Royal College of General Practitioners

Being a General Practitioner

This is the core curriculum statement produced by the Royal College of General Practitioners (RCGP) which defines the learning outcomes for the specialty of general practice and describes the competences you require to practise medicine as a general practitioner in the National Health Service (NHS) of the United Kingdom. Although primarily aimed at the start of independent work as a general practitioner, it must also prepare the doctor beyond the training period and provide support for a professional life of development and change.

Introduction and User Guide

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Glossary of Terms

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INTRODUCTION

Rationale for this curriculum statement

This statement covers the competences you need to become a general practitioner (GP) and outlines the elements of the specialty. Key aspects of general practice work are examined in greater depth in the four Contextual Statements (see Statements 2.01, 2.02, 2.03 and 2.04.). Examples of specific clinical areas of application are dealt with in the Clinical Examples (see Statements 3.01 to 3.21); this **core** statement underpins them all.

The curriculum is based on the original framework statement for the discipline of general practice that was developed by WONCA Europe[1] and formally launched during its meeting in London in 2002, and revised in 2005.[2] The WONCA framework describes the *fundamental characteristics* of general practice, a role description of the specialist in family medicine, and the competences required of you.[3]

The General Medical Council (GMC) is the sole regulator of the medical profession and of its training standards. Its publication *Good Medical Practice* (2006)[4] provides another framework against which you as a doctor can judge your own performance and by which you can also be judged.[5] With the advent of revalidation, the GMC have produced a four-domain framework derived from the seven domains of the 2006 edition. *Good Medical Practice* (2008) was developed from this text by the RCGP and the General Practitioners Committee of the BMA, and designed specifically for GPs.[6] The RCGP curriculum statements have been mapped to the four-domain *Good Medical Practice* framework for revalidation to ensure that coverage of the professional expectations of the discipline and of the regulator are complete. Appendix 1 gives you an illustration of this cross-referencing. The National Health Service (NHS) needs clinicians to be actively involved in the planning, delivery and transformation of health services through their day-to-day practice. This is reflected in the *Medical Leadership Competency Framework* produced by the Academy of Medical Royal Colleges and the NHS Institute for Innovation and Improvement.[7]

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[1] WONCA = World Organization of National Colleges and Academies of General Practice/Family Medicine

[2] WONCA Europe. *The European Definition of General Practice/Family Medicine* London: WONCA Europe, 2005

[3] See Appendix 2 of this document, and the *Introduction and User Guide*

[4] www.gmc-uk.org/Good_Medical_Practice___Archived.pdf_51772200.pdf (accessed July 2013)

[5] General Medical Council. *Good Medical Practice* London: General Medical Council, 1998

[6] General Practitioners Committee of the BMA and the Royal College of General Practitioners. *Good Medical Practice for General Practitioners* London: RCGP, 2008, www.rcgp.org.uk/policy/rcgp-policy-areas/~/media/Files/Policy/A-Z%20policy/Good_Medical_Practice_for_GPs_July_2008.ashx (accessed November 2012)

[7] NHS Institute for Innovation and Improvement. *Medical Leadership Competency Framework* Coventry, 2009

UK health priorities

General practice is a key element of all healthcare systems in Europe and is recognised by health service providers as being of ever-increasing importance.[8] International evidence indicates that health systems based on effective primary care, with highly trained generalist physicians (family doctors) practising in the community, deliver care that is both more cost-effective and more clinically effective than in systems that place less emphasis on primary care.[9]

In the United Kingdom, general practice has been a fundamental element of healthcare provision since the inception of the National Health Service in 1948. Since 1948 patients have had the right to choose their GP and primary healthcare provider. This right to choose to register with a practice is a fundamental building block of the NHS. GPs in the UK carried out 261 million consultations in 2001or 741,000 each day. On average, patients consult their GPs five times a year.

The importance of general practice has been further emphasised in some of the changes to the way the NHS delivers care to patients, and this pattern of change will continue as medical advances are introduced. Shorter stays in hospital, the management of the hospital/community interface and an increased role for primary care in the management of chronic diseases all rely on a highly skilled general practice workforce. You will need to understand the links between health and work, both in short term self-limited illness, and in chronic diseases, and understand the positive benefits of work on well-being.

Society has altered over the last 30 years and there has been an increasing role for the patient as a determining factor in healthcare and its provision. Your opinion as a clinician is no longer regarded as sacrosanct and a new dialogue is emerging between healthcare consumers and providers. The expectations of patients, the interest of politicians and the media, the impact of information systems such as the internet, and the increasing cost and complexity of healthcare delivery all have resulted in a climate of continual change. As a GP you must not only be aware of this but also be able to thrive in such an environment.

One of the changes that has had a major impact on both patients and doctors is in the way that urgent primary health care is delivered. As a GP you must manage the unscheduled care needed by your patients, during both normal working hours and outside them. You will require the knowledge and skills to provide emergency care personally when this is needed, and you must also be able to ensure that the care provided to your patients by other organisations is of the appropriate standard.

Leadership is a key factor of your professional work and all doctors have a responsibility to contribute to the effective running of the NHS organisation(s) in which they work, and to its future direction. Delivering leadership should be built on the concept of shared leadership, where there is a shared sense of responsibility for the success of the organisation. As a family doctor in the NHS you should provide leadership, or support the leadership of other members of your team in promoting the successful delivery of services to patients. Family doctors must continue to practise medicine as clinical generalists, applying

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[8] World Health Organisation. *Framework for Professional and Administrative Development of General Practice/Family Medicine in Europe* Copenhagen: WHO Europe, 1998

[9] Starfield B. An evidence base for primary care *Managed Care* 2008; 17(6): 33–26

the fundamental characteristics outlined in the WONCA framework, but they also need to be involved in the continuing development of their healthcare system. As an individual professional you must therefore adapt and grow in order to meet these new challenges.

The importance of safe prescribing in general practice has been emphasised. A study commissioned by the GMC examined the prevalence and causes of prescribing errors in general practice[10]. This showed that errors in the pathway from prescribing to dispensing are common, although significant patient harm is unusual. It also recommended a number of strategies for reducing the prevalence of error, including an increased focus on prescribing safety in the training and continuing professional development of GPs.

The RCGP areas of competence and essential features of you as a doctor

The six interrelated areas of competence and the three essential features of you as a doctor described in the WONCA 2005 definition and the learning outcomes developed by EURACT[11] provide the framework for the development of the RCGP curriculum for general practice. These are explored further in the *Introduction and User Guide*. Each is subdivided into areas of specific abilities and the learning outcomes that these then generate.

As a GP working in a patient-centred discipline you accept the subjective world of patient health beliefs, the family and cultural influences in the different aspects of intervention. A consequence of this is that you, the doctor, involve yourself as a person in this relationship with the patient, not merely as a medical provider.

General practice is an extremely challenging specialty, as you can see from the complexity of its curriculum. Its successful delivery in day-to-day clinical practice demands that you not only master the individual learning outcomes described but also are able to synthesise and integrate these as required by the patient problem being presented to you. Each consultation is unique and the areas of competence and essential features of you as a doctor will have different degrees of expression. For example, a consultation with a young and inexperienced mother worried about the planned immunisation of her first baby will require the expression and emphasis of different competences than a consultation with the same woman to discuss with her the implications of her recent diagnosis of breast cancer. All the areas of competence and the essential features will be brought into play during your professional life, but not to the same extent in every encounter.

