English.

She has several problems.

–She has a fever which is very high and makes her muscle aches for the last three days.

–She has been feeling very depressed for 6 months. She still has not heard about her asylum application and is in constant fear that she will be deported back to the country.

–Her five-year-old has not being doing well at school particularly at reading and writing and she is concerned for him.

–Lastly, she tells you in passing that the last two times she has been in the waiting room patients have made comments that she could not understand but she felt were insulting. Her sons tell you they told her to go back to her own country.

Reflective Questions

Mapping the competencies of general practice to this case.
To help you understand how the GP curriculum can be applied to this case, ask yourself the following questions:

Primary Care Management

MCRPM1A How does the practice deal with requests from non-English speaking patients seeking appointments?

MCRPM2A Is there a written policy to promote the use of bilingual healthcare workers or trained interpreters (face to face or by phone) rather than family members/ companions or computer aided translating software?

MCRPM3A Have my staff, both medical and administrative, had cultural awareness training.

MCRPM4A What is the practice policy on filling in forms for citizenship?

MCRPM5A Are administrative and educational materials available in the languages of non-English speaking patients?

Person Centred Care

MCRPC1A Do doctors, nurses and staff know how to use an interpreter effectively? How would my consultation change with an interpreter present?

MCRPC2A Does staff recognise that as well as difficulty with English, literacy may also be a problem for non-English speaking patients?

Specific Problem Solving

MCRSP1A How up to date is my knowledge on the illnesses that may affect recent migrants into the country.

MCRSP2A How aware am I of the mental health needs of migrants and how to address them.

MCRSP3A Am I aware of support services for migrant victims of torture or violence?

MCRSP4A Is practice staff aware that they need to be conscious that female patients from certain cultures may have been affected by genital mutilation and its consequences?

Comprehensive Approach

MCRCA1A Are staff aware of the barriers to health services faced by immigrants e.g. the non-Habitual Residency Clause?

Community Orientation

MCRCO1A What other culturally aware organisations, support groups, social supports and services should I involve in assisting my patient and what is my practice relationship with these?

MCRCO2A What are the non-formal community supports for patients from this ethnic group e.g. churches, community of people from similar ethnic group etc.

MCRCO3A How aware am I of the cultural manifestations of mental health and the sensitivities that can occur/vary across cultures?

Holistic Approach

MCRHA1A Am I aware of how the cultural lens of a patient may influence their interpretation of symptoms, diagnoses and treatments?

Contextual Features

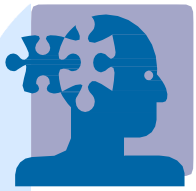
MCRAC1A What measures are in place to show the practice's interest in other cultures e.g. world map on the wall, health information leaflets in different languages, posters with e.g. website info on links to translated materials re Irish healthcare

Attitudinal Features

MCRAA1A Do I understand that the same standards of confidentiality apply in non- English speaking patients and to avoid using family members or companions to translate?
MCRAA2A How aware am I of the way my culture influences my outlook/work as a GP?
MCRAA3A How aware am I of my attitudes towards people from other cultures?
MCRAA4A How aware am I of how I should interact with people from other cultures?

Scientific Features

MCRAS1A Am I aware of specific illness that affects non-nationals such as haemaglobinopathies and infectious diseases?



Learning Outcomes

The following learning outcomes demonstrate the core competences in this subject. You will require knowledge, skills and attitudes in the following areas:

1. Primary Care Management

This area of competence is about how you manage your contact with patients, dealing competently with any and all problems that are presented to you. (This area of competence is not limited to dealing with the management of the practice.) As a GP you should be able to:

MCLPM1A Address immunisation deficits in children who have not received adequate vaccination and organise vaccination catch-up protocol
MCLPM2A Compose written policies for interpretation
MCLPM3A Adapt guidelines to apply screening services for new migrants
MCLPM4A Design systems for accessing available interpreting services
MCLPM5A Design systems for managing appointment requests for non-English speaking patients
MCLPM6A Know how to obtain cultural awareness training

