



# GPSTP

The Curriculum in  
Hospital and General Practice  
– A simple guide

*Educational Solutions for Workforce Development*

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### Foreword:

GP Specialty Training has been undergoing dramatic and exciting development. Not only has there been expansion of dedicated GP training places, there is also inclusion of a wider variety of specialties than ever before in GP rotations.

Therefore, it has been particularly timely that the new RCGP Curriculum has been produced at this time. It has also been recognised that it is important to make this comprehensive resource accessible not only to the trainee and the trainer but also to an increasing breadth of our hospital colleagues.

The aim of the project was to produce a simple guide to help facilitate the implementation of the new curriculum. It is important to emphasise that we have not rewritten or condensed the curriculum. Furthermore, we have not been prescriptive on what experiences a trainee should have throughout their training. We recognise the challenges of maintaining service delivery and that local opportunity for training may vary. What we have aimed to develop is a starting point from which the trainee and their educators can develop their own individual development plan.

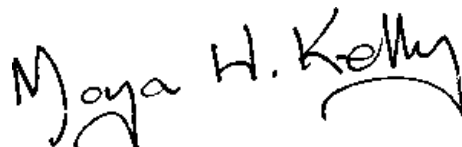
The suggestions in this document have used the new curriculum as a reference and the relevant sections of the curriculum have been highlighted as appropriate. By mapping the curriculum onto individual posts it is hoped that this document will help focus the learning opportunities specific to each post and give suggestions and guidance as to how the curriculum can be delivered in a practical way. By the same token, it is recognised that now may be the opportunity to look at developing new educational experiences including making further links with our non-medical colleagues and using the wider multi-professional team. Obviously, there are some areas of the curriculum which apply to more than one post (eg rheumatology and orthopaedics) and the documentation aims to reflect this as simply as possible.

At the end of the documentation we have included a checklist of required minimum evidence for assessment of the trainee at each stage of their training.

Thanks are given to all the GPs and Course Organisers who participated in the series of workshops. This document is the result of their ideas and suggestions on how to deliver on our aims.



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## **ACCIDENT AND EMERGENCY POST**

### Overlap with Trauma and Orthopaedics Post

**Relevant Section(s) of Curriculum: 7 Care of Acutely Ill People**

**What the trainee could get out of post:**

#### **Appreciation of important issues identified**

- 1. Awareness of own limitations**
- 2. Communication Issues**
  - Liason with Other Services (Social Services – Social Work Standby, Emergency Services - Ambulance Service and Police)
  - With NHS Colleagues – GPs, NHS 24, Other specialities
  - With Relatives – Breaking Bad News – especially in acute situations where there is no pre-existing relationship, opportunity in supported environment with senior staff and nursing colleagues
- 3. Medico-Legal Aspects** – Court appearances, Reports, Sudden Death, Note keeping eg ‘patient states that ...’, laceration v incised wound

#### **Specific Knowledge and Skills**

- 1. Principles of Triage**
- 2. Management of Paediatric Cases** - Child protection – awareness of injuries or features of history suggestive of NAI
  - Assessment of sick child
- 3. Psychiatry** – Management of Angry/Aggressive Patients
  - Alcohol and Drug Intoxification
  - Overdose Management
- 4. Management of Elderly Patients and the particular challenges they pose**
- 5. Minor Illness Exposure**
- 6. Rashes – Acute presentations eg ‘viral rash’**
- 7. Medical Presentations** – ‘Collapse’ ? cause (who needs admitted, how assess)
  - Anaphylaxis
  - ‘Bleeders’ – Upper and Lower GI bleed
  - Chest Pain inc ECG Interpretation
  - SOB (Asthma, COPD)
  - LOC and Seizures
- 8. Surgical Presentations** - Abdominal Pain
- 9. Trauma and Orthopaedics Cases** – Head Injuries (How differentiate minor from serious, who needs further assessed, HI Advice, GCS)
  - Management of Hand Injuries and infections
  - Back Pain and Injury inc RED FLAGS
  - Whiplash/Neck injury
  - Joint examination
  - X ray indication eg Ottawa Ankle Rules

**10. Resuscitation Skills**

- 11. Wound, Sepsis and Burn Management** – Minor injury
- Soft Tissue Injury inc Burns/Scalds
  - Tetanus Protocols
  - Infection inc Cellulitis (follow up, when to admit)
  - Practical Skills (I&D, Suturing, Steristrips, Glue, Dressings, Strapping)
  - Wound follow up – to appreciate normal healing

**12. Pain Management****How:****LEARNING OPPORTUNITIES IN HOSPITAL SETTING**

1. **Seeing breadth of A&E attendances** – Major, Minor and Resuscitation Cases
2. **Clinics – Fracture and Return A&E** – to understand natural history of healing
3. **Resuscitation** – ALS Courses. Should reflect on a resuscitation case – successful or otherwise, to ‘debrief’. Take opportunity to lead a resuscitation (most likely would be looked on to take the lead in a practice situation – this gives the opportunity to do so in a supported environment)
4. **Case Based Discussion**
5. **Formal Teaching Sessions**