Another dimension of the challenging specialty of general practice is the structure of its training programme, which is the shortest for any medical specialty. Half of the training time is currently spent in a range of secondary care placements and the other half in a supervised GP training practice. The hospital placements provide you with experience of a high volume of seriously ill patients and their management, which you would not get in your GP placements.

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[10] Avery A et al, Investigating the prevalence and causes of prescribing errors in general practice: The PRACtICe Study General Medical Council (GMC), May 2012

[11] Heyrman J (ed). *EURACT Educational Agenda* Leuven: European Academy of Teachers in General Practice (EURACT), 2005, www.euract.eu/official-documents/finish/3-official-documents/93-euract-educational-agenda (accessed November 2012)

However it is impossible to provide hospital placements in all specialties and it is therefore important that such placements are in a broad range of hospital departments which have clinical content most relevant to general practice.

The six areas of competence:[12]

The following six areas are concerned with the tasks you will undertake as a general practitioner in delivering care to the patients in your community.

1. Primary care management is about how you manage your contact with patients, dealing competently with any and all problems that are presented to you. (This area of competence is not limited to dealing with the management of the practice.)

2. Person-centred care is about understanding and relating to your patients as individuals, and developing the ability to work in partnership.

3. Specific problem-solving skills is about the context-specific aspects of general practice, dealing with early and undifferentiated illness and the skills you need to tolerate uncertainty, and marginalise danger, without medicalising normality.

4. A comprehensive approach is about how you as a general practitioner must be able to manage co-morbidity, co-ordinating care of acute illness, chronic illness, health promotion and disease prevention in the general practice setting.

5. Community orientation is about the physical environment of your practice population, the need to understand the interrelationship between health and social care, and the tensions that may exist between individual wants and needs and the needs of the wider community.

6. A holistic approach is about your ability to understand and respect your patients' values, culture, family beliefs and structure, and understand the ways in which these will affect the experience and management of illness and health.

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[12] See *Glossary* and *Introduction and User Guide* for further information on these terms

The essential features of you as a doctor

The three *essential features* (EFs) outlined below are concerned with those features or characteristics of *you as a doctor* which determine your ability to apply the six areas of competence to real life in the work setting. In general practice these may have a greater impact because of the close relationship between you as a family doctor and the people you work with. However, these features are not specific to general practice but relate to all doctors to some extent.

1. Contextual features are about understanding your own context as a doctor and how it may influence the quality of your care. Important factors are the environment in which you work, including your working conditions, community, culture, financial and regulatory frameworks.

2. Attitudinal features are about your professional capabilities, values, feelings and ethics, and the impact these may have on your patient care.

3. Scientific features are about the need to adopt a critical and evidence-based approach to your work and maintaining this through lifelong learning and a commitment to quality improvement.

How the parts of the curriculum fit together

The curriculum consists of the following elements:

1: The Core Statement

1.0 Being a General Practitioner

2: The Contextual Statements

2.01 The GP Consultation in Practice
2.02 Patient Safety and Quality of Care
2.03 The GP in the Wider Professional Environment
2.04 Enhancing Professional Knowledge

More information on the way the parts of the RCGP curriculum relate to each other can be found in the *Introduction and User Guide.*

3: The Clinical Examples

3.01 Healthy People: promoting health and preventing disease
3.02 Genetics in Primary Care
3.03 Care of Acutely Ill People
3.04 Care of Children and Young People
3.05 Care of Older Adults
3.06 Women's Health
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LEARNING OUTCOMES

In order to demonstrate your competence as a GP you will need to acquire knowledge, skills and professional attitudes in a number of areas**.** The scope of these competences, outlined above, is described more fully below.

From the end of your basic medical education to the completion of specialist training it is envisaged that you will develop progressively in all these areas of competence from a state of being a novice to, in some cases, becoming an expert.[13] Further development does not stop on the successful completion of specialist training and as a general practitioner you should continue to build your professionalism and your clinical expertise throughout professional life.

Successful completion of training will be judged to have occurred once you have been considered competent by the General Medical Council, which sets the standards for all postgraduate medical training in the UK. Competence is technically defined as acquiring knowledge in order to develop expertise, knowledge that is increasingly 'coherent, principled, useful and goal-orientated'.[14]

In cases where duplication might occur (the referral process described in 1.4.2 could also have been placed in paragraphs 1.3, 1.4 and 1.5, for example) the competence concerned has been described in only one place.

The RCGP areas of competence

1 Primary care management

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

Your work as a GP is primarily focused on individuals with a complex mix of problems but will come from practice populations with a low prevalence of serious disease, so it is crucial that you develop concepts of health, function and quality of life, as well as models of disease. This finds expression in your preventative and health promotion activities, and in risk management. It is also expressed in the decisions you make in palliative and terminal care. To do

[13] Dreyfus H and Dreyfus S. *Mind over Machine: the power of human intuition and expertise in the era of the computer* Oxford: Basil Blackwell, 1986
[14] Glaser R. Toward new models for assessment *International Journal of Educational Research* 1990; 14(5): 477

this effectively you must have appropriate information management and technology skills so that you can manage and update the personal medical records of your patients and practice administration and access the relevant sources of information that are now available electronically.[15]

A key factor in the management of the complex problems presented to family doctors is that of co-existing chronic disease and its management. The vast majority of chronic disease management rests with general practice. General practice is the way that patients access NHS health care (90% of contacts being entirely managed in general practice), and facilitating and managing this process is a challenge that must be mastered. This may, on occasion, include the need to educate your patients in how to use the services.

In caring for patients, you work with an extended team of other professionals in primary care, both within your own practice and in the local community, and also with specialists in secondary care, using the diagnostic and treatment resources available. Thus primary care education must promote learning that integrates different disciplines within the complex team of the NHS.

As a GP you must be prepared to work as a team member but also, when appropriate, as a leader in improving service delivery. You 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. You will also be increasingly challenged by the need to be conscious of healthcare costs. An understanding of cost efficiency is therefore a key learning issue for you during your training.

Primary care management is about your ability to:

1.1 Manage primary contact with patients and deal with unselected problems

This means that as a GP you should:

- 1.1.1 Understand the epidemiology of problems presenting in primary care
- 1.1.2 Master an approach that allows easy access for patients with unselected problems
- 1.1.3 Use an organised approach to the management of chronic conditions
- 1.1.4 Know the conditions encountered in primary care and their treatment

1.2 Cover the full range of health conditions

This means that as a GP you should:

- 1.2.1 Know the preventative activities you need for the practice of primary care
- 1.2.2 Develop the skills you need in acute, chronic, preventative, palliative and emergency care
- 1.2.3 Develop the clinical skills you need in history-taking, physical examination and the use of ancillary tests for diagnosis
- 1.2.4 Develop the skills you need in therapeutics, including drug and non-drug approaches to treatment

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[15] www.connectingforhealth.nhs.uk/systemsandservices/icd/itskills/eits/what/elite (accessed November 2012)

1.2.5 Be able to prioritise problems

1.3 Co-ordinate care with other professionals in primary care and with other specialists

This means that as a GP you should:

1.3.1 Know how NHS primary care is organised

1.3.2 Understand the importance of excellent communication with patients and staff for effective teamwork

1.3.3 Be able to work as a team member and team leader in providing services to patients

1.4 Master effective and appropriate provision of care and health service utilisation

This means that as a GP you should:

