



## RCGP Curriculum Changes to learning outcomes, March 2009

These changes to learning outcomes will apply to GP trainees beginning their training from August 2009 onwards.

### Curriculum statement 1: Being a General Practitioner

	Page reference	Change made
<b>Learning Outcomes</b>		
1.	Statement 1 page 8 'Domain 1 – Primary Care Management'	Replace 'Trainee physicians' with 'Specialist registrars (GP)': 'Specialist registrars (GP) must learn the importance of supporting patients' decisions about the management of their health problems and communicating how that care will be delivered by the NHS team as a whole.'
2.	Statement 1 page 10 'Domain 3 – Specific problem solving skills'	Replace 'trainees' with 'specialist registrars (GP)': 'Because most learning occurs in secondary care environments, many specialist registrars (GP) find it hard to adjust to the differences in problem-solving between general practice and hospital work.'

### Curriculum statement 3.2: Patient Safety

	Page reference	Change made
3.	Statement 3.2 page 7 'Primary care management', bullet 4 page 9 'Scientific aspects', bullet 1	Delete <a href="http://www.saferhealthcare.org.uk">www.saferhealthcare.org.uk</a> from these two bullet points

### Curriculum statement 3.3 Clinical Ethics and Values-Based Practice

	Page reference	Change made
4.	Statement 3.3 page 7 'Primary care management'	Add new learning outcome: 'Ability to recognize the needs and values of carers and their impact on patient care.'
5.	Statement 3.3 page 7 'Person-centred care'	Add new learning outcome: 'Ability to apply the law relating to making decisions for people who lack capacity to the particular context of primary care.'
6.	Statement 3.3 page 7 'Person-centred care'	Add new learning outcome: 'Understanding of the relationship between the interests of patients and the interests of their carers.'

### Curriculum statement 3.5: Evidence-Based Practice

	Page reference	Change made
7.	Statement 3.5 page 7, 'Core evidence-based practice competences'	Add to first bullet point : 'All GPs should be able to: <ul style="list-style-type: none"> <li>• Ask the 'right questions' following a consultation or query from a patient, to enable an efficient search to: <ul style="list-style-type: none"> <li>- Find the appropriate literature ...'</li> </ul> </li> </ul>
8.	Statement 3.5 page 7, 'Person-centred care'	Amend first bullet point : 'The GP should have the ability to: <ul style="list-style-type: none"> <li>• Demonstrate the skills to offer patients health choices based on evidence: so that an informed discussion can take place taking into account the patient's values and motivation'</li> </ul>
9.	Statement 3.5 page 8, 'Person-centred care'	Amend sixth bullet point: <ul style="list-style-type: none"> <li>• 'Demonstrate an understanding of how the doctor-patient relationship can be used to reconcile the patient's personal objectives (which are values driven) and solutions to medical problems (which should be value neutral)'</li> </ul>
10.	Statement 3.5 page 8, 'A comprehensive approach'	Amend first bullet point: <ul style="list-style-type: none"> <li>• 'Demonstrate an understanding of what the limitations of evidence are in patients with chronic disease or the very elderly (who are often excluded from trials) in primary care: <ul style="list-style-type: none"> <li>- there are no agreed definitions for chronic disease (e.g. asthma, heart failure, hypercholesterolaemia, depression), which makes applying best practice complex especially as GPs frequently deal with mild disease or diseases in the very early stages, unlike research evidence, which often uses patients where the disease is established'</li> </ul> </li> </ul>
11.	Statement 3.5 page 8, 'A comprehensive approach'	Amend second bullet point: <ul style="list-style-type: none"> <li>• 'Demonstrate an understanding that where there are no agreed definitions there are implications for the collection of epidemiological data for audit.'</li> </ul>

### Curriculum statement 3.5: Evidence-Based Practice (continued)

	Page reference	Change made
12.	Statement 3.5 page 8, 'A comprehensive approach'	Amend third bullet point: <ul style="list-style-type: none"> <li>'Demonstrate an understanding that trials looking at therapeutic interventions may come from studies that exclude patients with significant co-morbidity (co-morbidity is a common reason for exclusion from randomised controlled trials (RCTs) and exclusion is not always justified).'</li> </ul>
13.	Statement 3.5 page 8, 'Community orientation'	Add new bullet point : <ul style="list-style-type: none"> <li>'Include the cultural values of the patient and his circumstances in the discussion'</li> </ul>
14.	Statement 3.5 page 8-9, 'A holistic approach'	Delete sentence in parentheses from bullet point 1
15.	Statement 3.5 page 9, 'Contextual aspects'	Amend section. 'The GP should have the ability to: <ul style="list-style-type: none"> <li>Demonstrate awareness that evidence-based practice is not merely searching for randomized controlled trials, and needs the practitioner to understand that not all questions have a directly available answer. Evidence may come from an RCT or may be from qualitative research or a narrative based paper depending on the type of question asked i.e. the art of the science of EBP is to look for the best available evidence and to use this to inform the discussion with the patient'</li> </ul>

### Curriculum statement 4.2: Information Management and Technology

	Page reference	Change made
16.	Statement 4.2 page 9 'Primary care management'	Add 'patient consent' to bullet point: 'Demonstrate an understanding of information governance, patient consent and privacy issues that relate to the sharing of electronic health records, and the central storage of health information (e.g. that is proposed by NHS Connecting for Health)'
17.	Statement 4.2 page 9 'Primary care management'	Add text to bullet point: 'Demonstrate an understanding of the power of reporting from clinical systems for personal/practice audit and data analysis; and for comparisons with other practices that assist in setting the agenda for improving quality of care and recording of care'
18.	Statement 4.2 page 10 'Specific problem-solving skills'	First bullet point - delete 'PRODIGY'; add 'Map of Medicine': 'Demonstrate effective use of expert and web-based information systems, e.g. MENTOR & Map of Medicine.'

### Curriculum statement 13: Care of People with Mental Health Problems

	Page reference	Change made
19.	Statement 13 page 13, 'The knowledge base – common and/or important conditions'	Delete reference to Appendix 3

### Curriculum statement 15.1: Cardiovascular Problems

	Page reference	Change made
20.	Statement 15.1 page 7 'Primary care management'	Add 'stroke/TIA' to bullet point 3: 'Make timely appropriate referrals on behalf of patients to specialist services, especially to rapid-access chest pain, stroke/TIA and heart failure clinics.'
21.	Statement 15.1 page 8 'The knowledge base – investigations'	Add 'CT/MRI, carotid doppler examination' to bullet point 5: 'Knowledge of secondary care investigations and treatment including echocardiography, 24-hour arrhythmia monitoring, venography, CT/MRI, carotid doppler examination, invasive procedures such as angioplasty, coronary artery bypass grafting.'

### Curriculum statement 15.4: ENT and Facial Problems

	Page reference	Change made
22.	Statement 15.4 page 10 'Scientific aspects'	Change 'Prodigy' to 'Clinical Knowledge Summaries': 'Understand and implement the key national guidelines that influence healthcare provision for ENT problems, e.g. Clinical Knowledge Summaries.'