



## RCGP Curriculum Amendments change log, June 2011

This log shows the changes which have been made to learning outcomes in the following curriculum statements:

- 2 The General Practice Consultation
- 3.1 Clinical governance
- 3.2 Patient safety
- 7 Care of acutely ill people
- 11 Sexual health
- 12 Care of people with cancer & palliative care
- 14 Care of people with learning disabilities
- 15.1 Cardiovascular problems
- 15.6 Metabolic problems

These changes will apply to GP trainees beginning their training from August 2011 onwards.

New text is shown in red. Deleted text is crossed through in black.

### Curriculum statement 2: The GP Consultation

	Page reference (in track-changed version of statement)	Change made
1	Statement 2, page 9 'Learning outcomes'	<i>Text of learning outcome amended:</i> <ul style="list-style-type: none"><li>• Demonstrating in the consultation:<ul style="list-style-type: none"><li>○ .....</li><li>○ an ability to deploy successfully the characteristics represented by the <del>MRCGP assessment criteria</del> <b>COT Performance Criteria</b></li></ul></li></ul>

### Curriculum statement 3.1: Clinical governance

	Page reference (in track-changed version of statement)	Change made
1	Statement 3.1, page 6 'Primary care management'	<p><i>Text of learning outcome amended:</i></p> <ul style="list-style-type: none"> <li>• Describe the elements <b>seven components</b> of clinical governance: <ul style="list-style-type: none"> <li>○ <del>quality improvement (including clinical audit)</del></li> <li>○ <del>leadership</del></li> <li>○ <del>evidence-based practice</del></li> <li>○ <del>dissemination of good practice, ideas and innovation</del></li> <li>○ <del>Clinical Risk Reduction</del></li> <li>○ <del>detection of adverse events</del></li> <li>○ <del>learning lessons from complaints</del></li> <li>○ <del>addressing poor clinical performance</del></li> <li>○ <del>professional development programmes</del></li> <li>○ <del>high-quality data and record keeping</del></li> <li>○ <b>clinical effectiveness (evidence-based practice)</b></li> <li>○ <b>risk effectiveness (patient safety)</b></li> <li>○ <b>patient experience and partnership</b></li> <li>○ <b>leadership, team working and communication</b></li> <li>○ <b>resource effectiveness</b></li> <li>○ <b>strategic effectiveness</b></li> <li>○ <b>learning effectiveness</b></li> </ul> </li> </ul>
2	Statement 3.1, page 6 'Primary care management'	<p><i>New text added to learning outcome:</i></p> <ul style="list-style-type: none"> <li>• Describe the relationship between clinical governance, continuing professional development, appraisal and revalidation, <b>including the requirements for revalidation, and describe the process and roles of the GP, the responsible officer, the RCGP and the GMC.</b></li> </ul>
3	Statement 3.1, page 6 'Primary care management'	<p><i>New learning outcomes added:</i></p> <ul style="list-style-type: none"> <li>• <b>Be familiar with the RCGP guide to revalidation, and the requirements for strengthened medical appraisal (<a href="http://www.rcgp.org.uk">www.rcgp.org.uk</a>) and the RCGP revalidation portfolio.</b></li> <li>• <b>Understand the concept of variation in clinical care, how it is determined and measured and what actions might need to be taken to address inappropriate variation, for example in referrals, prescribing, admissions.</b></li> </ul>
4	Statement 3.1, page 7 'Specific problem-solving skills'	<p><i>New learning outcome added:</i></p> <ul style="list-style-type: none"> <li>• <b>Describe how practice systems can be used to analyse practice performance.</b></li> </ul>
5	Statement 3.1, page 7 'Specific problem-solving skills'	<p><i>Text of learning outcome amended:</i></p> <ul style="list-style-type: none"> <li>• <del>Conduct a</del> <b>Describe when an improvement project would help patient care and consider undertaking an evaluation e.g. audit or PDSA cycle (plan-do-study-act).</b></li> </ul>
6	Statement 3.1, page 8 'A comprehensive approach'	<p><i>New learning outcomes added:</i></p> <ul style="list-style-type: none"> <li>• <b>Explain the importance of good clinical governance and its key components in a practice.</b></li> <li>• <b>Understand principles of improvement methodology to facilitate change.</b></li> </ul>
7	Statement 3.1, page 8	<p><i>New learning outcome added:</i></p>

