

APPENDIX ONE

A WEIGHTED SYLLABUS FOR GENERAL PRACTICE

The following syllabus has been developed in order to assist Trainers and Registrars who identify and prioritise needs and record when and how these needs are met, whilst it's remit is by it's nature broad, it cannot be comprehensive.

Need identified & priority

Need met

1. KNOWLEDGE

1.1. Clinical Competence

1.1.1. Psycho-social Factors

The Doctor should have an appreciation of an ability to define a relationship between physical, psychological and social factors in the breakdown of patients' well being, and the appropriate development of management strategies when dealing with the above. Awareness of the possibility of intra-family violence. An understanding of the influence of ethnicity and culture. An understanding of the influence of social class and education. An understanding of the influence of health and gender. An understanding of the influence of age and sex. An understanding of the influence of health and beliefs.

1.1.2. Common Problems

The Doctor should have an understanding of the management of minor, self-limited ill health in the Practice setting.

1.1.3. Diagnostic Procedures

The Doctor should demonstrate a safe, logical and cost-effective use of appropriate and relevant diagnostic procedures in the management of patients' problems.

1.1.4. Therapeutics & Prescribing

a) Pharmacodynamics, Pharmacokinetics, Indications, Contraindications, Interactions & Side-effects of individual drugs in groups of drugs which are commonly prescribed in General Practice.

b) Safe and appropriate prescribing.

c) How to write a prescription

First six weeks

d) The Controlled Drugs Rule

First six weeks

e) An awareness of MIMS and BNF and how to use them

First six weeks

f) Awareness of the Black List

First six weeks

g) Rational & Cost Effective Prescribing

1.1.5. Non-Drug Management

a) Appropriate and effective use of physical therapy

b) Awareness of complementary medicine

c) Appropriate and effective use of counselling and Psychotherapy

d) Appropriate and effective use of risk avoidance and lifestyle manoeuvres

1.1.6. Emergency care

Care of acute and/or life threatening conditions in Practice setting. The Doctor should know the immediate management of :-

a) Acute asthma	First six weeks
b) Acute left ventricular failure	First six weeks
c) Myocardial Infarction	First six weeks
d) Febrile convulsions/Epileptic convulsions	First six weeks
e) Croup	First six weeks
f) Hypoglycaemia	First six weeks
g) The unconscious patient	First six weeks
h) Acute anaphylaxis	First six weeks
i) Epistaxis	First six weeks
j) The acutely disturbed patient	First six weeks
k) Major fractures/lacerations	First six weeks
l) Major haemorrhage	First six weeks
m) The acute abdomen	First six weeks
n) The Doctor should consider the list of drugs required for the emergency bag and understand arrangements for supply of these drugs	First six weeks

1.1.7. Continuing Care

- a) Ability to instruct and justify planned care of chronic diseases such as Diabetes Mellitus, Asthma and Hypertension
- b) Recognition of appropriate settings e.g. Surgery, Home, Cottage Hospital, Hospice and use of Community Health Care
- c) The GP's role in terminal care

1.1.8. Health and Promotion

- a) Knowledge of the principals and practice of preventative medicine in General Practice
- b) Provision of effective health education to individuals and groups
- c) Awareness of the national, Regional and Local initiatives in Health Promotion and awareness of the 1996 change in contractual arrangements for provision of health promotion

1.2. Clinical Knowledge

The Doctor should have a good grounding in clinical knowledge regarding the following areas

- 1.2.1. Obstetrics, gynaecology and Family Planning. Diagnosis and management of primary and secondary amenorrhoea. GP management of pregnancy. GP management of normal labour. Abnormalities in menstruation. Abnormal vaginal bleeding. Pre-menstrual tension. Dysmenorrhoea. Dyspareunia. Menopause. Post-menopausal bleeding. Vaginal discharge. Vaginal prolapse. Breast Lumps. Infertility. Abortion.
- 1.2.2. Diseases of the ear, nose and throat. Otitis externa. Otitis media. Mastoiditis. Deafness (including differentiation of the type of loss and dealing with problems with hearing aids). Vertigo. Chronic nasal obstruction. Allergic and vasomotor rhinitis. Epistaxis. Sinusitis. Tonsillitis and other acute sore throats. Indications for tonsillectomy. Laryngitis in adults, acute and chronic. Other causes of hoarseness. Dysphagia.