## CLINICAL ONCOLOGY AND PALLIATIVE CARE POSTS

**Relevant Section(s) of Curriculum: 12 Care of People with Cancer and Palliative Care**

**What the trainee could get out of post:**

### Appreciation of Important Issues Identified

1. Awareness of spiritual elements of care and pastoral care
2. Ethics - Autonomy and Confidentiality, Collusion, Avoidance and Disclosure
3. Grief and Bereavement Issues
4. Housekeeping – Looking after yourself
5. Legal issues – Advanced directives, Certification – Death Certificate, Cremation
6. OOH Issues – Continuity, Documentation
7. Importance of Adaptability to Different Situations eg Expected Deaths – planning, Dealing with late diagnoses
8. End of Life Issues – withdrawal of treatment
9. Practical Issues -Welfare/Benefits/SW
10. Includes Non-Cancer Terminal Illness eg MND, MS

### Appreciation of Roles of Others

1. Hospice
2. ‘Multi-disciplinary Team’
3. Hospital Staff including Consultants, Specialist Nurses and Radiotherapists
4. MacMillan Nurses
5. Social Work department
6. District Nursing Staff
7. Family and Friends

### Specific Skills

1. Communication skills – Breaking bad news, Speaking with relatives, Across primary-secondary care interface including with hospice colleagues
2. Communicating risk eg in drug trials

### Specific Knowledge

#### **REGARDING TREATMENT**

1. Chemotherapy and Radiotherapy – Understand what involved, Management of common side effects
2. Symptom control measures eg Nausea, Pain, Constipation, Agitation, Secretions
3. Non-Pharmacological
4. When need to admit eg hypercalcaemia, haemorrhage, pathological fracture

#### **BEST PRACTICE**

1. Gold Standard Framework, Liverpool Care Pathway
2. Cancer DES

**How:****LEARNING OPPORTUNITIES IN HOSPITAL SETTING****Learning from experts**

- 1. Specialist Clinics** – Oncology Outpatients, Pain management
- 2. Ward-Based Activities** – Involvement with Patient management including discharge planning
- 3. Attend MDT Meetings** – Reflection including SEAs, Case Based Discussion, Debriefing as a Team
- 4. Hospice visit**
- 5. Case Based Discussion or Case Presentations** eg could present at HDR (Half Day Release) to share learning
- 6. Further qualifications** eg Diploma in Palliative Medicine

## **ENT POST**

**Relevant Section(s) of Curriculum: 15.4 ENT and Facial Problems**

**What the trainee could get out of post:**

### **Knowledge of specific clinical cases**

#### **EMERGENCIES**

1. Foreign Bodies – How to remove and when not to try!
2. Epistaxis
3. Infections including suspected epiglottitis (when not to examine)

#### **COMMON GP PRESENTATIONS**

1. Sore ear – Adult including Atypical eg TMJ problems  
- Child
2. Sore throat – Who to refer for tonsillectomy, When to use antibiotics.
3. Discharging Ears – Otitis externa, CSOM
4. Hearing Loss including wax management
5. Vertigo
6. Tinnitus
7. Nasal obstruction, polyps, allergy
8. Sinus problems
9. Facial pain

#### **SPECIFIC CASES TO HIGHLIGHT**

1. Dysphagia
2. Foreign Bodies, Fishbone
3. Neck lumps
4. Hoarseness
5. Head and Neck Cancers

### **Appreciation of Roles of Others**

1. Audiologist

### **Specific Skills**

1. Use of diagnostic set
2. Epley's manoeuvre
3. Audiogram interpretation
4. Tuning Fork Tests

**How:****LEARNING OPPORTUNITIES IN HOSPITAL SETTING**

- 1. Outpatient Clinics** – Clinics, clinics and more clinics!
- 2. Theatre experience** – It is anticipated that theatre experience would be minimal, enabling the trainee to understand and explain what involved in common ENT operations only.
- 3. Seeing Emergency Referrals/Attendances**
- 4. Formal Teaching Sessions**



## **MANAGEMENT IN PRIMARY CARE**

### **Management in Primary Care – Issues and how can increase awareness**

1. **Importance of Team Working**
2. **Leadership Skills** – Could get GPST to chair a meeting eg Half Day Release, practice meeting, Leadership skills training.
3. **Awareness of Primary-Secondary Care Interface Issues** – Link over to hospital experiences and awareness of processes in secondary care.
4. **Multi-agency working** eg Social Work – could do brief attachment to get an appreciation of joint working, deprivation, geographical variation
5. **QOF** – Work with practice and specifically Practice Manager – Audit and Change management skills. Involvement with practice meetings.
6. **Prescribing** – Involved meeting with prescribing adviser and appreciation of corporate responsibility
7. **HR Issues** – Are there any resources available in the Health Board to facilitate teaching on this? Practice based experience
  - ➔ **Interview skills** – Could be involved in interview committee if new employee recruited
  - ➔ **Role Play** – Staff disciplinary issue, Complaint
  - ➔ **Staff Appraisal** – Could be involved in, Course available via Educational Partnership
8. **Meetings** – **Attendance and Planning** – Should consider attending all meetings relevant to practice (eg Accountant, Difficult partnership meetings, patient complaints – involved in process and discussion, CHP meeting, LMC)
  - **Practice Task Session** – Half Day Release – everyone allocated a role in a fictional practice and run a meeting (provide information on their agenda and needs)
  - **SEA meetings**
9. **Project Management Skills**
10. **Role of Others with regards to management issues** eg Practice Manager, MDDUS