	'Community orientation'	<ul style="list-style-type: none"> <li>Describe approaches to improving access to services for hard-to-reach groups.</li> </ul>
8	Statement 3.1, page 9 'Attitudinal aspects'	<p><i>Text of learning outcome amended:</i></p> <ul style="list-style-type: none"> <li>Identify ethical aspects of clinical practice (prevention, diagnostics, therapy, factors that influence lifestyles) tensions inherent in governance processes and resource allocation.</li> </ul>
9	Statement 3.1, page 9 'Attitudinal aspects'	<p><i>New learning outcome added:</i></p> <ul style="list-style-type: none"> <li>Demonstrate a commitment to clinical excellence and patient safety, to monitoring the quality of care provided and to accounting for it to peers, patients and the NHS.</li> </ul>
10	Statement 3.1, page 9 'Scientific aspects'	<p><i>New text added to learning outcome:</i></p> <ul style="list-style-type: none"> <li>Access, read and assess medical literature and guidelines critically</li> </ul>
11	Statement 3.1, page 9 'Scientific aspects'	<p><i>New learning outcome added:</i></p> <ul style="list-style-type: none"> <li>Prepare folder for GP appraisal and revalidation containing relevant evidence.</li> </ul>

There are also updates in the 'Further reading' and 'Promoting learning' sections (pages 11-14).

### Curriculum statement 3.2: Patient Safety

	Page reference (in track-changed version of statement)	Change made
1	Statement 3.2, page 5 'Primary care management'	<p><i>New learning outcomes added:</i></p> <ul style="list-style-type: none"> <li>• Know how organisations and individuals can learn to improve systems by analysing patient safety incidents and near misses.</li> <li>• Describe how the analysis of patient safety incidents can enhance rather than undermine professional integrity and performance.</li> </ul>
2	Statement 3.2, page 6 'Community orientation'	<p><i>Text of learning outcome amended:</i></p> <ul style="list-style-type: none"> <li>• Be able to make contact with the local <del>Patient Advocacy Liaison Service (PALS)</del> patient representative body (Healthwatch or equivalent support team) and be aware of the current pattern of patient comments.</li> </ul>
3	Statement 3.2, page 7 'Contextual aspects'	<p><i>New learning outcome added:</i></p> <ul style="list-style-type: none"> <li>• Comment on the use of situational awareness theories<sup>i</sup></li> </ul> <p><sup>i</sup> e.g. 'The three bucket model' proposed by James Reason (<a href="http://www.npsa.nhs.uk">www.npsa.nhs.uk</a>) where each bucket is variably filled according to the context, the domestic feelings of the doctor and the complexity of the task</p>
4	Statement 3.2, page 7 'Attitudinal aspects'	<p><i>New learning outcome added:</i></p> <ul style="list-style-type: none"> <li>• Help to shape an organisational culture that prioritises safety and quality through openness, honesty, shared learning and continual incremental improvement.</li> </ul>

There are also updates in the 'Further reading' section (page 8).