Tinnitus. Patients with a tracheostomy.

- 1.2.3. Diseases of the skin. Atrophy. Dermatitis - contact and endogenous. Psoriasis. Seborrhoea. Acne vulgaris. Acne rosacea. Pityriasis rosacea. Pityriasis versicolor. Warts and verrucas. Urticaria. Angioneurotic oedema. Fungal and yeast infestations. Ulcers - varicose and malignant. Alopecia. Skin manifestations of metabolic disease. Skin manifestations of collagen disorders.
- 1.2.4. Diseases of the eye. Errors of the optical system (astigmatism, presbyopia, hypermetropia and myopia). Derangements of the binocular system of the eye (heterophoria, paralytic strabismus, concomitant strabismus). Styes. Meibomian cysts. Blepharitis. Intropian and Ectropian. Conjunctivitis. Dry eye. Sub-conjunctival haemorrhage. Foreign bodies in the eye. Corneal abrasions and ulcers. Pterygrun. Pinguecula. Herpes zoster of the eye. Iritis. Myopia with changes in the vitreous. Optic atrophy. Hypertensive retinopathy. Diabetic retinopathy. Retinal detachment. Lens opacities. Consequences of cataract operations.
- 1.2.5. Diseases of the gastrointestinal system. Diseases of the mouth and tongue, dental haemorrhage. Mouth ulcers. Cysts and associated dental conditions. Stomatitis. Diseases of the oesophagus, oesophagitis. Stricture. Neoplasm. Achalasia. Diseases of the stomach, dyspepsia. Peptic ulcer including duodenal ulcer. Hiatus hernia. Haematemesis. Helicobacter infections. Diseases of the liver, gall bladder and pancreas. Hepatitis. Cholecystitis. Gallstones. Jaundice. Pancreatitis. Carcinoma. Diseases of the small bowel, regional ileitis. Malabsorbtion syndrome. Diarrhoea. Diseases of the large bowel, rectum and anal canal, acute appendicitis. Irritable colon. Ulcerative colitis. Diverticulitis. Constipation. Haemorrhoids. Peri-anal abscess and fistula. Fissure in ano. Pruritis ani. Carcinoma. Intestinal obstruction.
- 1.2.6. Diseases of the male uro-genital tract and the female urinary tract. Urinary tract infections, acute infections in the male and female. Recurrent urinary tract infections. Urinary retention and incontinence. Haematuria. Diseases of the male genitals. Orchitis. Epididimo-orchitis. Torsion of the testis. Phimosis. Hydrocele. Ulcers of the penis. Scrotal diseases. Prostatic diseases, prostatitis. Hypertrophy. Malignancy.
- 1.2.7. Infectious diseases and infestations. Awareness of notifiable diseases. Awareness of immunisation schedules. Bacterial infections, Staphylococcal infections, Streptococcal infections and sequelae. Meningitis. Enteric infections. Sexually transmitted diseases. Brucellosis. Septicaemia. Anthrax. Erysipeloid. Diphtheria. Tetanus. Whooping Cough. Tuberculosis. Viral infections. Measles. Rubella.. Chickenpox. Herpes Zoster. Herpes Simplex. Mumps. Hepatitis. Influenza. Respiratory virus infections. Poliomyelitis. Rabies. Hormone Disease. Glandular Fever. Parasitic infections, worms, giardiasispetechulosis, ascariasis. Fungal infections, common, monilial and others. Infections of immigrants and returning travellers.
- 1.2.8. Diseases of the lower respiratory tract. Acute chest infections, tracheitis, acute bronchitis, lobar pneumonia, broncho-pneumonia and atypical pneumonia. Chronic chest ailments, chronic bronchitis, asthma, emphysema, dust diseases, bronchiectasis, sarcoidosis, lung abscesses and tuberculosis. Malignancies, carcinoma of the bronchus, pulmonary secondaries. Therapy, Oxygen therapy and desensitization.
- 1.2.9. Diseases of the heart and circulation. Ischaemic heart disease, myocardial infarction, cardiac arrhythmias, heart failure in all it's forms, hypertension, rheumatic disease - acute and chronic, congenital heart disease, peripheral vascular disease, arteritis of collagen disease, venous thrombosis and pulmonary infarction.