## **HEALTHY PEOPLE**

### **Awareness of Issues and Skills Required**

1. **Critical Evaluation Skills** – including how to find information (and quickly), E library
2. **Screening** – National programmes – Cervical, Breast. Principles of screening – pros and cons.
3. **Change** – Teaching motivational change, DiClemente Change Cycle, Could use video as opportunity to discuss ‘flags for change’ eg role in obesity, smoking cessation
4. **Partnership Working** -> **Other local services** (stress management, Healthy Return)
  - > **Pharmacy Links** – awareness new pharmacy contract, minor ailments, role in chronic disease management
  - > **Public Health** – Very important. Need to develop links. Eg. Could consider in context of flu/disaster planning. Meetings – guidelines, vaccination update.
  - > **Health Visitor** – Traditionally very involved, challenge of changing role – Child Health Surveillance, Child abuse Detection, Immunisation, Elderly Assessments
  - > **Role of Voluntary Sector**
  - > **Smoking Cessation Facilitator**
5. **Health Inequalities** – Case based Discussions
6. **Addressing Bias**

### **→ Further How – ‘Doing the Job’**

1. **Using GPASS and CALM reminders** – Can review surgery and check recorded smoking status, BP etc
2. **Flu planning** – Get involved in flu plan each year – to understand organisation involved and issues
3. **QOF** – useful for secondary prevention

## GERIATRICS POST

**Relevant Section(s) of Curriculum: 9 Care Of Older Adults**

**What the trainee could get out of post:**

### Appreciation of important issues identified

1. Importance of **Continuity**
2. Managing patients with **co-morbidity**
3. **Pharmacy Issues** - Problems of Polypharmacy and Compliance
4. **Communication** with elderly patients, relatives/carers and wider team
5. **Ethical issues** - Adults with Incapacity, Competency, Consent, Acting as Patient Advocate
6. Importance of **Team Working**
7. **Holistic approach** – More general assessment and health promotion
8. **Nursing Home** Issues

### Knowledge of specific clinical cases

1. Psychiatry – Dementia, Presentation of Depression in the elderly, Psychosis, Alcohol
  - Awareness of Mental Health Resources available eg Alzheimers Scotland, CPN, SW dept
  - Skill – Memory Assessment
2. Medical – Incontinence, Acute Confusional State, Parkinson's, Stroke, Falls, Hip Fracture

### Appreciation of the roles of others

1. Carers – support available
2. Multi-disciplinary team – members roles, involvement in discharge planning
3. Day Hospital – What happens there? Aim to spend at least a day or 2
4. Hospital SW – understand difference with community SW
5. Pharmacist – dosette boxes, polypharmacy, prescribing in the elderly
6. Community Support Services
7. Immediate Discharge Teams (Names differ locally eg IRIS, MATCH)
8. Community Nursing Team

**How:****LEARNING OPPORTUNITIES IN HOSPITAL SETTING**

1. **Outpatient Clinics** – Seeing the type of patients commonly referred by GPs and their management eg Parkinson's, Increased falls, Multiple medical co-morbidities  
It was hoped that trainees could aim to be involved with the clinics at least once a week.
2. **Specialised Clinics** – Availability and types of clinics will obviously vary locally. Eg falls clinic
3. **Teaching Ward Rounds and MDT Meetings**
4. **Case Based Discussion/ Case Presentations** – These should take a particular focus eg Polypharmacy Case, Follow a patient from admission to discharge
5. **Formal Teaching Sessions**
6. **Discharges** – Discharge planning and review discharge letters
7. **Diploma in Geriatric Medicine**

**FURTHER PRIMARY CARE OPPORTUNITIES**

1. **House Calls** – Opportunity to gain experience in general assessment including home environment. Can use to follow up.
2. **Referral letters** – review acute and OP referrals
3. **Consultant Domiciliary Visits** – Attend with Consultant (if they still do them locally)
4. **Nursing Home Involvement** – Not all practices look after a local NH. Trainees may need to link with another practice to get experience of the specific issues involved.
5. **Flu Clinic Organisation**

## MEDICINE POST

**Relevant Section(s) of Curriculum:** **15.1 Cardiovascular Problems**  
**15.2 Digestive Problems**  
**15.6 Metabolic Problems**  
**15.7 Neurological Problems**  
**15.8 Respiratory Problems**  
**15.9 Rheumatology and conditions of the musculoskeletal system**