2. Person Centred Care

This area of competence is about understanding and relating to the context of your patients as individuals, and developing the ability to work in partnership with them. A GP should;

MCLPC1A Recognise that (like all patients) migrants have their right to shared decision making protected
MCLPC2A Communicate effectively to develop trusting relationships with patients from differing cultural backgrounds
MCLPC3A Know the importance of offering interpreting services to non-English speaking patients
MCLPC4A Be able to conduct an effective consultation with the use of an interpreter in person or on the phone
MCLPC5A Demonstrate the ability to use alternate (and less favoured) methods of communication when a translator is not available e.g. using internet based translation software

3. Specific Problem Solving

This area of competence is about the context-specific aspects of general practice, dealing with early and undifferentiated illness and the skills you need to tolerate uncertainty. As a GP you should be able to;

MCLSP1A Manage specific healthcare issues pertinent to marginalised groups including:

- **MCLSP1.1A** Management of children at risk cases
- **MCLSP1.2A** Management of common tropical diseases
- **MCLSP1.3A** Recognition and management victims of torture or violence
- **MCLSP1.4A** Detection and management of female genital mutilation
- **MCLSP1.5A** Management of drug addiction
- **MCLSP1.6A** Detection and management domestic violence
- **MCLSP1.7A** Management of alcoholism

MCLSP2A Know the common tropical conditions that may present to the surgery in new migrants including infectious disease (e.g. malaria) and inherited haemoglobinopathies

4. Comprehensive Approach

This area of competence is about how you as a general practitioner must be able to manage co-morbidity, coordinating care of acute illness, chronic illness, health promotion and disease prevention in the general practice setting. As a GP you should be able to;

MCLCA1A Know of the mental health problems of migrants and have an understanding of the concept of resilience and its importance for mental health

MCLCA2A Know the evidence base of the effects of global health inequities

MCLCA3A Understand the concepts of multi-culturalism and oppression of minority cultures including work based oppression and/or trafficking

MCLCA4A Understand the differences between asylum seekers, programme and non- programme refugees and economic migrants

MCLCA5A Understand how a cultural lens can affect a patient's interpretation of symptoms, diagnoses and treatments

5. Community Orientation

This area of competence is about the physical environment of your practice population, and the need to understand the interrelationship between health and social care, and the tensions that may exist between individual wants and needs and the needs of the wider community. As a GP you should be able to:

MCLCO1A Know the full range of community and social service available to support the healthcare of people from other cultures

MCLCO2A Know referral pathways for social and community services for multicultural communities

6. Holistic Approach

This area of competence is about your ability to understand and respect the values, culture, family structure and beliefs of your patients, and understand the ways in which these will affect the experience and management of illness and health. As a GP you should be able to:

MCLHA1A Advocate on behalf of a patient who is not receiving optimum care due to being from another culture

MCLHA2A Advocate on behalf of the multi-cultural communities

Essential Features

The three essential features (EFs) below are concerned with the features of you as a doctor which may influence your ability to apply the core competences to real life in the work setting.

7. Contextual Features

This essential feature is about understanding your own context as a doctor and how it may influence the quality of your care. Important factors are the environment in which you work, including your working conditions, community, culture, financial and regulatory frameworks. A GP should:

MCLAC1A Afford non-English speaking patients full respect for their right to confidentiality

MCLAC2A Be aware of the importance of having professional interpretation when obtaining consent from non-English speaking patients

MCLAC3A Balance respecting the different cultural understanding of gender roles for patients attending while managing not to tolerate abusive or disempowering behaviours

MCLAC4A Be aware of barriers to health and preventative health services such as breast, cervical screening, immunisation, family planning etc. for immigrant patients

8. Attitudinal Features

This essential feature is about your professional capabilities, values, feelings and ethics and the impact these may have on your patient care. A GP should:

MCLAA1A Adopt a trusting and respectful manner which encourages the patient to return no matter what their cultural background