- 1.2.10. Paediatrics. Synoptic attacks of the new born, congenital defects, neo-natal jaundice, infant feeding, genetic abnormalities, genetic counselling, inborn areas of metabolism, developmental assessment, immunisation, vomiting, diarrhoea, constipation, bleeding per rectum. Malabsorption syndrome. The catarrhal child, the wheezy child. Abdominal pains in childhood. Croup. Epiglottitis. Febrile convulsions. Epilepsy in all its forms. Pyrexia of unknown origin. Management of accidental poisoning. Non-accidental injuries. Behaviour disorders.
- Enuresis. Haemoglobinopathy. Haemophilia and affiliated disorders. Purpura. Malignant diseases in childhood. Problems of adolescents. Communication and learning disorders in children. The handicapped child. Diabetes in childhood. Rheumatism in childhood. The spoiled child.
- 1.2.11. Rheumatology and Orthopaedics. Low back pain. Differential diagnosis and management of polyarthritis. Differential diagnosis of non-articular arthritis. Myalgia. Tendon disorders. Painful shoulders. Tennis elbow. Carpal Tunnel Syndrome. Painful heel and sole. Internal derangement of the knee joint. Torticollis. Cervical Spondylosis. Osteomyelitis. Osteochondritis. Neoplasms. Use of local Steroid therapy. Manipulation and Physiotherapy. Sprains and strains. Gout. Collagen disorders.
- 1.2.12. Diseases of the nervous system. Headaches. Vertigo. Unconsciousness. Epilepsy. Multiple Sclerosis. Parkinson's. Cerebro-vascular accident. Head injuries. Infections. Peripheral nerve lesions and entrapment Neuropathies. Polyneuropathy. Muscle disorders and urogenic bladder and cerebral tumours.
- 1.2.13. Psychiatry. Depression. Anxiety. Reactions to stress. Acute Psychiatric emergency. Schizophrenia. Mental subnormality. Mental Health Act. Community Psychiatric Services. Alcoholism. Drug dependents. Drug addiction. Anorexia Marital problems. Psychosexual problems. Acute confusional state. Dementia.
- 1.2.14. Diseases of the endocrine system. Thyroid disease. Disorders of the testis. Disorders of the adrenal. Disorders of the pituitary gland. Disorders of the parathyroid gland.
- 1.2.15. Nutritional Disorders. Obesity. Vitamin deficient states. Malabsorption. Inborn areas of metabolism.
- 1.2.16. Diseases of the Haemopoietic system. Anaemias (iron deficient, microcytic and haemolytic). Leukaemias. Haemophilia. Affiliated disorders and purpura.

1.3. **Management excluding Clinical Management**

Doctors should be familiar with:-

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| 1.3.1 | Income generation, in particular NHS as detailed in the statement of fees and allowances and non-NHS income. Cost effectiveness. | First six weeks |
| 1.3.2. | Expenditure control. Cost effective legitimate expenditure. Presentation of accounts. Tax Optimisation. | |
| 1.3.3. | The GPs independent contractor status. Indications of status, contractual liabilities defined in terms of service. Aspects of partnership. | First six weeks. |
| 1.3.4. | Duties and implications of the GPs role as an employer. | |
| 1.3.5. | The Doctor should understand the role of the Registrar in relationship to the Trainer/Partners/Staff and patients. | |
| 1.3.6. | the Doctor should be aware of protocols and policies within the Practice. | First six weeks. |

- 1.3.7. Information systems. The Doctor should be able to define the requirements of any system together with its advantages, disadvantages and applications. This would include computer technology and manual records.
- The Doctor should be familiar with the Practice's own note-keeping system. First six weeks.
- 1.3.8. The Doctor should be familiar with the Practice library and other sources of information. First six weeks.