Rheumatology post has overlap with Trauma and Orthopaedic Post  
 Digestive problems has overlap with Surgical Post

**What the trainee could get out of post:**

### Knowledge of Management of Emergencies

#### **CARDIOVASCULAR**

1. Chest pain – may be different issues in different areas eg rural thrombolysis
2. LVF
3. Cardiac Arrest
4. CVA
5. DVT/PTE

#### **DIGESTIVE**

1. GI bleeds

#### **METABOLIC**

1. DKA

#### **NEUROLOGICAL**

1. Fits including Status Epilepticus
2. SAH
3. Meningitis

#### **RESPIRATORY**

1. Acute dyspnoea inc asthma, infection, pneumothorax
2. Anaphylaxis

### Knowledge of Management of Common Clinic Referrals

#### **CARDIOVASCULAR**

1. New Onset Chest Pain - Risk factor assessment, Who to refer, Lifestyle factors
2. Palpitations
3. Vascular Disease Symptoms eg Intermittent Claudication
4. Heart Failure
5. Uncontrolled BP

**DIGESTIVE**

1. Irritable Bowel Syndrome
2. Inflammatory Bowel Disease – often these patients will not go to hospital for flare up and prefer to contact GP
3. Dyspepsia

**METABOLIC**

1. DM - Opportunity to reflect on changing management of Diabetes. Type 2 now almost exclusively Primary Care managed. May be only opportunity to get broad Type 1 exposure.
  - New cases – WHO classification for diagnosis – DM, IFG, IGT
  - Starting insulin
2. Obesity Management

**NEUROLOGICAL**

1. General medicine - Headaches
2. Elderly medicine – Movement disorders inc Parkinson's
3. Epilepsy including management first fits
4. TIA/Stroke
5. Multiple Sclerosis

**RESPIRATORY**

1. Haemoptysis
2. Chronic respiratory disease – understanding of management and disease progression eg COPD, pneumonitis
3. Awareness relevant protocols/guidance – BTS asthma, GOLD, Domiciliary O2

**RHEUMATOLOGY AND MUSCULOSKELETAL**

1. Rheumatoid Arthritis including an awareness of the protocols/guidelines for management and referral eg DMDs – used earlier than previously
2. Breadth of rheumatology and joint pain presentations and diseases
3. Osteoporosis

**Specific Skills/Procedures**

**- Should learn about appropriate use of investigations**

**CARDIOVASCULAR****Able to Perform**

1. ECG
2. BP

**Able to Explain (Ideally should observe if not seen before)**

1. Echocardiogram
2. Exercise Tolerance Test
3. Angiography
4. Doppler
5. 24hr tape

**DIGESTIVE****Able to Explain**

1. Colonoscopy
2. Upper GI Endoscopy

**METABOLIC****Able to perform**

1. BM testing
2. Ketone testing
3. Interpretation of results eg OGTT, TFT

**NEUROLOGICAL****Able to perform**

1. Fundoscopy

**Able to explain**

1. Radiology – MRI, CT, MRA
2. Lumbar Puncture
3. Neurophysiology
4. EEG

**RESPIRATORY****Able to perform**

1. Inhaler techniques
2. Result interpretation – PEFr, Spirometry
3. Create Asthma Management Plans

**Able to explain**

1. Bronchoscopy
2. PFTs
3. Pleural tap/biopsy

**RHEUMATOLOGY AND MUSCULOSKELETAL****Able to perform**

1. Joint injection – large joints as documented – knee, shoulder, golfer and tennis elbow
2. DEXA scan interpretation. Should also be able to explain procedure

### Appreciation of the roles of others

1. **Nurse specialists** – have more of a community focus eg heart failure, diabetes, stoma nurse, IBD, Hepatitis C, Asthma, Rheumatology, MS. Helps develop understanding of what help they can offer to both patients and clinicians.
2. **Diabetic Services** – Day Unit, Podiatry, Retinal Screening, Dietetic Input, DM Clinic. Aim to attend/have awareness of what happens at each of these.
3. **Weight management service** – What available locally
4. **Rehabilitation services** eg pulmonary, cardiac, stroke – What actually happens there, what staff involved
5. Rheumatology - **Specialist physiotherapy and OT** – physiotherapy - focus on examination skills. Both physio and OT - understand what they can offer
6. **Pain Management services** – to become familiar with pain management principles and different strategies employed

### **How:**

#### LEARNING OPPORTUNITIES IN HOSPITAL SETTING

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

## **OBSTETRICS AND GYNAECOLOGY POST**

**Relevant Section(s) of Curriculum:** 10.1 Women's Health  
11 Sexual Health

**What the trainee could get out of post:**

### **Knowledge of Management of Emergencies**

1. Ectopic
2. Miscarriage
3. Eclampsia
4. Bleeding – APH (inc Abruptio), PPH
5. Ovarian Cyst

### **GYNAECOLOGY COMPONENT**

#### **Knowledge of Management of Common Gynaecological Presentations**

##### **Gynaecology Clinic**

1. Menstrual Problems – PMB/IMB/PCB, Dysmenorrhoea, Menorrhagia
2. PV Discharge inc PID
3. Ovarian Problems – Cysts, PCOS
4. PMT
5. Continence, Prolapse
6. Pelvic Pain inc Endometriosis
7. Vulval Disease
8. Sterilisation
9. Gynaecological Malignancy
10. Infertility