MCLAA2A Be aware of the impact of bias, class and power in consultations

MCLAA3A Address and manage prejudicial attitudes and discriminating behaviour by practice staff including fellow doctors towards people from other cultures

MCLAA4A Recognise the importance of effective self-care to prevent stress and burnout

9. Scientific Features

This essential feature is about the need to adopt a critical and evidence-based approach to your work, maintaining this through continuing professional development and lifelong learning. A GP should:

MCLAS1A Know the screening guidelines for new migrants

MCLAS2A Keep up to date with best practice in multicultural areas of medicine

Resources

In the following section you will find ICGP resources. All resources below are subject to the terms and conditions in appendix 3. All weblinks cited 2nd October 2019. In addition to this section the ICGP Library Catalogue is searchable for all ICGP material and ICGP Journals offers online journals via Full Text Finder.

ICGP – Forum (Please log-in to the ICGP website on your browser before clicking the links)

- O'Carroll A, Cullivan R. Mental health: Asylum seeking and PTSD – a complex consultation. 2016 Oct; 33 (9): 43-45.
- Hearns A. Feature: Dealing with the aftermath of torture. 2016 Jan; 33(1): 17-18.
- Migone C, O'Connor L, McCarthy M. Feature: Looking at health in the Roma Community. 2014 May; 31 (5): 34-35.
- Hunter N, Hunter N. Pathways: A medical traveller's tale. 2014 Feb; 31 (2): 21-23.

- Brennan M, Boyle PJ, O'Brien AM, Murphy K. Cover Story: Health of asylum seekers – are we doing enough? 2013 Nov; 30 (11): 12-14.
- Gallagher J. World View: Supporting LIFE in Malawi. 2013 Sept; 30 (9): 21-22.

ICGP – Other Publications

- Favier M, Boland M. Traveller Health. 1995. (Hyperlink not available, copy and paste URL to browser; https://www.icgp.ie/go/library/catalogue/item/0B68EF73-EBA5-46FD-A3A3E01794622217)
- Crowley P. Health Inequalities and Irish General Practice in areas of deprivation. 2005.
- McMeel C. General Practice Care in a Multi-Cultural Society: A Guide to Interpretation Services and Cultural Competency. 2005.

Community Resources

In this section you will find training resources recommended by those in the training community and recent graduates. All resources below are subject to the terms and conditions in appendix 3.

Want to contribute to the Community Resources?

Please email curriculum@icgp.ie . Internal CPD points for submissions: click to record.
Published submissions acknowledged by letter from the ICGP.

References

1. Multicultural Health: The RACGP curriculum for General Practice 2011. RACGP. Available here: https://curriculum.racgp.org.au/statements/multicultural-health/

34. Acute Care and Out Of Hours

Assessments

This chapter was deemed to have been poorly answered in prior ICGP assessments; CCT; 2015.

CPD

Using the curriculum for a tutorial?

New (2018) up 5 hours of internal credits for in-practice tutorials not recorded elsewhere.

Introduction

Acutely ill people of all ages present unpredictably, interrupting work and routines, and requiring an urgent response. They may be seen in familiar contexts such as the surgery, on home visits and in out-of-hours centres. The general practitioner also may be asked to give assistance in unfamiliar and unsupported surroundings such as at the roadside or airplane. Providing out of hours, acute or emergency care can be difficult for both doctor and patient. Patients are presenting at their most vulnerable and they can be frightened, and GP's have a duty of care to ensure that their access and transition through the system is as easy as possible.

The GP practice is the first place that most people go when they have a health problem. Effective and timely responses in General Practice benefits patients and reduces acute referrals to Hospital. To ensure that patients get good access to care sufficient appointments should be allocated to meet demand. A well-designed practice or out of hours service with properly trained receptionists and triage staff can help identify those who need to be urgently reviewed. A GP in an OOH setting must be able to manage the common medical, surgical and psychiatric emergencies. They will need to manage their own personal security and have an ability to manage and cope with stress.