1.4. **Socio-political**

Registrars should appreciate the relationship between Primary Health Care and other systems of delivery of care and the effects of significant changes in health and care delivery. In particular, they should understand form and functions of:-

- 1.4.1. The NHS. Concepts of the internal market, the purchase of/provider split, the GPs role as a purchaser and as a provider.
- 1.4.2. GP Fundholding. With the loss of the basic criteria, functions and outcomes.
- 1.4.3. Health Authority. Organisation of Primary Care and relationship of the Health Authority to other NHS structures. The development of the Primary Care Contract and the Government White Papers published throughout the nineties.
- 1.4.4. The regulatory role of the GMC.
- 1.4.5. The LMC, GMS and other GP representative bodies.
- 1.4.6. Structure of functions of all representative and advisory bodies and the role of the Royal College of General Practitioners.
- 1.4.7. Primary Health Care Teams. Their structure and the role of all individuals within the team. First six weeks.
- 1.4.8. Caring agencies other than Health Service based. Patient care groups, voluntary agencies, Social Services, local authority agencies e.g. housing and education and Citizens Advice Bureau.
- 1.4.9. The place and value of home visits in family medicine.

1.5. **Public and Community Health**

- 1.5.1. Individual/population health. The Doctor should know how to identify individual patients and cohorts of patients. Appreciate necessary interventions to ensure the health of the community (or parts of it), understand the relationship between the health of individuals and the health of the community e.g. communicable diseases and coronary artery disease.
- 1.5.2. The health of a nation. The Doctor should be aware of the health of the nation document and appreciate the role of the GP in meeting targets for his Practice/community.
- 1.5.3. Care in the Community. The Doctor should understand the implementation of developments in Community Care, including specific and general areas such as early hospital discharge, health needs assessment of patients of the patients requiring social care.
- 1.5.4. Geniology. The Doctor should understand risk in risk factors, terminology and definition e.g. standard mortality ratio. Spread of disease.

- 1.5.5. Statistics. The Doctor should have a grasp of basic statistics with an ability to interpret statistical information and an understanding of the relevance of basic statistical tests, theory and practice of research/trials.
- 1.5.6. Unrecognised needs. The Doctor should have an understanding of the principals and practice of screening and case finding.
- 1.5.7. Evaluation of health care. The Doctor should have a recognition and understanding of the principals and practice of research, development and borderative structure, process and outcome of delivery of health care.

1.6. **The Environment and Health**

The Doctor requires appropriate depth and breadth of knowledge of:-

- 1.6.1. Occupational Health.
- 1.6.2. Occupational Health Service and the relationship to Primary Health Care.
- 1.6.3. Environment Health, Hazards and their avoidance.

1.7. **Medico-Legal Aspects of Primary health care.**

The Doctor should be aware of legislation which affects the delivery of Primary Health Care.

- 1.7.1. Conditions and terms of service.
- 1.7.2. Unemployment Law.
- 1.7.3. Health and Safety at work.
- 1.7.4. COSHH regulations.
- 1.7.5. Mental Health Act.
- 1.7.6. The Abortion Act.
- 1.7.7. Misuse of Drugs.
- 1.7.8. The Road Traffic Act.
- 1.7.9. The Data Protection Act.
- 1.7.10. The Childrens' Act.
- 1.7.11. Product Liability.
- 1.7.12. Access to Medical Reports.
- 1.7.13. Legal requirements in providing Medical Certificates. First Six Weeks
- 1.7.14. Procedures to follow in the event of a death. First Six Weeks