##### **Social Gynaecology**

Awareness of what involved and options available  
Awareness medico-legal and ethical issues

##### **Colposcopy Clinic**

What services offer and what patient can expect there

##### **Specialised Clinics**

Menopause and HRT

Continence Service

Others as available locally – CAB (Clinic for Abnormal Bleeding), Vulval (may be joint with dermatology), Infertility

##### **Sexual Health Clinic (Overlap with Men's Health)**

Contact Tracing – Importance/How to Do or Access

HIV Pre-Test Counselling

Psychosexual Counselling – What available and simple strategies

**Family Planning Clinic**

What services offer

Variety of contraceptive options available – risks and benefits of each, appropriate selection for the individual

**OBSTETRICS COMPONENT****Specific Knowledge**

1. Preconceptual counselling including high risk cases eg Diabetic Mother
2. Normal Pregnancy and how identify those ‘at risk’ who need higher level of monitoring
3. Pregnancy Problems – Experience in Labour Ward, Antenatal Clinic and Day Care
  - ➔ High Risk Cases – Medical (DM, Cardiac, Epilepsy), Addiction Problems
  - ➔ Clinical Problems – Bleeding Late in Pregnancy, Abdominal Pain in Pregnancy, Pre-eclampsia and Eclampsia
4. Post Natal Care – Awareness and management of potential problems including infection and bleeding

**Specific Skills**

1. Gynaecology and Menstrual History
2. Obstetric History
3. Sexual History
4. Speculum, Smear and Triple Swabs. PV
5. HIV Pre-Test Counselling
6. Catheterisation

**Appreciation of Roles of Others**

1. Midwife
2. Incontinence service – specialist nurse, physiotherapy

**How:****LEARNING OPPORTUNITIES IN HOSPITAL SETTING**

1. **Early Pregnancy Assessment Service**
2. **Seeing Emergency Referrals and Admissions** – On Call Duties
3. **Following patient journey** from admission to discharge – involved in ward rounds
4. **Labour Ward**
5. **Day Care**
6. **Outpatient Clinics** – General Gynaecology, Colposcopy
7. **Specialised Clinics and Services** eg, Specialised clinics eg Menopause, Social Gynaecology, CAB, Vulval (may be joint with Dermatology), Infertility, Sexual Health Clinic
8. **Theatre experience** – It is anticipated that theatre experience would be minimal, enabling the trainee to understand and explain what involved in common gynaecological or obstetric operations only eg LUSCS, Hysterectomy
9. **Formal Teaching Sessions**

## **OPHTHALMOLOGY POST**

**Relevant Section(s) of Curriculum: 15.5 Eye Problems**

**What the trainee could get out of post:**

### **Knowledge of specific clinical cases**

**Overall questions identified: Who to refer? How urgently? Who to?**

#### **EMERGENCIES**

1. Red Eye – Assessment
  - Urgency eg Suspected acute glaucoma
  - Management – including eye infections (bacterial and viral)
2. Eye Trauma – Assessment and treatment of corneal abrasions, Foreign bodies in eyes
3. Sudden Visual Loss

#### **COMMON GP PRESENTATIONS**

1. Cataract
2. Glaucoma
3. Dry and Watery Eyes
4. Eyelid problems
5. Paediatric eye problems inc knowledge of developmental checks inc squints
6. Flashes and Floaters
7. Macular degeneration – wet and dry
8. Links with systemic illness eg Diabetic eye disease

### **Appreciation of the roles of others**

1. Ophthalmologist including how register someone blind.
2. Optician inc some basic contact lens problem knowledge
3. Ophthalmic Optician eg GIES scheme in South Glasgow
4. Hospital Eye Casualty
5. Optometrist

### **Specific Skills**

1. Fundoscopy
2. Assessment Eye Movements
3. Visual Field Assessment
4. Checking Visual Acuity
5. Everting Eyelids
6. Fluorescein Staining
7. Interpretation Results – Orthoptist and Optician Reports

**How:****LEARNING OPPORTUNITIES IN HOSPITAL SETTING**

1. **Outpatient Clinics** – It would be anticipated that the majority of experience would be gained in an outpatient setting – seeing the types of patients commonly referred to eye clinic by GPs.
2. **Specialised Clinics** eg Retinal Screening
3. **Seeing Emergency Referrals/Attendances**
4. **Formal Teaching Sessions** – Not only from ophthalmologists but possibly from other professional identified above
5. **Theatre experience** – It is anticipated that theatre experience would be minimal, enabling the trainee to understand and explain what involved in common eye operations only