## Curriculum statement 7: Care of Acutely Ill People

	Page reference (in track-changed version of statement)	Change made
1	Statement 7, page 5 'Primary care management'	<p><i>New learning outcomes added:</i></p> <ul style="list-style-type: none"> <li>• Be aware of the presentation of common severe illnesses and where symptoms may be confused with less severe illnesses</li> <li>• Be able to recognise those illnesses where immediate action is needed to reduce death and significant morbidity</li> </ul>
2	Statement 7, page 6 'Person-centred care'	<p><i>New learning outcomes added:</i></p> <ul style="list-style-type: none"> <li>• Understand the way in which different individuals place emphasis on different symptoms</li> <li>• Understand how patients from different cultures and social backgrounds may interpret and report symptoms.</li> </ul>
3	Statement 7, page 6 'Specific problem-solving skills'	<p><i>New learning outcomes added:</i></p> <ul style="list-style-type: none"> <li>• Be able to undertake an appropriate evaluation of a patient's presentation without access to their medical records</li> <li>• Understanding the different context of communication in an OOH presentation and how to modify your own communication skills to accommodate this</li> <li>• Understanding of the different communication skills required in talking to patients or their representatives on the telephone and effectively assessing the presented situation in order to deliver appropriate patient care</li> <li>• Know how, when and why to involve other professionals</li> </ul>
4	Statement 7, page 7 'Community orientation'	<p><i>New learning outcomes added:</i></p> <ul style="list-style-type: none"> <li>• Understand the wider community of the population of patients presenting to the out of hours service</li> <li>• Understand the other sources of help that they may access for urgent and unscheduled care.</li> </ul>
5	Statement 7, page 7 'A holistic approach'	<p><i>New learning outcomes added:</i></p> <ul style="list-style-type: none"> <li>• Be aware of how different communities respond to and manage episodes of acute illness</li> <li>• Be aware of the varying beliefs that patients have about the need to ask for medical help with regard to similar symptoms</li> </ul>
6	Statement 7, page 7 'Contextual aspects'	<p><i>New learning outcomes added:</i></p> <ul style="list-style-type: none"> <li>• Understanding your ability to work in a busy and time pressured environment</li> <li>• Being aware of how you respond to stress</li> <li>• Managing adequate rest and relaxation</li> <li>• Understanding the organisational aspects of the OOH provider organisation</li> <li>• Ensuring you are informed about the administrative and communication processes of the OOH provider, including handover to the patient's GP, familiarity with the IT and patient recording processes</li> <li>• Awareness and use of the COGPED guidance for OOH training guidance</li> </ul>
7	Statement 7, page 8 'Attitudinal aspects'	<p><i>New learning outcomes added:</i></p> <ul style="list-style-type: none"> <li>• Understanding the value of effective team work in the OOH situation and the</li> </ul>

		<p>roles and responsibilities of all staff both administrative and clinical</p> <ul style="list-style-type: none"> <li>• Recognising your personal attitudes to patients who may request unscheduled care inappropriately as part of an unorganised lifestyle</li> <li>• Demonstrating good practice in the recording of learning areas encountered in the OOH session in order to consolidate learning goals that may need to be addressed at a later time and date.</li> </ul>
8	Statement 7, page 8 'Scientific aspects'	<p><i>New learning outcomes added:</i></p> <ul style="list-style-type: none"> <li>• Understanding the factors that affect the demand for OOH and unscheduled primary care in different communities</li> <li>• Understanding the information that OOH providers use to audit and map the service that they provide.</li> </ul>

There are also updates in the 'Further reading' and 'Promoting learning' sections (pages 10-12) and to Appendices 1 and 3 (pages 10-12).