1.4.1 Know the structure of the healthcare system and the function of primary care within the wider NHS

1.4.2 Understand the processes of referral into secondary care and other care pathways

1.4.3 Manage the interface between primary and secondary care, including unscheduled care, accurate sharing of information on medicines and communication with other professionals

1.4.5 Participate in service management and service improvement

1.5 Make available to your patients the appropriate services within the healthcare system

This means that as a GP you should:

1.5.1 Develop your communications skills for counselling, teaching and treating patients and their families/carers

1.5.2 Develop your organisational skills for record-keeping, information management, teamwork, running a practice and auditing the quality of care

1.6 Act as an advocate for your patients

This means that as a GP you should:

1.6.1 Develop and maintain a relationship and style of communication that does not patronise but treats your patients as equals

1.6.2 Show effective leadership, negotiation and compromise

2 Person-centred care

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

In his nine principles of family medicine, McWhinney quoted three as basic (core) elements: committing to the person rather than to a particular body of knowledge; seeking to understand the context of the illness; and attaching importance to the subjective aspects of medicine.[16] A person-centred approach is more than just the way you act: it is the way you think. It means always seeing the patient as a unique person in a unique context and taking into account patient preferences and expectations at every step in a patient-centred consultation.[17] Sharing the management of problems with your patients and disagreement over how to use limited resources in a fair manner may raise ethical issues that challenge the doctor: your ability to resolve these issues without damaging the doctor–patient relationship is all-important.

Partnership in the context of the doctor–patient relationship means a relationship based on participation and patient-responsiveness, avoiding paternalism and dominance.[18] Patient-reported quality of primary care and satisfaction with care is strongly linked with the person-focused model, and confirms its value.[19]

Person-centred care places great emphasis on the continuity of the relationship process. Continuity is a large, multidimensional issue that includes many different aspects, but it can be split up into three main types: 1. personal continuity (seeing the same doctor); 2.episodic continuity (ensuring that information is always available when taking over or referring); and 3. the continuity provided by the discipline (which guarantees organised 24-hour care).[20] McWhinney stresses that the key word is responsibility, not personal availability at all times.[12] It is important that you understand the distinction between the absolute need for continuous care for patients and the different ways this is influenced by the different types of continuity described. In the modern NHS episodic continuity is a key issue and the safety of the patient is paramount during handover of care and responsibility from one doctor to another.[21]

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[16] McWhinney IR and Freeman T *A Textbook of Family Medicine (3rd edn)* Oxford: Oxford University Press, 2009

[17] Stewart M, Brown JB, Weston WW, McWhinney IR, McWilliam CL, Freeman TR. *Patient-centered Medicine: transforming the clinical method (2nd edn)* Oxford: Radcliffe, 2003

[18] Silverman J, Kurtz S, Draper J. *Skills for Communicating with Patients (2nd edn)* Oxford: Radcliffe Medical Press, 2004

[19] Flocke SA, Miller WL, Crabtree BF. Relationships between physician practice style, patient satisfaction, and attributes of primary care *Journal of Family Practice* 2002; 51:10

[20] Haggerty JL. Continuity of care *British Medical Journal* 2003; 327: 1219–21

[21] British Medical Association Junior Doctors Committee. *Safe Handover: safe patients – guidance on clinical handover for clinicians and managers* London: BMA, 2007

Person-centred care is about your ability to:

2.1 Adopt a person-centred approach in dealing with your patients and their problems, in the context of their circumstances

This means that as a GP you should:

- 2.1.1. Use your basic scientific knowledge in understanding the individual, together with his or her aims and expectations in life
- 2.1.2 Develop a frame of reference to understand and deal with the family, community, social and cultural dimensions of a person's attitudes, values and beliefs
- 2.1.3 Master patient illness, sickness and disease concepts
- 2.1.4 Apply these skills and attitudes in practice

2.2 Use the general practice consultation to bring about an effective doctor–patient relationship, with respect for your patient's autonomy

This means that as a GP you should:

- 2.2.1 Adopt a patient-centred consultation model that explores your patient's ideas, concerns and expectations, integrates your agenda as a doctor, finds common ground and negotiates a mutual plan for the future
- 2.2.2 Communicate findings in a comprehensible way, helping patients to reflect on their own concepts and finding common ground for further decision-making
- 2.2.3 Make decisions that respect your patient's autonomy
- 2.2.4 Be aware of subjectivity in the medical relationship, from both your patient's side (feelings, values and preferences) and from your side (self-awareness of values, attitudes and feelings)
- 2.2.5 Identify whether your patient wishes to see a doctor of the same sex as themselves and arrange this wherever practical and appropriate

2.3 Communicate, set priorities and act in partnership

This means that as a GP you should:

- 2.3.1 Use your skills and attitude to establish a partnership
- 2.3.2 Achieve a balance between emotional distance and proximity to your patient

2.4 Provide long-term continuity of care as determined by the needs of your patient, referring to continuing and co-ordinated care management

This means that as a GP you should:

- 2.4.1 Understand and master the three aspects of continuity: personal continuity; episodic continuity (making the appropriate medical information available for each patient contact); and continuity of care (24 hours a day and 365 days a year)
- 2.4.2 Help your patient understand and achieve an appropriate work–life balance
- 2.4.3 Utilise disease registers and data-recording templates effectively for opportunistic and planned monitoring of long-term conditions, in order to ensure continuity of care between different healthcare providers

3 Specific problem-solving skills

This area of competence is about the context-specific aspects of general practice, dealing with early and undifferentiated illness and the skills you need to tolerate uncertainty, and marginalise danger, without medicalising normality.

Problem-solving in general practice is highly context specific. The skills you require relate to the context in which you encounter problems, the natural history of the problems themselves, the personal characteristics of your patients, the personal characteristics of you as a doctor in managing them, and the resources you have at your disposal.

Focusing on problem-solving is a crucial part of GP training because family doctors need to adopt a problem-based approach rather than a disease-based approach. As most learning occurs in secondary care environments, many GP specialty trainees find it hard to adjust to the differences in problem-solving between general practice and hospital work. These differences were described by Marinker in the following terms: GPs in solving problems have to tolerate uncertainty, explore probability and marginalise danger, whereas hospital specialists have to reduce uncertainty, explore possibility and marginalise error.[22] Although this model polarises these two situations, it provides some useful pointers, and individual learners will need to work out how differences occur in specific clinical contexts.

General practice is the part of the health service which manages the increasing burden of chronic disease and the co-morbidity that these conditions generate. As a GP you must also have the specific skills to deal with the common problems presenting in general practice (and rarely seen in hospital practice), **and** you must recognise and manage significant serious disease, which is rare in the general practice setting and often presents in a non-specific way.