2. **SKILLS.**

2.1. **Problem Solving**

The Doctor should be able to demonstrate an ability to:-

- 2.1.1. Define the problem/make an early diagnosis. In order to do this he/she will make use of selective history taking leading to hypothesis formation and problems solving involving a selective examination and selective investigation.
- 2.1.2. Accurately interpret information gathered.
- 2.1.3. Consider appropriate options at all stages.
- 2.1.4. Make relevant and full use of probabilities and prioritisation to the probabilities.
- 2.1.5. Live with uncertainty.
- 2.1.6. Incorporate the patient's beliefs into potential solutions.
- 2.1.7. Consider the holistic nature of the patient's problems.
- 2.1.8. Intervene appropriately in terms of time and relevant action. In addition the Doctor will be able to anticipate the significant consequences of such action.

2.2. **Communication**

The Trainee will be able to:-

- 2.2.1. Demonstrate effective communication by various methods e.g.
 - a) verbal, either face to face or on the 'phone.
 - b) Written letters and reports.
 - c) Referrals - the Doctor will be able to construct an appropriate referral letter. First Six Weeks
- 2.2.2. Demonstrate all elements of consultation skills and the ability to analyse his/her consultation into component skills.

The Doctor will be aware of the objective of the consultation. First Six Weeks

Beware of consultation theory and methods of consultation analysis.
- 2.2.3. Develop necessary computer literacy.
- 2.2.4. Produce clear, concise and relevant medical records by any appropriate means including written.
- 2.2.3. Management. The Doctor will be able to demonstrate those skills regarded as part of general management.
- 2.3.1. Delegation of duties/work.

- 2.3.2. Principals and practice of team work including inter - personal relationships.
- 2.3.3. Awareness of Practice Business Finance.
- 2.3.4. Personnel selection.
- 2.3.5. Awareness of cost rent and Health Authority provided premises and the arrangements for funding of these.
- 2.3.6. Coping with uncertainty, particularly at times of change and the ability to manage change.
- 2.3.7. Effective and efficient use of time.

2.4. **Clinical Skills.**

The Doctor should be able to:-

- 2.4.1. Examine each system and each organ proficiently. Summative Assessment.
- 2.4.2. Undertake examination with appropriate consideration of the patient's needs and feelings. Summative Assessment.
- 2.4.3. The Doctor is unable to undertake a mental state examination. Summative Assessment.
- 2.4.4. The Doctor is able to use an auroscope. Summative Assessment.
- 2.4.5. The Doctor is able to use an ophthalmoscope. Summative Assessment.
- 2.4.6. The Doctor is able to use a sphygmomanometer. Summative Assessment.
- 2.4.7. The Doctor is able to appropriately use a stethoscope. Summative Assessment.
- 2.4.8. The Doctor is able to use a Peak Flow Meter. Summative Assessment.
- 2.4.9. The Doctor is able to provide a vaginal examination. Summative Assessment.
- 2.4.10. The Doctor is able to use a vaginal speculum. Summative Assessment.
- 2.4.11. The Doctor is able to perform a cervical smear. Summative Assessment.
- 2.4.12. The Doctor is able to perform a rectal examination. Summative Assessment.
- 2.4.13. The Doctor is able to give an intravenous injection. Summative Assessment.
- 2.4.14. The Doctor is able to give an intramuscular or subcutaneous injection. Summative Assessment.
- 2.4.15. Minor Surgery. The Doctor should have the skills and expertise to provide minor surgery to:
 - Lacerations.
 - Contusions and abrasions.
 - Incision and drainage of septic fingers.
 - Incision and drainage of abscesses.
 - Wedge resections of toenails/removal of toenails.
 - Cryotherapy/cautery to warts.
 - Injection of varicose veins.
 - Injection of haemorrhoids.
 - Excision of minor lumps.
 - Tapping of hydroceles.
- 2.4.16. In addition it would be desirable for the Doctor to have skills to:
 - Perform an acitic tap.
 - Perform a pleural tap.
 - Insert a chest drain.
- 2.4.17. The Doctor should have necessary skills and experience to undertake Child Health Surveillance.
- 2.4.18. The Doctor should have the necessary skills to perform

resuscitation and cardio-pulmonary life support .