## Curriculum statement 11: Sexual Health

	Page reference (in track-changed version of statement)	Change made
1	Statement 11, page 7 'Primary care management'	<i>New text added to learning outcome:</i> <ul style="list-style-type: none"> <li>Coordinate care and make timely, appropriate referrals on behalf of patients to specialist services, especially to appropriate gynaecologists, sexual and reproductive health specialists, genito-urinary specialists, urologists, specialists in infectious diseases and specialists in sexual dysfunction - <b>knowing the boundaries of what is reasonably practicable in General Practice.</b></li> </ul>
2	Statement 11, page 7 'Primary care management'	<i>New learning outcome added:</i> <ul style="list-style-type: none"> <li><b>Perform an appropriate risk assessment through history taking</b></li> </ul>
3	Statement 11, page 7 'Primary care management'	<i>New text added to learning outcome:</i> <ul style="list-style-type: none"> <li>Manage common presenting signs and symptoms which will require subsequent examination, investigation, treatment and/or referral, as appropriate, including: <ul style="list-style-type: none"> <li>...</li> <li><b>human papilloma virus (HPV)</b></li> </ul> </li> </ul>
4	Statement 11, page 8 'Primary care management'	<i>New text added to learning outcome:</i> <ul style="list-style-type: none"> <li>Understand how to recognise common and/or important sexual health conditions in men and women within primary care, including: <ul style="list-style-type: none"> <li>...</li> <li><b>sexual dysfunction/ sexual addiction</b></li> </ul> </li> </ul>
5	Statement 11, page 8 'Primary care management'	<i>New text added to learning outcome:</i> <ul style="list-style-type: none"> <li>Be familiar with the following investigations: <ul style="list-style-type: none"> <li>...</li> <li><b>blood tests for HIV and syphilis, and their limitations</b></li> </ul> </li> </ul>
6	Statement 11, page 8 'Primary care management'	<i>New text added to learning outcome:</i> <ul style="list-style-type: none"> <li>Demonstrate a working knowledge of the following treatments which are offered, or affect primary care provision : <ul style="list-style-type: none"> <li>...</li> <li>contraception – effectiveness rates, risks, benefits and appropriate selection of patients for all methods, including methods of emergency contraception. <b>Refer to the UK Medical Eligibility Criteria for Contraceptive use.</b></li> </ul> </li> </ul>
7	Statement 11, page 8-9 'The knowledge base'	<i>This section has been deleted and the content moved into other learning outcomes</i>
8	Statement 11, page 11 'A comprehensive approach'	<i>New text added to learning outcome:</i> <ul style="list-style-type: none"> <li>Describe the screening programmes in use in the UK and the benefits, limitations and need for informed consent (<b>e.g Chlamydia Screening Programme, Cervical Screening</b>).</li> </ul>

9	Statement 11, page 11 'A comprehensive approach'	<i>New text added to learning outcome:</i> <ul style="list-style-type: none"> <li>• Examples of Sexual Health Promotion opportunities in Primary Care: <ul style="list-style-type: none"> <li>○ ...</li> <li>○ Human papilloma virus (HPV) vaccination programme</li> </ul> </li> </ul>
10	Statement 11, page 11 'Community orientation'	<i>New learning outcome added:</i> <ul style="list-style-type: none"> <li>• Consider commissioning/provider issues for a locality need with a view to improving services, setting direction and managing services e.g religious circumcision provision, sexual health outreach for sex workers.</li> </ul>
11	Statement 11, page 12 'Contextual aspects'	<i>New learning outcome added:</i> <ul style="list-style-type: none"> <li>• Be aware of the debate surrounding the effectiveness of the Chlamydia Screening Programme and suggestions to widen HIV testing to general practice new patient registration checks in high prevalence areas.</li> </ul>
12	Statement 11, page 12 'Attitudinal aspects'	<i>New learning outcomes added:</i> <ul style="list-style-type: none"> <li>• Ensure sensitivity to particular cultural beliefs and patient choice e.g. the need for a female practitioner.</li> <li>• Be aware of your competence to perform procedures especially if you do not perform them regularly or have not had approved training.</li> </ul>
13	Statement 11, page 13 'Psychomotor skills'	<i>New text added:</i> <ul style="list-style-type: none"> <li>• Take microbiology and virology swabs from the throat and ano-genital areas.</li> </ul>

There are also updates in the 'Promoting learning' section (page 16).