One of the key roles of a GP is to determine how urgent a case may be and then to take the most appropriate action. These situations are relatively infrequent, making it difficult for the doctor to maintain the appropriate skills, some of which may be complex. Remembering this fact along with periodic emergency care training e.g. CPR/ BLS will help doctors to maintain an effective response.

Case Vignette

A mother presents to the surgery in a panic stating that her 4 yr. old child has a strange feeling in her mouth and her throat feels very tight. She has just picked her up from crèche after they alerted her by phone that she didn't feel well after lunch. You see her straight away and note hives over her chest and back and swelling of her lips and tongue. The child appears very weak and is only barely audible due to hoarseness.

You are aware from her notes that she has a history of asthma and mild eczema as a baby.

You decide to get the emergency bag and call in a colleague. How might you continue this consultation?

Reflective Questions

Mapping the competencies of general practice to this case.
To help you understand how the GP curriculum can be applied to this case, ask yourself the following questions:

Primary Care Management

OHRPM1A	What are the possible outcomes in the above case?
OHRPM2A	How would you equip your practice for the management of emergencies?
OHRPM3A	What systems need to be in place to ensure timely care?

Person Centred Care

OHRPC1A	How do I manage taking an accurate history and examination during a life threatening situation?
OHRPC2A	How do I communicate in a way that does not cause increase anxiety for the patient or their carer?

Specific Problem Solving

OHRSP1A	What questions would I ask to the mother to be clear about my diagnosis?
OHRSP2A	What other areas might I need to cover?
OHRSP3A	What do I need to know about the creche?

Comprehensive Approach

OHRCA1A	What other factors do I need to know about this case?
OHRCA2A	What other conditions do I have to consider?
OHRCA3A	Am I comfortable in OOH managing acute conditions?

Community Orientation

OHRCO1A	What do I know about the incidence of acute anaphylaxis in the community?
OHRCO2A	What are the routes and sources for getting that information for my locality and nationally?

Holistic Approach

OHRHA1A	How would I explore the impact of carrying long- term adrenaline pens/ anaphylaxis kit with the parents in the future?
OHRHA2A	What do I need to know about their understanding of the meaning and potential outcomes of their daughters illness?

Contextual Features

OHRAC1A	Would my approach to the management of this case differ if I was in an OOH centre or on my own on a Saturday morning surgery?

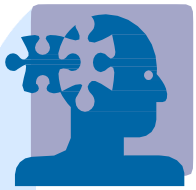
Attitudinal Features

OHRAA1A	What are my attitudes towards parents and families who might over use the OOH service or are frequent attenders in urgent appointments?

Scientific Features

OHRAS1A How might I keep up to date with best practice for the management of acute allergic conditions?

OHRAS2A What do I understand about the factors that affect the demand for OOH and unscheduled GP care in different communities, and at different times of the day and the year?



Learning Outcomes

The following learning outcomes demonstrate the core competences in this subject. You will require knowledge, skills and attitudes in the following areas:

1. Primary Care Management

This area of competence is about how you manage your contact with patients, dealing competently with any and all problems that are presented to you. (This area of competence is not limited to dealing with the management of the practice.) As a GP you should be able to:

OHLPM1A Assess and evaluate acutely ill patients.

OHLPM2A Know the presentation of common severe illnesses and where symptoms may be confused with less severe illnesses

OHLPM3A Recognise those illnesses where immediate action is needed to reduce death and significant morbidity

OHLPM4A Understand how patients from different cultures and social backgrounds may interpret and report symptoms and how the presentation may be changed by age, gender, pregnancy and previous health.

OHLPM5A Demonstrate an ability to make complex ethical decisions demonstrating sensitivity to a patient's wishes in the planning of care.

OHLPM6A Take responsibility for a decision to refer on an acutely ill person and not be unduly influenced by others, such as secondary care doctors who have not assessed the patient

2. Person Centred Care

This area of competence is about understanding and relating to the context of your patients as individuals, and developing the ability to work in partnership with them. A GP should;

OHLPC1A Describe ways in which the acute illness itself and the anxiety caused by it can impair communication between doctor and patient, and make the patient's safety a priority.