There are models of general practice problem-solving that you could consider. The concept of the hypothetico-deductive model was described in the RCGP text that underpinned early general practice training in the UK.[23] Another approach is to use pattern recognition or learning scripts, which clarify the problem-solving strategy of the doctor and can be employed in teaching about specific cases.[24] The dual-process theory combines both the former approaches.[25] And there are a number of other consultation frameworks that may assist you in understanding this topic. ([26],[27],[28],[29])

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[22] Marinker M and Peckham PJ (eds). *Clinical Futures* London: BMJ Books, 1998

[23] Horder J. *The Future General Practitioner* London: RCGP, 1972

[24] Schmidt HG, Norman GR, Boshuizen HPA. A cognitive perspective of medical expertise: theory and implications *Academic Medicine* 1990; 65: 611–21

[25] Pelaccia T, Tardif J, Triby E, Charlin B. An analysis of clinical reasoning through a recent and comprehensive approach: the dual-process theory *Medical Education Online* 2011; 16: 10.3402/meo.v16i0.5890. Published online 2011 March 14, doi: 10.3402/meo.v16i0.5890

[26] Pendleton D, Schofield T, Tate P, Havelock P. *The Consultation: an approach to learning and teaching (2nd edn)* Oxford: Oxford Medical Press, 2003

Use of time as part of the diagnostic process, incremental investigation and coping with uncertainty are part of the skills you learn in general practice. There is a growing body of literature on these topics to support teachers who want to encourage learners to reflect on these unique aspects of problem-solving.[30]

Specific problem-solving skills is about your ability to:

3.1 Relate specific decision-making processes to the prevalence and incidence of illness in the community

This means that as a GP you should:

3.1.1 Know the prevalence and incidence of disease

3.1.2 Know your practice community (age–sex distribution, prevalence of chronic diseases)

3.1.3 Develop your skills in specific decision-making (using tools such as clinical reasoning and decision rules)

3.2 Selectively gather and interpret information from history-taking, physical examination and investigations, and apply it to an appropriate management plan in collaboration with your patient

This means that as a GP you should:

3.2.1 Know the relevant questions in the history and items in the physical examination that are relevant to the problem presented

3.2.2 Know your patient's relevant context, including family, social and occupational factors

3.2.3 Know the available investigations and treatment resources

3.2.4 Develop your history-taking and physical examination skills, and skills in interpreting data

3.2.5 Be willing to involve your patient in the management plan

3.3 Adopt appropriate working principles (e.g. incremental investigation, using time as a tool) and tolerate uncertainty

This means that as a GP you should:

3.3.1 Adopt skills and attitudes to demonstrate curiosity, diligence and caring

3.3.2 Adopt stepwise procedures in medical decision-making, using time as a diagnostic and therapeutic tool

3.3.3 Understand and accept the inevitable uncertainty in primary care problem-solving and the need for development of strategies that demonstrate this

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[27] Stott NCH and Davis RH. The exceptional potential in each primary care consultation *Journal of the Royal College of General Practitioners* 1979; 29: 201–9

[28] Neighbour R. *The Inner Consultation (2nd edn)* Lancaster: MTP Press, 2004

[29] Silverman J, Kurtz S, Draper J. *Skills for Communicating with Patients (2nd edn)* Oxford: Radcliffe Medical Press, 2004

[30] Innes AD, Campion PD, Griffiths FE. Complex consultations and the 'edge of chaos' *British Journal of General Practice* 2005; 55(510):47–52

3.4 Intervene urgently when necessary

This means that as a GP you should:

3.4.1 Develop your skills in specific decision-making for emergency situations

3.4.2 Develop your specific skills for emergency procedures that may occur in primary care situations

3.5 Manage conditions that may present early and in an undifferentiated way

This means that as a GP you should:

3.5.1 Know when to wait and reassure, and when to initiate additional diagnostic and therapeutic action

3.6 Make effective and efficient use of diagnostic and therapeutic interventions

This means that as a GP you should:

3.6.1 Know that symptoms and signs vary in their predictive value, as do findings from ancillary tests

3.6.2 Understand the cost-efficiency and cost–benefit of tests and treatments

3.6.3 Acquire the knowledge you need in therapeutics and demonstrate the skills required for safe and appropriate prescribing, including repeat prescribing and medication review

4 A comprehensive approach

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

As a GP you need to address multiple complaints and co-morbidity in the patients you care for. You must also provide and co-ordinate all aspects of health promotion and disease prevention, both opportunistically and as part of a programme, using other professionals in your primary care team where appropriate. This includes health advice and immunisations for those travelling overseas. You will also need to work with your patients in their rehabilitation and safe return to work using other occupational support services, bearing in mind the potential impact of work on the progress and recovery of a health condition.

When patients seek medical assistance, they are aware that they have become ill as a person but may not be able to differentiate between different diseases they may have, and the significance of each disease on their quality of life. As a family doctor, the challenge of addressing the multiple health issues in each individual is important and it requires you to develop the skill of interpreting the issues and prioritising them in partnership with your patients.

The family doctor should use an evidence-based approach to this aspect of the care of patients, aiming at an approach where the main focus would be promoting your patient's health and general well-being. Reducing risk factors by promoting self-care and empowering patients is an important task of the GP. You should aim to minimise the impact of your patient's symptoms on his or her well-being by taking into account personality, family, daily life, economic circumstances and physical and social surroundings.

Co-ordination of care also means that as a GP you must be skilled not only in managing disease and prevention, but also in caring for your patient, providing rehabilitation and in providing palliative care in the end phases of a patient's life. The physician must be able to co-ordinate patient care provided by other healthcare professionals and care provided by other agencies.

A comprehensive approach is about your ability to:

4.1 Manage multiple complaints and pathologies simultaneously, for both acute and chronic health problems

This means that as a GP you should:

- 4.1.1 Understand the concept of co-morbidity in a patient
- 4.1.2 Develop your skills to manage the concurrent health problems experienced by your patient through identification, exploration, negotiation, acceptance and prioritisation
- 4.1.3 Develop your skills in using the medical records and other information
- 4.1.4 Develop your skills and attitudes so that you seek and use the best evidence in practice
- 4.1.5 Develop your skills in the review and management of patients taking multiple medications

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

This means that as a GP you should:

- 4.2.1 Understand the concept of health
- 4.2.2 Know how to promote health on an individual basis as part of the consultation
- 4.2.3 Know how to promote health through a health promotion or disease prevention programme within the primary care setting
- 4.2.4 Understand the role of the GP in health promotion activities in the community
- 4.2.5 Understand and recognise the importance of ethical tensions between the needs of the individual and the community, and act appropriately

4.3 Manage and co-ordinate health promotion, prevention, cure, care, rehabilitation and palliation

This means that as a GP you should:

- 4.3.1 Understand the complex nature of health problems in general practice
- 4.3.2 Understand the variety of possible approaches
- 4.3 3 Use different approaches for an individual patient and modify these according to an individual's needs
- 4.3.4 Be able to co-ordinate teamwork in primary care

5 Community orientation

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

Your work as a family doctor is determined by the make-up of the community in which your practice is based. Therefore you must understand the potentials and limitations of the community in which you work and its character in terms of socio-economic and health features. The GP is in a position to consider many of the issues and how they interrelate, and the importance of this both within the practice and in the wider community. The negative influence of poor socio-economic status on health has been clearly demonstrated, giving rise to the description by Tudor-Hart of the 'inverse care law'.[31]

General practitioners have traditionally been part of the community in which they work and their role often extended beyond the consultation with any individual patient, but the needs of the individual patient were paramount. Patterns of general practice delivery are changing and many GPs commute to work and no longer live in the same district as their patients. At the same time in the modern NHS the tension between the needs of an individual patient and the needs of the wider community is becoming more pronounced and it is a necessary task to be able to work with these tensions. You as a GP will need to manage your patient who has a health problem which may impact on their own safety but also on others (including the potentially adverse effects of medication). You will find that in all societies healthcare systems are being rationed and doctors are being involved in the rationing decisions; as a family doctor you have an ethical and moral duty to influence health policy in the community, and to work with individual patients who feel their needs are not being met by the healthcare system. Furthermore as a professional in healthcare you need to have an awareness of global health issues and to display a responsibility towards sustainability issues, both as a citizen and in your healthcare provider role.