## Curriculum statement 12: Care of people with cancer and palliative care

	Page reference (in track-changed version of statement)	Change made
1	Statement 12, page 7 'Primary care management'	<i>New learning outcome added:</i> <ul style="list-style-type: none"> <li>• Knowledge of the Gold Standards Framework in primary care.</li> </ul>
2	Statement 12, page 7 'Primary care management'	<i>New text added to learning outcome:</i> <ul style="list-style-type: none"> <li>• The ability to attend to the full range of physical, social and spiritual needs of the patient, family and carer(s).</li> </ul>
3	Statement 12, page 7 'Specific problem-solving skills'	<i>New text added to learning outcome:</i> <ul style="list-style-type: none"> <li>• The ability to manage distressing symptoms, e.g. nausea, pain, shortness of breath and confusion.</li> </ul>
4	Statement 12, page 7 'Specific problem-solving skills'	<i>New learning outcome added:</i> <ul style="list-style-type: none"> <li>• Knowledge of suitable drugs combinations.</li> </ul>
5	Statement 12, page 8 'A comprehensive approach'	<i>New text added to learning outcome:</i> <ul style="list-style-type: none"> <li>• The ability to counsel and explain for patients and their carers: <ul style="list-style-type: none"> <li>○ risk of disease</li> <li>○ behaviour change</li> <li>○ treatment options</li> <li>○ symptom control</li> <li>○ disease progression</li> <li>○ processes around death and dying</li> <li>○ advance care planning</li> <li>○ normal and abnormal bereavement</li> </ul> </li> </ul>
6	Statement 12, page 8 'Community orientation'	<i>Text of learning outcome amended:</i> <ul style="list-style-type: none"> <li>• Understand the current population trends in the prevalence of risk factors and cancer terminal illness in the community.</li> </ul>
7	Statement 12, page 8 'Contextual aspects'	<i>New learning outcome added:</i> <ul style="list-style-type: none"> <li>• Knowledge of the GMC's document on end-of-life care with case examples.</li> </ul>
8	Statement 12, page 8 'Attitudinal aspects'	<i>New text added to learning outcome:</i> <ul style="list-style-type: none"> <li>• Knowledge of their own personal attitudes and experiences that can affect their attitude towards patients with cancer or who are dying, e.g. <ul style="list-style-type: none"> <li>○ The doctor's cultural values and/or religious beliefs which might make it difficult for them to be non-judgemental about their patients' decisions at the end of their life</li> <li>○ Personal life events, such as deaths in the family, which make full clinical engagement a test of their professionalism</li> </ul> </li> </ul>

9	Statement 12, page 9 'Scientific aspects'	<p><i>New learning outcomes added:</i></p> <ul style="list-style-type: none"> <li>• Understanding of the evidence base for care at the end of life, which is less rigorous because there are very few trials available.</li> <li>• Understanding of the difficulty of running double-blinded randomised controlled trials in patients who are dying.</li> <li>• Understanding of the wide use of alternative therapies for the patient's comfort rather than debating the lack of evidence</li> </ul>
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There are also updates in the 'Further reading' and 'Promoting learning' sections (pages 11-14).