OHLPC2A Demonstrate a person-centred approach, respecting patients' autonomy whilst recognising that acutely ill patients often have a diminished capacity for autonomy.

OHLPC3A Understand the challenges of maintaining continuity of care in acute illness and taking steps to minimise this by making suitable handover and follow- up arrangements.

OHLPC4A Attend to the needs of carers involved at the time of the acutely ill person's presentation.

OHLPC5A Demonstrate an awareness of any conflict regarding management that may exist between patients and their relatives, and act in the best interests of the patient always.

3. Specific Problem Solving

This area of competence is about the context-specific aspects of general practice, dealing with early and undifferentiated illness and the skills you need to tolerate uncertainty. As a GP you should be able to;

OHLSP1A Describe a differential diagnoses for each presenting symptom.

OHLSP2A Decide whether urgent action is necessary, thus protecting patients with non-urgent

and self-limiting problems from the potentially detrimental consequences of being over-investigated and over treated

OHLSP3A Demonstrate an ability to deal sensitively and professionally with people who may have a serious diagnosis and refuse admission.

OHLSP4A Demonstrate an ability to use telephone triage and advise the patient as to whether they need further review and to modify your own communication skills to accommodate this.

OHLSP5A Evaluate a patient's presentation without access to his or her medical records.

OHLSP6A Perform and interpret an electrocardiogram

OHLSP7A Carry out Cardiopulmonary Resuscitation (CPR) of children and adults including use of a defibrillator.

OHLSP8A Manage and control a haemorrhage.

OHLSP9A Identify and manage wounds that need to be sutured/ glued.

OHLSP10A Manage and preform catheterization on acute urinary retention.

OHLSP11A Manage an acute asthmatic attack and set up a nebulizer.

OHLSP12A Manage an acute anaphylaxis and appropriate use of adrenaline pen.

OHLSP13A Manage drug treatment for patients with an urgent or emergency condition

4. Comprehensive Approach

This area of competence is about how you as a general practitioner must be able to manage co-morbidity, coordinating care of acute illness, chronic illness, health promotion and disease prevention in the general practice setting. As a GP you should be able to;

OHLCA1A Recognise that an acute illness may be an acute exacerbation of a chronic disease.

OHLCA2A Describe the increased risk of acute events in patients with chronic and co- morbid disease.

OHLCA3A Recognise patients who are likely to need acute care and offer them advice on prevention, effective self-management and when and who to call for help.

5. Community Orientation

This area of competence is about the physical environment of your practice population, and the need to understand the interrelationship between health and social care, and the tensions that may exist between individual wants and needs and the needs of the wider community. As a GP you should be able to:

OHLCO1A Demonstrate an ability to use the knowledge of patient and family, and the availability of specialist community resources (e.g. palliative care) to decide whether a patient should be referred for acute care.

OHLCO2A Manage and address health seeking behavior where appropriate to help achieve effective and efficient use of OOH services

OHLCO3A Understand the wider community of the population of patients presenting to the out-of-hours service.

OHLCO4A Advise on the other sources of help that they may access for urgent and unscheduled care.

6. Holistic Approach

This area of competence is about your ability to understand and respect the values, culture, family structure and beliefs of your patients, and understand the ways in which these will affect the experience and management of illness and health. As a GP you should be able to:

OHLHA1A Demonstrate an awareness of the important support that a GP needs to provide to

patients and carers at times of crisis or bereavement including certification of illness or death.

OHLHA2A Understand cultural and other factors that might affect patient management.

OHLHA3A Know how different communities respond to and manage episodes of acute illness.

OHLHA4A Discuss the different health beliefs that patients have about the need to ask for medical help

Essential Features

The three essential features (EFs) below are concerned with the features of you as a doctor which may influence your ability to apply the core competences to real life in the work setting.