Community orientation is about your ability to:

5.1 Reconcile the health needs of individual patients and the health needs of the community in which they live, balancing these with available resources

This means that as a GP you should:

- 5.1.1 Understand the health needs of communities through the epidemiological characteristics of their population
- 5.1.2 Understand the interrelationships between health and social care
- 5.1.3 Understand the impact of poverty, ethnicity and local epidemiology on a local community's health
- 5.1.4 Be aware of inequalities in healthcare provision
- 5.1.5 Understand the structure of the healthcare system and its economic limitations
- 5.1.6 Understand the roles of the other professionals involved in community policy relating to health

[31] Tudor-Hart J. The inverse care law *Lancet* 1971: 297; 405–12

5.1.7 Contribute to service management and service improvement in your local health community, as well as in your own practice
5.1.8 Understand the importance of practice- and community-based information in the quality assurance of your individual practice
5.1.9 Understand how the healthcare system can be used by the patient and the doctor (referral procedure, sick leave, legal issues, etc.) in their own context
5.1.10 Understand the financial, regulatory and legal frameworks which apply in the management of your patients.
5.1.11 Reconcile the needs of your individual patients with the needs of the community in which they live
5.1.12 Understand your role as a GP in the commissioning of health care

6 A holistic approach

This area of competence is about your ability to understand and respect the values, culture, family structure and beliefs of your patients, and understand the ways in which these will affect the experience and management of illness and health.

Medicine, like any cultural practice, is based on a set of shared beliefs and values, and is an intrinsic part of the wider culture. The definition of *holism* widely accepted for medical care, and which will be used in this document, is taken from the work of Kemper: it involves 'caring for the whole person in the context of the person's values, their family beliefs, their family system, and their culture in the larger community, and considering a range of therapies based on the evidence of their benefits and cost'.[32] Or, as Pietroni puts it, holism involves a 'willingness to use a wide range of interventions … an emphasis on a more participatory relationship between doctor and patient; and an awareness of the impact of the "health" of the practitioner on the patient'.[33]

Holism and patient-centredness are core values of general practice. Holism, described by Howie *et al*.[34] as the integration of physical, psychological and social components of health problems in making diagnoses and planning management, is well established as a central issue of good consulting practice.[35,36] There is good evidence that this is promoted by longer consultations[37,38,39] and by greater continuity of care.[40,41,42] Howie and colleagues in Scotland built on

[32] Kemper KJ. Holistic pediatrics = good medicine *Pediatrics* 2000; 105: 214–18
[33] Pietroni P. Holistic medicine: new lessons to be learned *Practitioner* 1987; 231: 1386–90
[34] Howie JGR, Heaney DJ, Maxwell M, Walker JJ, Freeman GK. Developing a 'consultation quality index' (CQI) for use in general practice *Family Practice* 2000; 17 (6): 455–61
[35] Stott NCH and Davis RH. The exceptional potential in each primary care consultation *Journal of the Royal College of General Practitioners* 1979; 29: 201–5
[36] Greenhalgh T and Eversley J. *Quality in General Practice: towards a holistic approach* London: King's Fund, 1999
[37] Wilson A. Consultation length in general practice: a review *British Journal of General Practice* 1991; 41: 119–22
[38] Howie JGR, Porter AMD, Heaney DJ, Hopton JL. Long to short consultation ratio: a proxy measure of quality of care for general practice *British Journal of General Practice* 1991; 41: 48–54
[39] Wilson A, McDonald P, Hayes L, Cooney J. Health promotion in general practice: a minute makes a difference *British Medical Journal* 1992; 304: 227–30
[40] Hjortdahl P. General practice and continuity of care: organisational aspects *Family Practice* 1989; 6: 292–8

that evidence to develop their 'consultation quality index' (CQI) for use in general practice, which reflects the core values of general practice, using as proxies 'consultation length' and how well patients 'know the doctor' as process measures, and 'patient enablement' as an outcome measure.[43,44]

Holistic care can only be interpreted in relation to an individual's perception of holism, so if we accept that holism will always be individualistic, then even therapies or interventions offered to the patient will have different meanings to different people. This is the reason why it relates so closely to general practice and family medicine. The holistic view acknowledges objective scientific explanations of physiology, but also admits that people have inner experiences that are subjective, mystical (and, for some, religious), which may affect their health and health beliefs.[45]

The recognition that illnesses have both mental and physical components, and that there is a dynamic relationship between them has led to criticisms of the purely biomedical model and to the development of the bio-psycho-social model of modern medicine.[46,47] This model was spelt out most clearly by Engel, who argued that for psychiatry to generate a fully scientific and inclusive account of mental disorder it was necessary to understand the illness (not the disease) as a process, giving equal importance to biological, psychological and social determinants for pathogenesis, diagnosis and therapy – in other words the holistic approach.[48,49]

A holistic approach is about your ability to:

6.1 Use bio-psycho-social models and take into account cultural and existential dimensions

This means that as a GP you should:

- 6.1.1 Know the holistic concept and its implications for your patient's care
- 6.1.2 Understand your patient as a bio-psycho-social 'whole'
- 6.1.3 Develop the skills to transform holistic understanding into practical measures
- 6.1.4 Know the cultural background and beliefs of your patient, in so far as they are relevant to healthcare
- 6.1.5 Show tolerance and understanding of your patient's experiences, beliefs, values and expectations, as they affect healthcare delivery

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[41] Hjortdahl P and Laerum E. Continuity of care in general practice: effect on patient satisfaction *British Medical Journal* 1992; 304: 1287–90

[42] Freeman G and Hjortdahl P. What future for continuity of care in general practice? *British Medical Journal* 1997; 314: 1870–3

[43] Howie JGR. Millennium 2000: is quality care a realistic target? *Asia Pacific Family Medicine* 2002; 1: 8–9

[44] Howie JGR, Heaney DJ, Maxwell M. Quality and core values and the general practice consultation: issues of definition, measurement and delivery *Family Practice* 2004; 21(4): 458–68

[45] Edlin G and Golanty E. *Health and Wellness:* a *holistic approach (10th edn)* London: Jones & Boston, 2010

[46] Butler CC, Evans M, Greaves D, Sompson S. Medically unexplained symptoms: the biopsychosocial model found wanting *Journal of the Royal Society of Medicine* 2004; 97: 219–22

[47] Engel GL. The need for a new medical model: a challenge for biomedicine *Science* 1977; 196: 129–36

[48] Engel GL. The clinical application of the biopsychosocial model *American Journal of Psychiatry* 1980; 137: 535–44

[49] McWhinney IR and Freeman T. *A Textbook of Family Medicine (3rd edn)* Oxford: Oxford University Press, 2009

Essential feature 1: Contextual features

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

This essential feature (EF) is about your personal context and the environment in which you work; this influences what you can achieve and what you should achieve. Contextual aspects include your working conditions per se, the team in which you work, your co-workers and networks of allied disciplines. Other factors also include professional norms, performance incentives and targets, policies by government, financial and regulatory frameworks, financial constraints/resources etc. In addition cultural norms, societal expectations and socio-economic factors shape your professional context. This reality is always present and, because of its impact on your daily practice, must be recognised and managed.