## Curriculum statement 14: Care of people with learning disabilities

	Page reference (in track-changed version of statement)	Change made
1	Statement 14, page 7 'Primary care management'	<i>Text of learning outcome amended:</i> Demonstrate an awareness of likely associated conditions, and the knowledge of where to obtain specialist help and advice the high mortality, the high morbidity and the difference in morbidity compared to the rest of the population.
2	Statement 14, page 7 'Primary care management'	<i>New learning outcomes added:</i> <ul style="list-style-type: none"> <li>• Demonstrate an understanding of supporting adolescents with intellectual disability as they become adults and no longer have the multidisciplinary support of community paediatricians.</li> <li>• Demonstrate an ability to create and maintain a register of adults with intellectual disability in the practice and correlate this to the shared local PCT and social services registers.</li> <li>• Demonstrate an ability to understand the importance of the annual health check to an adult with intellectual disability.</li> <li>• Demonstrate an ability to manage and undertake annual health checks within the primary care team and arrange the necessary referrals and follow up of conditions detected by tailoring chronic disease management to the particular needs of this group of the practice population.</li> <li>• Demonstrate their understanding of the role of the GP to ensure equal access to mainstream services ensuring those services make "reasonable adjustment" to the needs of patients with intellectual disability whenever that is needed.</li> </ul>
3	Statement 14, page 7 'Person-centred care'	<i>Text of two learning outcomes amended:</i> <ul style="list-style-type: none"> <li>• <del>Demonstrate respect for the patient's autonomy, which may be limited, and an awareness of how communicating via carers may skew the doctor-patient relationship.</del></li> <li>• <del>Demonstrate an awareness of residential situations, and attendance at day centres.</del></li> <li>• Demonstrate respect for the patient's rights to make decisions about some aspects of their lives in accordance with the Mental Capacity Act 2005 in England and Wales, common law in Northern Ireland and relevant legislation in Scotland.</li> <li>• Demonstrate an awareness of residential situations, and attendance at day centres and an awareness of how communicating via carers may affect the doctor-patient relationship.</li> </ul>
4	Statement 14, page 8 'Specific problem-solving skills'	<i>New learning outcome added:</i> <ul style="list-style-type: none"> <li>• Demonstrate an appreciation of the significance and prevalence of oropharyngeal disorders and dysphagia in patients with intellectual disability.</li> </ul>
5	Statement 14, page 8 'A comprehensive approach'	<i>New learning outcomes added:</i> <ul style="list-style-type: none"> <li>• Demonstrate an understanding of the psychiatric disorders prevalent in the adult with intellectual disability and how their diagnosis, detection and management differs particularly with regard to <ul style="list-style-type: none"> <li>○ emotional and behavioural disorders</li> <li>○ bereavement reactions</li> </ul> </li> </ul>

		<ul style="list-style-type: none"> <li>○ anxiety and depression</li> <li>○ schizophrenia</li> <li>○ bipolar affective disorder</li> <li>○ Alzheimer's disease</li> <li>○ Autistic Spectrum Conditions</li> </ul> <ul style="list-style-type: none"> <li>● Demonstrate an understanding of developmental disability and the disorders related to neurologically based disorders originating before birth and affecting the patient throughout life. In particular to understand the diagnosis and management of patients with autistic spectrum conditions</li> <li>● Demonstrate an understanding of how patients with borderline intelligence have difficulty coping with complex executive mental functions and how this can affect their behaviour</li> <li>● Demonstrate an understanding of how adults with intellectual disability are subject to poly-pharmacy and how this can be made safer.</li> </ul>
6	Statement 14, page 8 'A comprehensive approach'	<p><i>Text of learning outcome amended:</i></p> <ul style="list-style-type: none"> <li>● Demonstrate an understanding of how health promotion can be overlooked in the care of PWLD and the remedial steps, such as importance of tailoring health promotion that can be taken to the needs of this special group.</li> </ul>
7	Statement 14, page 8 'Community orientation'	<p><i>New learning outcome added:</i></p> <ul style="list-style-type: none"> <li>● Demonstrate an appreciation of the risk to adults with intellectual disability of physical, sexual and emotional abuse.</li> </ul>
8	Statement 14, page 9 'A holistic approach'	<p><i>New learning outcome added:</i></p> <ul style="list-style-type: none"> <li>● Demonstrate an understanding that by the time the patient with intellectual disability has reached adulthood the parents have gone through a different series of transitions to other parents and subsequently may go through a bereavement process differing from those whose child without intellectual disability dies.</li> </ul>
9	Statement 14, page 9 'Attitudinal aspects'	<p><i>New learning outcomes added:</i></p> <ul style="list-style-type: none"> <li>● Appreciate and be aware of your own feelings and attitudes to difficult decisions in the care of adults with intellectual disability.</li> <li>● Appreciate the emotional and sexual needs of adults with intellectual disability and how they can be expressed.</li> </ul>
10	Statement 14, page 9 'Scientific aspects'	<p><i>New text added to learning outcome:</i></p> <ul style="list-style-type: none"> <li>● Demonstrate an understanding of the evidence regarding the effectiveness of routine health interventions including annual health checks.</li> </ul>
11	Statement 14, page 9 'Scientific aspects'	<p><i>New learning outcome added:</i></p> <ul style="list-style-type: none"> <li>● Demonstrate the use of screening tests for adults with intellectual disability to detect neurological and psychiatric problems such as dementia and depression.</li> </ul>
12	Statement 14, page 10 'The knowledge base'	<p><i>This section has been deleted and the content moved into other learning outcomes.</i></p>

#### Other changes to statement 14:

The Introduction has been rewritten (pages 4-6)

There are updates in the 'Teaching a learning resources' section (pages 11-13).