7. Contextual Features

This essential feature is about understanding your own context as a doctor and how it may influence the quality of your care. Important factors are the environment in which you work, including your working conditions, community, culture, financial and regulatory frameworks. A GP should:

OHLAC1A Demonstrate an awareness of legal frameworks affecting acute healthcare provision especially regarding compulsory admission and certification in mental health emergencies.

OHLAC2A Demonstrate an understanding of the local arrangements for the provision of out-of-hours care including IT set up, house visits and follow up of test results and patient consultations.

OHLAC3A Understand your ability to work in a busy and time-pressured environment and self-awareness of how you respond to stress.

8. Attitudinal Features

This essential feature is about your professional capabilities, values, feelings and ethics and the impact these may have on your patient care. A GP should:

OHLAA1A Demonstrate an awareness of personal values and attitudes to ensure that they do not influence professional decisions or the equality of patients' access to acute care.

OHLAA2A Understand the value of effective teamwork in the out-of-hours situation and the roles and responsibilities of all staff, both administrative and clinical.

OHLAA3A Recognise your personal attitudes to patients who may request unscheduled care inappropriately as part of a disorganised lifestyle or working schedule.

OHLAA4A Demonstrate good practice in the recording of learning areas encountered in the out-of-hours session in order to consolidate learning goals that may need to be addressed at a later time and date.

9. Scientific Features

This essential feature is about the need to adopt a critical and evidence-based approach to your work, maintaining this through continuing professional development and lifelong learning. A GP should:

OHLAS1A Describe how to use resources to make your interventions evidence-based, e.g. BMJ Best Practice etc.

OHLAS2A Demonstrate an understanding of written protocols that are available from local OOH centres and how these may be adapted.

OHLAS3A Evaluate performance in regard to the care of the acutely ill person; including an ability to conduct significant event analyses and take appropriate action.

OHLAS4A Understand the factors that affect the demand for out-of-hours and unscheduled GP care in different communities.

OHLAS5A Understand the information that out-of-hours providers use to audit and map the service that they provide

Where will the learning take place?

- Experience in an emergency department and in General Practice
- Self-directed learning with evidence of the completion of individual tasks (log book)
- Attendance at recognised meetings / lectures / tutorials on specific relevant topics
- Under the supervision of a GP trainer in OOH centre.
- As part of a recognised university course (e.g. Immediate Care Course)

Resources

In the following section you will find ICGP resources. All resources below are subject to the terms and conditions in appendix 3. All weblinks cited 20th September 2018. In addition to this section the ICGP Library Catalogue is searchable for all ICGP material and ICGP Journals offers online journals via Full Text Finder.

ICGP – eLearning (Not available at time of curriculum publication 2/10/19, please check https://www.icgpeducation.ie for updates)

- Injuries Board

ICGP – Forum (Please log-in to the ICGP website on your browser before clicking the links)

- Scanlon R, Bates M. Research: Nursing home visits in an out-of-hours service. 2017 Jun; 34 (6): 27.
- O'Dowd D, O'Ciardha D. Research: What happens to patients who do not want to wait in EDs? 2017 Mar; 34 (3): 44.
- Crealey M, McNamara W. Research: GPs important members of the emergency team. 2014 Jun; 31 (6): 41-42.
- O'Donnell C. Cover Story: Ambulances aim to treat as well as transport. 2013 Apr; 30 (4): 12-13.
- Crowley O, Crowley J. Research: Do hurling helmets prevent serious injury? 2013 Mar; 30 (3): 27-28.

ICGP – Other Publications

- Doctor's Bag. Page 48 ICGP GP Training Handbook (3rd Ed). 2017.

External Resources

In this section you will find external resources. All resources below are subject to the terms and conditions in appendix 3.

- Website(s);
  - Anaphylaxis Campaign UK. Available here: https://www.anaphylaxis.org.uk/
  - Asthma Society of Ireland. Available here: https://www.asthma.ie/
  - Epilepsy Ireland. Available here: https://www.epilepsy.ie/
  - European Society of Cardiology (ESC). Available here: https://www.escardio.org/
  - National Stroke Association – Stroke Resources. Available here: http://www.stroke.org/stroke-resources
- Article(s);
  - Anon. Drugs for the doctor's bag: 1-adults. *Drug Ther Bull.* 2015 May; 53(5):56-60. doi: 10.1136/dtb.2015.5.0328.