## PAEDIATRICS POST

**Relevant Section(s) of Curriculum: 8 Care Of Children and Young People**

**What the trainee could get out of post:**

### Appreciation of important issues identified

1. **Communication and Consultation Skills** eg with Uncooperative children and anxious parents
2. **What is Normal/Abnormal?**
3. **Pharmacy** – Prescribing in children
4. **Child protection** – Protocols. Social issues including drug and alcohol misuse
5. **Prevention/Health Promotion**

### Knowledge of specific clinical cases

1. Acute admissions – SICK CHILD – Recognition and Management
  - Specific presentations – Fever, Vomiting, Rash, Abdominal Pain, Convulsions
2. Common chronic illness eg asthma, DM, epilepsy
3. Mental health problems inc psychological problems

### Appreciation of Roles of Others

1. Health Visitor – including Health Promotion
2. Child and Adolescent Psychiatry
3. Midwives (in Neonatal period)
4. Child Care Services – including an awareness of the structure of services
5. Community Paediatricians – including developmental medicine

### Specific Skills

1. Phlebotomy
2. Paediatric CPR
3. Postnatal/neonatal assessments (especially now earlier discharges)

**How:****LEARNING OPPORTUNITIES IN HOSPITAL SETTING**

1. **Outpatient Clinics** – Seeing the type of patients commonly referred by GPs and their management eg cases which have proven difficult for GP to manage, cases which are followed up in secondary care (eg CF)
2. **Specialised Clinics** eg Developmental delay
3. **Acute Receiving – Paediatric Admissions** - for exposure to acutely unwell children
4. **Case Based Discussion/Case Presentations** – These should take a particular focus eg Follow a patient from admission to discharge
5. **Formal Teaching Sessions**
6. **Teaching Ward Rounds**
7. **Child and Adolescent Psychiatry exposure**

**FURTHER PRIMARY CARE OPPORTUNITIES**

1. **Child Health Surveillance Course**
2. **Child Health Clinic**
3. **Case Based Discussion** - Exposure to Common Childhood presentations eg Constipation, Asthma
4. **On Call Doctor** – Again more exposure to acutely unwell children

## **PSYCHIATRY POST**

### Overlap with Geriatric Post for Old Age Psychiatry Component

**Relevant Section(s) of Curriculum:** **13 Care of People with Mental Health Problems**  
**14 Care of People with Learning Disabilities**  
**15.3 Drug and Alcohol problems**

#### **What the trainee could get out of post:**

##### **Appreciation of important issues identified:**

- 1. Importance of Good Communication** – Across primary-secondary care interface, with wider team and other agencies
- 2. Importance of Co-morbidity** – also reflected by QOF Mental Health Indicators

##### **Specific Knowledge**

- 1. Mental Health Act** – Changes, Accredited Medical Practitioner, Role of Mental Welfare Commission
- 2. Medico-legal issues** – Adults with Incapacity, Fitness to Drive (mental health)
- 3. Therapeutics** – Anti-psychotics, Depot, Lithium, Monitoring Requirements, Side Effects, Risk Profile, ECT, ‘Emergency Sedation’
- 4. Specific Treatments** – Psychotherapy, CBT, Anger Management, Relaxation Techniques
- 5. Awareness of Classification systems used** – ICD 10/DSM 4
- 6. Awareness of prevalence mental illness expected in primary care**
- 7. Awareness of theories** - Freud, Jung, Laing, Balint

##### **Specific Skills – Acute Assessment and Management**

- 1. Mental State Assessment** – History and examination including broader history (SH - alcohol, drugs. Personal History – childhood, FH)
- 2. Assessing suicide risk and self harmers**
- 3. Management of Aggression**
- 4. Writing care plans**
- 5. How decide who to admit**

##### **Appreciation of Roles of Others**

- 1. Non-medical** – Police, Social Workers, Solicitors
- 2. CPNs** including those in OOH service
- 3. Sub-specialties** within psychiatry
- 4. Clinical psychology** – roles and limits

## DRUG AND ALCOHOL TRAINING

### Awareness of Issues

1. Scale of problem in Scotland
2. Overlap of medical, psychosocial and forensic issues
3. Impact on others of an individual's mental illness
4. Legal – work, driving

### Awareness of Role of Psychiatrists

1. Acutely ill – who needs admitted and where (medics or psychiatry)
2. Therapeutics – Detoxification, Medical Therapies (Naltrexone, Methadone),  
Including an awareness of success rates of different strategies
3. Theory – motivational principles

### Awareness of Services Available and what offer

1. Day Units
2. Organisations – AA, Local (eg Renfrewshire Council on Alcohol), Turning Point –  
Social Care
3. Community Addiction Teams

## LEARNING DISABILITIES

Awareness of common problems/issues and strategies for tackling these. Important as most care is community based.