The following are listed as possible examples of contextual aspects of your work as a doctor. How suitable are the premises in which you work? Is your practice fully staffed? Are these staff permanent or temporary? How does your workload compare to national and local norms? What is the ethnic background of your patients, and do you understand how this may impact on their needs and wants? Are you being paid fairly for the work you do? Is your home life stable and supportive? What limits are there to your prescribing? When will you undergo revalidation?

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

EF 1 This essential feature is about your ability to understand how your own context as a doctor may influence the quality of your care.

Examples of this are:

- EF 1.1 Understanding the impact of the local community (including socio-economic and workplace factors, geography and culture) on your patient care
- EF 1.2 Awareness of the impact of your overall workload on patient safety, the care given to individual patients and the facilities (e.g. staff, equipment) available to deliver that care
- EF 1.3 Understanding the financial, regulatory and legal frameworks in which you provide healthcare both at practice level and in the wider NHS
- EF 1.4 Understanding the impact of your personal, home and working environment on the care that you provide

Essential feature 2: Attitudinal features

This is about your professional capabilities, values, feelings and ethics, and the impact these may have on your patient care.

There will be basic cultural (including religious) differences in your practice populations, and between you and many of your patients. Your own values, attitudes, and feelings are important determinants of how you practice medicine.[50] This is especially true in general practice where you as a doctor will be involved as a person in a one-to-one and continuing relationship with your patient, not merely as a medical provider. As a GP you should aim at understanding and learning to use your own attitudes, strengths and weaknesses, values and beliefs in a partnership with your individual patients. This requires a reflective approach and the development of insight and an awareness of self. Being honest and realistic about your own abilities (strengths and weaknesses) and priorities will help you in dealing with your patients and their problems; the lack of such self-awareness will make your job as a GP very difficult.

EF 2 This essential feature is about your understanding of the impact on patient care of your values, feelings and ethics.

Examples of this are:

- EF 2.1 Awareness of your own capabilities and values
- EF 2.2 Delivering care with compassion and kindness
- EF 2.3 Being able to identify the ethical aspects of your clinical practice (prevention, diagnostics, therapy, factors that influence lifestyles)
- EF 2.4 Awareness of self: understanding that your own attitudes and feelings are important determinants of how you practise
- EF 2.5 Valuing and encouraging the contribution of others
- EF 2.6 Being prepared to participate in service management and improvement
- EF 2.7 Justifying and clarifying personal ethics
- EF 2.8 Being aware of the interaction of your work and your private life, and striving for a good balance between them

Essential feature 3: Scientific features

This is about the need to adopt a critical and evidence-based approach to your work, maintaining this through lifelong learning and a commitment to quality improvement.

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[50] McWhinney IR and Freeman T, *A Textbook of Family Medicine (3rd edn)* Oxford: Oxford University Press, 2009

Although a high-context and very individually focused discipline, general practice should be as much as possible based on scientific evidence. Using experience in the management of your patients remains very important, but should wherever possible be supported by and verified against sound evidence, published and collected in medical literature and guidelines. As a family doctor you should be able to search, collect, understand and interpret scientific research critically and use evidence as much as possible. Critically reviewing your experience in practice should become an attitude that is maintained over the whole of your professional career. Knowing and using the principles of lifelong learning and quality improvement should be considered as an essential competence for you as a GP.

EF 3 This essential feature is about your ability to adopt a critical and evidence-based approach to your work as a GP, and maintain this through lifelong learning and quality improvement.

Examples of this are:

- EF 3.1 Familiarity with the general principles, methods and concepts of scientific research and the fundamentals of statistics (incidence, prevalence, predictive value, etc.)
- EF 3.2 Knowing the scientific backgrounds of pathology; symptoms and diagnosis; therapy and prognosis; epidemiology; decision theory; theories about the forming of hypotheses and problem-solving; preventative healthcare
- EF 3.3 Reading and assessing medical literature critically and putting the lessons from the literature into practice
- EF 3.4 Developing and maintaining continuing learning and quality improvement

LEARNING STRATEGIES

In each of the statements of the RCGP curriculum you will find a *Learning Strategies* section, which tells you some of the ways in which you can gain the necessary competences to become an effective GP. As an adult learner[51] you will have your own distinct learning style and preferences which will influence how you make use of the learning opportunities in your training programme and beyond, into your lifelong learning as a general practitioner. Learning opportunities are provided as a resource to assist you in negotiating your way around your training programme.

The majority of your learning for general practice will occur in the workplace, both in general practice itself and in your hospital placements. There will be opportunities for you to learn outside the workplace, with other healthcare professionals and during formal teaching sessions. A key element is to reflect actively on your experiences and incorporate your learning into your daily work with your patients[52]. The contextual statements (statements 2.01 to 2.04) and clinical examples (statements 3.1 to 3.18) suggest how you can maximise the benefit of each placement, as well as the other learning opportunities that are available. As a GP specialty trainee, your training programme will provide you with unique insights both into the ways in which your patients and their problems are managed in general practice and in the hospital, and into the interface between these care environments. It will also give you a deep understanding of the meaning of the patient pathway and your role in helping your patient to negotiate this. Your patients will teach you about how they manage their illnesses, and, with your encouragement, will help you in your learning to be a GP. They are often experts in managing their illnesses and at handling doctors and the health care "system".

Your primary educational relationships will be with your educational supervisor (your GP trainer), the clinical supervisors in your placements and your training programme directors. These relationships will be embedded in active, professional practice where your experiences will not only allow the acquisition of skills but, by participation in professional practice over the course of the programme, you will also develop as a GP, acquiring the language, behaviours and philosophy of the profession. You should also make the most of the opportunities to learn from other GPs in your training practice, other colleagues in training and the other professionals involved in caring for your patients, both in hospital and in the community.

The Curriculum and lifelong learning

As you will be aware becoming a qualified GP does not mean that learning stops; it is the beginning of a process of lifelong learning not only to keep abreast of medical developments but also to improve in your application of the knowledge and skills that you learnt during your formal training. Your learning needs may differ at different stages of your career and you need to be able to identify and meet those needs. The RCGP curriculum can help you with this process, providing a framework in mastering the areas of competence and essential features of the discipline of general practice.

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[51] Knowles M. *The Adult Learner: a neglected species (4th edn*) Houston: Gulf Publishing Company, 1990

[52] Kolb D. *Experiential Learning* Englewood Cliffs, NJ: Prentice–Hall, 1984

Work-based learning – in primary care

Your training practice and the patient contacts that you make while working there will provide you with the foundation for your development as a specialist in general practice. Some aspects of being a general practitioner you will get nowhere else. Ninety per cent of patient care is provided in general practice and you will work closely with your trainer when consulting with patients, initially under direct supervision but, as you gain in competence, you will work more independently. Being observed, receiving feedback and reflecting on your work while providing care for patients, both in the surgery and in their own homes, are key features. In addition, you will have structured teaching sessions with your trainer that are tailored to your learning needs. Your training practice is a large and complex organisation and you will be able to gain an understanding of how it functions as a community care provider, the professionals involved and how it monitors the quality of the care provided. You should familiarise yourself with the tools used in quality management, such as significant event audit, critical incident reporting, or patient satisfaction surveys and use these with your supervisors in recognising and meeting your learning needs.