- Anon. Drugs for the doctor's bag: 2-children. *Drug Ther Bull.* 2015 Jun; 53(6):69-72. doi: 10.1136/dtb.2015.6.0334.

Community Resources

In this section you will find training resources recommended by those in the training community and recent graduates. All resources below are subject to the terms and conditions in appendix 3.

- Website(s);
  - Life in the Fast Lane†1. Available here: https://litfl.com/
  - Sportsinjuries.ie†2. Available here: http://sportsinjuries.ie/

Want to contribute to the Community Resources?

Please email curriculum@icgp.ie . Internal CPD points for submissions: click to record.
Published submissions acknowledged by letter from the ICGP.
Contributors above;
†1: Dr Ronan Bredin. HSE Dublin Mid Leinster TS.
†2: Dr Ronan Kearney. RCSI/Dublin North East TS.

Self-Assessment

These resource(s) are a sample of those available to all with an OpenAthens account (all HSE employees which includes GP trainees), many of which include self-assessments. Please note these are UK resources, and some differences from Irish primary care can exist.

- Chest pain: a guide to investigation and management for GPs. BMJ Learning. 2016.

References

1. Hirshon JM, Risko N, Calvello EJB, de Ramirez SS, Narayan M, Theodosis C, O'Neill J. Health systems and services: the role of acute care. *Bulletin of the World Health Organization 2013; 91:386-388. doi: http://dx.doi.org/10.2471/BLT.12.112664. Available here:* http://www.who.int/bulletin/volumes/91/5/12-112664/en/

Appendix 1 – Curriculum Document Mapped for Assessment

GP Curriculum	ICGP Competence	Coverage by Assessments		
		CKT	MEQ	CCT
Primary Care Management	Clinical Management	✓	✓	✓
	Working with colleagues and in teams		✓	✓
	Practice Management	✓	✓	✓
Person-Centred Care	Communication and consulting skills		✓	✓
Specific problem-solving skills	Data gathering interpretation	✓	✓	✓
	Making a diagnosis/making decisions	✓	✓	✓
Comprehensive approach	Managing medically complexity	✓		✓
Community Orientation	Community orientation		✓	✓
Holistic Approach	Practising holistically		✓	✓
Contextual Features	Community Orientation		✓	✓
Attitudinal Features	Maintaining an ethical approach to practice		✓	✓
	Fitness to practice	✓	✓	✓
Scientific features	Maintaining performance, learning and teaching	✓		✓

Appendix 2 – Mapping Core Domains of General Practice to Medical Council Domains of Professional Practice

	Specific chapters	Specific core skills	Specific application of core skills in three aspects
Domain 1: Patient safety and quality of care:	Non-clinical chapter 4	All six core skills	All three aspects
Domain 2: Relating to patients	Non-clinical chapters 2, 3 and 4	All six core skills, especially skills 2 and 6	All three aspects
Domain 3: Communication in interpersonal skills	Non-clinical chapter 2	All six core skills especially skills 2 and 6	All three aspects
Domain 4: Collaboration and teamwork	Non-clinical chapters 1, 2, 3 and 4	All six core skills especially skills 1, 2, 4 and 5	All three aspects
Domain 5: Management including self-management	Non-clinical chapter 1	All six core skills especially skills 1, 3, 4 and 5	All three aspects
Domain 6: Scholarship	Non-clinical chapter 5	All six core skills	All three aspects, but especially aspect 3
Domain 7: Professionalism	Non-clinical chapter 1	All six core skills	All three aspects, but especially aspects 1 and 3
Domain 8: Clinical skills	Clinical chapters 1–22	All six core skills	All three aspects

Appendix 3 - Terms and Conditions of Resources and References

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