### **How:**

## LEARNING OPPORTUNITIES IN HOSPITAL SETTING

- 1. Seeing patients** - Emergency referrals and elective admissions
- 2. Ward duties including Multidisciplinary Team meeting**
- 3. Clinics including specialist clinics** eg LD, Drug and Alcohol, Old Age  
Psychiatry
- 4. Case Based Discussion**
- 5. Formal Teaching Sessions**

## **SURGERY & ORTHOPAEDICS POSTS**

**Relevant Section(s) of Curriculum:** 10.2 Men's Health  
 11 GUM  
 15.2 Digestive Problems  
 15.9 Rheumatology and conditions of the musculoskeletal system (including trauma)

Trauma and Orthopaedic post has overlap with Rheumatology post

Surgical post has overlap with Digestive Problems (Medicine) post and Accident and Emergency Post

### **What the trainee could get out of post:**

#### **Specific Knowledge:**

##### **UROLOGY**

1. Prostate disorders – including BPH, Use of IPSS (International Prostate Scoring System) and PSA counselling
2. Testicular Lumps
3. Vasectomy counselling
4. Psychosexual Counselling - Simple strategies, What available
5. Infertility including interpretation of semen analysis

##### **GUM (Overlap with Urology)**

See Obstetrics and Gynaecology Post

##### **GENERAL SURGERY**

1. Surgical Emergencies – Acute abdominal pain, Vascular emergencies
2. General Outpatient Referrals – cases that GPs commonly refer and their management. 'Lumps and Bumps' including herniae, Upper and Lower GI symptoms (see Medicine – GI section)
3. Breast lumps and mastalgia
4. Post operative care

##### **ORTHOPAEDICS**

1. Osteoarthritis – when to refer for physiotherapy and when should consider referral for joint replacement
2. Back Pain - Awareness of red flags and what is available locally in back pain services
3. Fracture management – An understanding of natural process of healing
4. Osteoporosis
5. Appropriate use of investigations including MRI, DEXA, Bone Scan -> Who to X Ray and Why, WHO NOT TO X RAY

**Specific Skills/Procedures:****Able to perform****SURGERY**

1. Minor operations

**ORTHOPAEDICS**

1. Correct examination technique including discriminating tests eg hip, knee, back, shoulders
2. Joint injection – large joints as documented – knee, shoulder, golfer and tennis elbow
3. DEXA scan interpretation. Should also be able to explain procedure.

**Appreciation of the roles of others**

1. **Specialist physiotherapy and Occupational therapy**
2. **Pain Management services** – to become familiar with pain management principles and different strategies employed

**How:****LEARNING OPPORTUNITIES IN HOSPITAL SETTING**

1. **General Outpatient Clinics** – Seeing types of patients commonly referred by GPs
2. **Specialised Clinics** eg Breast, Infertility, Testicular USS clinic, Knee, Back
3. **Fracture clinic** – To help develop understanding of natural processes of healing
4. **Seeing Emergency Referrals/Attendances**
5. **Case Based Discussion** eg Follow a patient with fractured neck of femur from admission to discharge
6. **Review referrals** – Could look at some of own referrals from 1<sup>st</sup> six months as GP Trainee. Allows to gain better understanding of referral options – Who to refer to and when to refer eg Osteoarthritis – when to refer for physiotherapy and when should consider referral for joint replacement
7. **Involvement in multi-disciplinary meetings and discharge planning**
8. **Tutorials and One-to-one teaching** – Correct examination technique including what are the discriminating tests
9. **Courses** eg **Minor Surgery for GP Registrars course**
10. **Theatre experience** – It is anticipated that general theatre experience would be minimal, enabling the trainee to understand and explain what involved in common operations only. However, trainees could take the opportunity to gain ‘minor op’ skills which would then be able to use in practice.
11. **Spend time or teaching session with AHPs**

## Required Minimum Evidence

Speciality Training Year 1 <i>Minimum prior to 6 month review</i>		Speciality Training Year 2 <i>Each 4 months</i>	
<b>COT or mini-CEX x 3</b> (COT in primary care) (mini-CEX in secondary care)	1 <input type="checkbox"/>	<b>COT or mini-CEX x 2</b>	1 <input type="checkbox"/>
	2 <input type="checkbox"/>		2 <input type="checkbox"/>
	3 <input type="checkbox"/>		3 <input type="checkbox"/>
<b>CbD x 3</b>	1 <input type="checkbox"/>		4 <input type="checkbox"/>
	2 <input type="checkbox"/>		5 <input type="checkbox"/>
	3 <input type="checkbox"/>		6 <input type="checkbox"/>
<b>MSF x 1</b> (5 clinicians only)	1 <input type="checkbox"/>	<b>CbD x 2</b>	1 <input type="checkbox"/>
<b>DOPS</b> (if in secondary care)	<input type="checkbox"/>		2 <input type="checkbox"/>
<b>Clinical supervisor's report</b> (if in secondary care)	<input type="checkbox"/>		3 <input type="checkbox"/>
			4 <input type="checkbox"/>
			5 <input type="checkbox"/>
			6 <input type="checkbox"/>
<b>COT or Mini-CEX x 3</b>	1 <input type="checkbox"/>		6 <input type="checkbox"/>
	2 <input type="checkbox"/>	<b>DOPS</b>	1 <input type="checkbox"/>
	3 <input type="checkbox"/>		2 <input type="checkbox"/>
<b>CbD x 3</b>	1 <input type="checkbox"/>		3 <input type="checkbox"/>
	2 <input type="checkbox"/>	<b>Clinical supervisors' report</b>	1 <input type="checkbox"/>
	3 <input type="checkbox"/>		2 <input type="checkbox"/>
<b>MSF x 1</b> (5 clinicians both questions)	1 <input type="checkbox"/>		3 <input type="checkbox"/>
<b>PSQ x 1</b> (if in primary care)	<input type="checkbox"/>		
<b>DOPS</b> (if in secondary care)	<input type="checkbox"/>		
<b>Clinical supervisor's report</b> (if in secondary care)	<input type="checkbox"/>		