R.C.G.P. Exam.

- 2.4.19. The Doctor should have the skill to undertake:
- A cervical smear.
 - Remove cervical polyps.
 - Remove foreign bodies from the vagina.
 - Insert an IUCD.
 - Fit an occlusive diaphragm.
 - Fit a vaginal ring.
- 2.4.20. The Doctor should have the skill to syringe ears, examine the auditory and labyrinthine functions, use an audiometer, examine the larynx using a head mirror.
- 2.4.21. The Doctor should have the experience to examine the visual acuity and fields of vision and funduscopy.

3. ATTITUDES

3.1. To Self and Others.

The Doctor should be able to:

- 3.1.1. Hold an awareness of his/her own values, beliefs and attitudes and how they affect his/her provision of health care.
 - 3.1.2. Recognise his/her own strengths and weaknesses.
 - 3.1.3. Recognise inappropriate or abhorrent behaviour, in self, colleagues and patients.
 - 3.1.4. Recognise a sick colleague and respond appropriately.
 - 3.1.5. Maintain his/her physical, psychological and social well being, maintain his/her own self respect and self confidence, and understand possible sequel of any variation.
 - 3.1.6. Recognise the influence of culture or religion on effective and efficient health care undertaken by him/her.
 - 3.1.7. To find the influence of external commands e.g. family or finance on the GP's work and strategies for coping with such influences in order to maintain an acceptable balance.
 - 3.1.8. Recognise the limitations, strengths and weaknesses in others.
 - 3.1.9. Maintain an awareness of the stresses of work and develop strategies to cope with these stresses.
 - 3.1.10. Maintain an ability to give and receive criticism.
 - 3.1.11. Maintain a commitment to the pursuit of excellence in Practice.
- 3.2. The Trainee shall demonstrate his appreciation of unjustified action on a wide range of ethical issues such as:
- 3.2.1. The quality of human life - in particular an awareness of the ethical issues surrounding abortion and euthanasia.
 - 3.2.2. Confidentiality.
 - 3.2.3. Rationing of health service resources and health care.
 - 3.2.4. Specific issues such as the prescribing of the pill for underage girls.
- 3.3. Some personal attributes and values can be regarded as fundamental to the caring GP
- 3.3.1. Empathy and a willingness to care at an appropriate level.
 - 3.3.2. Respect for and interest in people, not vehicles of pathology.

- 3.3.3. Tolerance, flexibility and respect for the views of others including patients, peers and teachers.
- 3.3.4. Willingness to accept appropriate responsibility for personal and continuing care for his/her patients and for colleagues and staff within the Practice.

3.4. **Personal and Professional Growth.**

During training in a General Practice the seeds will be sown for a Doctor's continued development throughout his/her professional working life. He/she should be able to demonstrate.

- 3.4.1. Recognition of strengths and weaknesses and performances as a Doctor and educational needs to correct weaknesses. He/she will be prepared to make use of:
 - a) Audit/performance review.
 - b) Peer Group review.
 - c) Constructive criticism from others.
 - d) other appropriate methods of formative assessment.
- 3.4.2. A commitment to continued medical education to fulfill identified needs.
- 3.4.3. A commitment to continued reading and an ability to read critically.
- 3.4.4. An ability to adapt to changing needs of individual patients and the community and to produce positive change in self and others.
- 3.4.5. An ability to adapt to changes in the health care system produced by NHS regulation.
- 3.4.6. Clear, critical thinking and an ability to justify decision.
- 3.4.7. Continuing motivation of self and others.
- 3.4.8. Understanding of one's own fallibility and the limits of one's own clinical competence.