Work-based learning – in secondary care

The hospital placements you undertake will provide you with a very different learning experience. Your training in secondary care should be grounded in the need to gain general practice competencies and apply your learning to the GP context. Attachments in secondary care provide you with a concentration of clinical material which would take months or years to achieve in a general practice placement. You will have the opportunity to see and manage people with serious illness and study their pathway from presentation in primary care, admission to hospital and planned discharge, and participate in planning their rehabilitation. As well as the differences in the clinical material there will be different challenges in consultations in different specialties. You will also find that the care teams working in hospital are different and you will be able to contrast these with those you have encountered in your general practice. Throughout, you need to take the time to reflect on practice and develop a clear understanding of what has been learnt and how it can be applied effectively to a general practice setting. Your Programme Directors will be able to assist you in accessing Deanery resources for learning during your hospital attachments, and in ways of meeting leaning needs in specialties that are not included in your rotations.

Non-work-based learning

You are a self-directed adult learner and, as such, private study is an important part of your development as a GP. Examples of this are reading around a topic, reflecting on your experiences, searching for evidence, or preparing for an assessment or teaching session. You will need to discover what resources are available to you. As well as the traditional methods of books, papers and journals, there are many online resources such as the RCGP e-learning modules, which cover the whole of the curriculum and are participatory, providing you with feedback as you work on them. You will need to keep your e-portfolio up to date, which in itself will help you reflect on your training as a GP and help identify learning needs as yet unmet.

Learning with other healthcare professionals

Your training programme will offer many opportunities to learn with other healthcare workers. Much of the patient care in modern general practice is provided by nurses, health visitors, social workers and many others (produce your own list). The learning could of course be direct clinical contact such as with midwives in antenatal clinics, health visitors in immunisation clinics, or with specialist nurses managing chronic diseases. The current emphasis on care in the community means that much direct care is provided in patients' homes, which will provide you with different learning opportunities. Gaining an

understanding of the way the interfaces work between these professionals and the GP is another task. Do not forget the receptionists, who will have to make decisions on prioritising patient requests – how do they do this?

In secondary care, team working is just as important but the teams may be very different from those you meet in primary care. They also differ in different specialties, depending on the particular requirement of that clinical discipline. Again you will have the opportunity to be taught directly by these team members and will get to understand not only the specific part they play in that clinical department but also how they relate to GPs and their teams. As a junior doctor you will also be working directly as a member, and sometimes a leader, of a multiprofessional team.

Finally there may be opportunities for you to join other healthcare professionals in joint educational programmes, learning together through in-house or locality based programmes.

Formal learning

In addition to the training possibilities mentioned above, you will be able to participate in more formal learning sessions. Workshops, lectures, seminars and case presentations may be arranged as departmental teaching sessions. Your GP training programme will include GP training scheme seminars and other day-release activities. In addition, there may be formal learning programmes from RCGP faculties or local University Departments of General Practice. The Deaneries will offer updates and workshops for trainees, and the local programme directors will assist in highlighting these. Your medical education centre will be able to advise on arrangements for attending courses outside your locality.

LEARNING RESOURCES

Examples of relevant texts and resources

Primary care management

- Jones R, Britten N, Culpepper L, *et al*. (eds). *Oxford Textbook of Primary Medical Care* Oxford: Oxford University Press, 2004
- McWhinney IR. *A Textbook of Family Medicine (3rd edn)* Oxford: Oxford University Press, 2009
- Rakel RE. *Textbook of Family Practice (6th edn)* London: WB Saunders, 2001
- Royal College of General Practitioners. The RCGP recommends that you should reach the NHS Elite Standard from the Essential IT Skills programme during specialty training, www.connectingforhealth.nhs.uk/systemsandservices/icd/itskills/eits/what/elite (accessed November 2012)

Person-centred care

- Balint M. *The Doctor, His Patient and the Illness* London: Pitman Medical Publishing, 1964
- Howie JGR and the John Fry Fellowship 1999. *Patient-centredness and the Politics of Change: a day in the life of academic practice* London: The Nuffield Trust, 1999
- Mead N and Bower P. Patient-centredness: a conceptual framework and review of the empirical literature *Social Science and Medicine* 2000; 51: 1087–110
- Neighbour R. *The Inner Consultation* Lancaster: MTP, 1987
- Stewart M, Brown JB, Weston WW, McWhinney IR, McWilliam CL, Freeman TR. *Patient-centered Medicine: transforming the clinical method* Oxford: Radcliffe Medical Press, 2003
- Toon PD. *What is Good General Practice?* Occasional Paper 65. London: Royal College of General Practitioners, 1994

Specific problem-solving skills

- Ahlzén R, Evans M, Louhiala P, Puustinen R (eds). *Medical Humanities Companion Volume Two: diagnosis* Oxford: Radcliffe Publishing, 2010
- Dowie J and Elstein AS (eds). *Professional Judgement: a reader in clinical decision-making* Cambridge: Cambridge University Press, 1991
- Evans M, Ahlzén R, Heath I, MacNaughton J (eds). *Medical Humanities Companion Volume One: symptom* Oxford: Radcliffe Publishing, 2008
- Hannaford PC, Smith BH, Elliott AM. Primary care epidemiology: its scope and purpose *Family Practice* 2006; 23(1): 1–7
- Hopcroft K and Forte V. *Symptom Sorter* Oxford: Radcliffe Publishing, 2010
- Montgomery K. *How Doctors Think, Clinical Judgment and the Practice of Medicine* Oxford: Oxford University Press, 2005

- Sackett DL, Hayes RB, Guyatt GH, Tugwell P. *Clinical Epidemiology: a basic science for clinical medicine (2nd edn)* Boston: Little, Brown, 1991
- Schwartz A and Bergus G. *Medical Decision Making: a physician's guide* Cambridge: Cambridge University Press, 2008
- Thistlethwaite JE. Making and sharing decisions about management with patients: the views and experiences of pre-registration house officers in general practice and hospital *Medical Education* 2002; 36: 49–55

A comprehensive approach

- Macleod U and Mitchell E. Co-morbidity in general practice (review) *Practitioner* 2005; 249(1669): 282–4
- Mitchell A, Malone D, Doebbeling CC. Quality of medical care for people with and without co-morbid mental illness and substance misuse: systematic review of comparative studies *British Journal of Psychiatry* 2009; 194: 491–99
- Saltman DC, Sayer G P, Whicker SD. Co-morbidity in general practice *Postgraduate Medical Journal* 2005; 81: 474–80
- Starfield B, Lemke KW, Bernhardt T, *et al*. Co-morbidity: implications for the importance of primary care in 'case' management *Annals of Family Medicine* 2003; 1: 8–14

Community orientation

- Carlisle C, Donovan T, Mercer D (eds). *Inter-professional Education: an agenda for healthcare professionals* Salisbury: Quay Books, 2005
- Commission on Social Determinants of Health (CSDH). *Closing the Gap in a Generation: health equity through action on the social determinants of health. Final Report of the Commission on Social Determinants of Health* Geneva: World Health Organization, 2008, http://whqlibdoc.who.int/publications/2008/9789241563703_eng.pdf (accessed November 2012)
- General Medical Council. *Good Medical Practice* London: GMC UK, 2006, www.gmc-uk.org/Good_Medical_Practice___Archived.pdf_51772200.pdf (accessed July 2013)
- General Practitioners Committee of the BMA and the Royal College of General Practitioners. *Good Medical Practice for General Practitioners* London: RCGP, 2008 www.rcgp.org.uk/policy/rcgp-policy-areas/~/media/Files/Policy/A-Z%20policy/Good_Medical_Practice_for_GPs_July_2008.ashx (accessed November 2012)
- Glasby J and Dickinson H. *International Perspectives on Health and Social Care: partnership working in action* Chichester: Wiley–Blackwell, 2009
- Gupta S. *Effective GP Commissioning – Essential Knowledge, Skills and Attitudes: a practical guide* Oxford: Radcliffe Publishing, 2011
- Longlett SK, Kruse JE, Wesley RM. Community-oriented primary care: critical assessment and implications for resident education *Journal of the American Board of Family Practice* 2001; 14: 141–7
- Marmot report *Fair Society Healthy Lives*, 2010, www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review (accessed November 2012)
- Marmot report two years on, data on the second anniversary, 2012 www.instituteofhealthequity.org/Content/FileManager/pdf/2-year-on-press-release-final.pdf (accessed November 2012)
- Russell A. *Lecture Notes: the social basis of medicine* Wiley–Blackwell, 2009
- Smeeth L and Heath I. Tackling health inequalities in primary care *British Medical Journal* 1999; 318: 1020–1