## Speciality Training Year 3

*Minimum prior to 30 month  
review (1st 6 months Year 3)*

**CbD x 6**

1

2

3

4

5

6

**COT x 6**

1

2

3

4

5

6

**MSF x 1** (5 clinicians only) 1   
(5 non-clinicians question 1 only)

*2nd 6 months Year 3 (Months 31 - 36)*

**CbD x 6**

1

2

3

4

5

6

**COT x 6**

1

2

3

4

5

6

**MSF x 1** (5 clinicians only)   
(5 non-clinicians question 1 only)

**PSQ x 1**   
(Months 31 - 34)

## Glossary

<b>COT</b>	Consultation Observation Tool
<b>Mini-CEX</b>	Mini-Clinical Evaluation
<b>CbD</b>	Exercise Case-based Discussion
<b>MSF</b>	Multi-Source Feedback
<b>DOPS</b>	Direct Observation of Procedural Skills
<b>PSQ</b>	Patient Satisfaction Questionnaire

## Glossary of Abbreviations

Alphabetical Order

AA – Alcoholics Anonymous  
AHPs – Allied Health Professionals  
ALS – Advanced Life Support  
APH – Antepartum Haemorrhage  
BPH – Benign Prostatic Hypertrophy  
BTS – British Thoracic Society  
CAB – Clinic for Abnormal Bleeding  
CBT – Cognitive Behavioural Therapy  
CF – Cystic Fibrosis  
CHP – Community Health Partnership  
CPN – Community Psychiatric Nurse  
CPR – Cardiopulmonary Resuscitation  
CSA – Clinical Skills Assessment  
CSOM – Chronic Suppurative Otitis Media  
CVA – Cerebrovascular Accident  
DES – Direct Enhanced Service  
DKA – Diabetic Ketoacidosis  
DM – Diabetes Mellitus  
DMDs – Disease Modifying Drugs  
DSM – Disease-Specific Mortality  
DVT – Deep Vein Thrombosis  
ECT – Electro-Convulsive Therapy  
FB – Foreign Body  
FH – Family History  
GCS – Glasgow Coma Scale  
GI – Gastrointestinal  
GIES – Glasgow Integrated Eyecare Service  
GOLD – Global Initiative for Chronic Obstructive Lung Disease  
GPST – GP Specialist Trainee  
GUM – Genito-Urinary Medicine  
HDR – Half Day Release  
HI – Head Injury  
HR – Human Resources  
HRT – Hormone Replacement Therapy  
ICD – International Classification of Diseases  
IFG – Impaired Fasting Glycaemia  
IGT – Impaired Glucose Tolerance  
IMB – Intermenstrual Bleeding  
I&D – Incision and Drainage  
Inc – Including  
IPSS – International Prostate Scoring System  
IRIS – Interdisciplinary Response and Intervention Service  
LD – Learning Disabilities

LMC – Local Medical Committee  
LOC – Loss of Consciousness  
LUSCS – Lower Uterine Segment Caesarean Section  
LVF – Left Ventricular Failure  
MATCH – Multi-Agency Team for Care at Home  
MDDUS – Medical and Dental Defence Union of Scotland  
MDT – Multi-Disciplinary Team  
MND – Motor Neurone Disease  
MS – Multiple Sclerosis  
NAI – Non-Accidental Injury  
NH – Nursing Home  
OGTT – Oral Glucose Tolerance Test  
OOH – Out of Hours  
OP – Outpatient  
OSCE – Objective Structured Clinical Examination  
PCB – Postcoital Bleeding  
PCOS – Polycystic Ovarian Syndrome  
PID – Pelvic Inflammatory Disease  
PMB – Post Menopausal Bleeding  
PMT – Premenstrual Tension  
PPH – Postpartum Haemorrhage  
PSA – Prostate Specific Antigen  
PTE – Pulmonary Thromboembolism  
QOF – Quality and Outcomes Framework  
SAH – Subarachnoid Haemorrhage  
SEA – Significant Event Analysis  
SH – Social History  
SOB – Shortness of Breath  
SW – Social Work  
TIA – Transient Ischaemic Attack  
TMJ – Temporomandibular Joint  
USS – Ultrasound Scan  
WHO – World Health Organisation