Appendices 1 and 2 have been deleted.

## Curriculum statement 15.1: Cardiovascular problems

	Page reference (in track-changed version of statement)	Change made
1	Statement 15.1, page 5 'Primary care management'	<i>New text added to learning outcome:</i> <ul style="list-style-type: none"> <li>• Make an initial diagnosis to elicit the appropriate signs and symptoms, and subsequently investigate and/or refer patients presenting with symptoms (below) <b>that might be cardiac in origin, noting that in each case there will be a non-cardiac differential diagnosis:</b> <ul style="list-style-type: none"> <li>○ ...</li> <li>○ <b>dizziness and collapse</b></li> </ul> </li> </ul>
2	Statement 15.1, page 5 'Primary care management'	<i>New text added to learning outcome:</i> <ul style="list-style-type: none"> <li>• <b>Be able to manage cardiovascular conditions, including:</b> <ul style="list-style-type: none"> <li>○ ...</li> <li>○ thromboembolic disease (<b>PE and DVT</b>)</li> </ul> </li> </ul>
3	Statement 15.1, page 5 'Primary care management'	<i>New text added to learning outcome:</i> <ul style="list-style-type: none"> <li>• Coordinate <b>and commission</b> care with other primary care health professionals, cardiologists and other appropriate specialists, leading to effective and appropriate acute and chronic disease management including prevention, rehabilitation and palliative care for those with end stage cardiac failure.</li> </ul>
4	Statement 15.1, page 5-6 'The knowledge base'	<i>This section has been deleted and the content moved into other learning outcomes</i>
5	Statement 15.1, page 7 'Person-centred care'	<i>New learning outcome added:</i> <ul style="list-style-type: none"> <li>• <b>Consider how to involve the patient in self-monitoring and self management (for instance of hypertension)</b></li> </ul>
6	Statement 15.1, page 7 'Primary care management'	<i>New text added to learning outcome:</i> <ul style="list-style-type: none"> <li>• Demonstrate a reasoned approach to the diagnosis of cardiovascular symptoms (e.g. chest pain – see above) using history, examination, incremental investigations and referral. <b>Investigations you will be expected to understand and utilise include:</b> <ul style="list-style-type: none"> <li>○ ...</li> <li>○ 24-hour ambulatory blood pressure measurement <b>and ECG monitoring</b></li> </ul> </li> </ul>
7	Statement 15.1, page 8 'Scientific aspects'	<i>New text added to learning outcome:</i> <ul style="list-style-type: none"> <li>• Describe the key research findings that influence management of cardiovascular problems (e.g. heart protection study, <b>Framingham study, Interheart</b>).</li> </ul>

There are also updates in the 'Further reading' section (page 9-13).

## Curriculum statement 15.6: Metabolic problems

	Page reference (in track-changed version of statement)	Change made
1	Statement 15.6, page 9 'Scientific aspects'	<i>New text added to learning outcome:</i> <ul style="list-style-type: none"><li>Describe the key research findings that influence management of metabolic problems (e.g. UK Prospective Diabetes Study [UKPDS], Diabetes Control and Complications Trial [DCCT], <b>Action to control cardiovascular risk in Diabetes [ACCORD] and Action in Diabetes and vascular disease: preterax and diamicron modified release controlled evaluation [ADVANCE]</b>).</li></ul>

### Other changes to statement 15.6:

The Introduction has been updated (pages 4-5)

There are updates in the 'Further reading' section (pages 10-13).