A holistic approach

- Edlin G and Golanty E. *Health and Wellness (10th edn)* Sudbury, MA: Jones and Bartlett Publishers, 2010
- Greenhalgh T and Eversley J. *Quality in General Practice: towards a holistic approach* London: King's Fund, 1999
- Lindstrom B and Eriksson M. Contextualizing salutogenesis and Antonovsky in public health development *Health Promotion International* 2006; 21(3): 238-44

Contextual features

- Levenson R, Dewar S, Shepherd S. *Understanding Doctors: harnessing professionalism* London: Kings Fund, 2009
- Royal College of Physicians. *Doctors in Society: medical professionalism in a changing world. Report of a Working Party of the Royal College of Physicians of London* London: RCP, 2005
- Thistlethwaite J and Spencer J. *Professionalism in Medicine* Oxford: Radcliffe, 2008

Attitudinal features

- Bennet G. *The Wound and the Doctor: healing, technology and power in modern medicine* London: Secker and Warburg, 1987
- Berger J. *A Fortunate Man: the story of a country doctor* London: RCGP, 2005 (reprint)
- Seedhouse D. *Ethics: the heart of health care (2nd edn)* Wiley, 2002
- Seedhouse D. *Values-based Decision Making for Caring Professions* Wiley, 2005

Scientific features

- Greenhalgh T. *How to Read a Paper: the basics of evidence-based medicine (4th edn)* Wiley-Blackwell, 2010
- Straus SE, Richardson WS, Glasziou P, Haynes RB. *Evidence-based Medicine: how to practise and teach EBM (4th edn)* Edinburgh: Churchill Livingstone, 2010. (Includes CD-ROM)
- van Zwanenberg T and Harrison J (eds). *Clinical Governance in Primary Care (2nd edn)* Abingdon: Radcliffe Publishing, 2004
- Willis J. *The Paradox of Progress* Abingdon: Radcliffe Publishing, 1995

Web resources

Department of Health

The Department of Health website is constantly being updated with policy publications, consultations, guidance documents and research reports, as well as bulletins, speeches and press releases. The website also has pages dedicated to primary care.

www.dh.gov.uk

NHS Evidence

NHS Evidence is a service that enables access to authoritative clinical and non-clinical evidence and best practice through a web-based portal. It aims to help people from across the NHS, public health and social care sectors make better decisions by providing them with easy access to high quality evidence based information. NHS Evidence is managed by the National Institute for Health and Clinical Excellence (NICE). Topic areas – identified by practitioners – bring together the latest guidelines, high quality patient information, ongoing trials and other selected information. NHS Evidence also provides access to new NICE Pathways, which will allow users to easily navigate NICE guidance.

www.evidence.nhs.uk

National Institute for Health and Clinical Excellence (NICE)

Information, policy documents and advice for healthcare professionals. Searching in this site will deliver the most up-to-date NICE guidance.

www.nice.org.uk

NICE now hosts the National Prescribing Centre and has a helpful publication on safely managing prescribing in general practice at www.npc.nhs.uk/evidence/resources/10_top_tips_for_gps.pdf

Royal College of General Practitioners

***e*-GP**

e-GP is an extremely valuable resource which provides a free programme of e-learning courses covering many parts of the RCGP curriculum. Each course derives from one of the curriculum statements and consists of practical and interactive e-learning sessions that will enhance your GP training and help with preparation for MRCGP assessments and NHS appraisals, as well as supporting your self-directed and reflective learning. Each of the e-learning sessions relates to a curriculum statement and completed sessions are automatically logged in the Trainee ePortfolio.

e-GP also contains further information on the core statement, 'Being a General Practitioner'.

e-GP can be accessed at www.e-GP.org or through the RCGP's Online Learning Environment at http://elearning.rcgp.org.uk.

RCGP online courses and certifications

The RCGP's Online Learning Environment contains a range of e-learning updates, courses and certifications for GPs, based on the RCGP curriculum. This includes the Personal Education Planning tool (PEP), an online AKT-style test which identifies your learning needs across the curriculum statements. The site also contains the Essential Knowledge Updates and Challenges, which cover new and changing knowledge of relevance to general practice. The online courses and certifications go into more depth in a range of primary care topics.

The RCGP Online Learning Environment is available at http://elearning.rcgp.org.uk.

APPENDIX 1

Mapping the RCGP Curriculum to *Good Medical Practice*

The learning outcomes of the RCGP curriculum core statement *Being a General Practitioner* have been mapped to the GMC's *Good Medical Practice Framework for Appraisal and Assessment, version 4.1 2008*. This process has not been extended to the remainder of the RCGP curriculum (the Contextual Statements and the Clinical Examples) because the learning outcomes in the remainder of the curriculum explore the learning outcomes in the core statement in greater detail.

The GMC's *Good Medical Practice Framework for Appraisal and Assessment, version 4.1 2008* is the standard required of all doctors in order to remain on the register. The salient learning outcomes of the RCGP curriculum core statement *Being a General Practitioner* have been aligned to this framework. These learning outcomes are not elaborated further here, but are explored in greater detail in the Contextual Statements and the Clinical Examples of the curriculum.

GMC Domain 1 – Knowledge, skills and performance

Attributes	*Generic standards*	*RCGP curriculum core statement learning outcomes*
Maintain your professional performance	Maintain knowledge of the law and other regulation relevant to practice	5.1.9 Understand how the healthcare system can be used by the patient and the doctor (referral procedure, sick leave, legal issues, etc.) in their own context EF 1.3 Understanding the financial, regulatory and legal frameworks in which you provide healthcare both at practice level and in the wider NHS
	Keep knowledge and skills up-to-date	EF 3.3 Reading and assessing medical literature critically and putting the lessons from the literature into practice
	Participate in professional development and educational activities	EF 3.4 Developing and maintaining continuing learning and quality improvement
	Take part in regular and systematic audit	1.5.2 Develop your organisational skills for record-keeping, information management, teamwork, running a practice and auditing the quality of care

GMC Domain 1 – Knowledge, skills and performance (cont.)

Attributes	*Generic standards*	*RCGP curriculum core statement learning outcomes*
Apply knowledge and experience to practice	Recognise and work within the limits of your competence	EF 2.1 Awareness of your own capabilities and values
	Adequately assess the patient's conditions	1.2.2 Develop the skills you need in acute, chronic, preventative, palliative and emergency care 1.2.3 Develop the clinical skills you need in history-taking, physical examination and the use of ancillary tests for diagnosis 3.1.3 Develop your skills in specific decision-making (using tools such as clinical reasoning and decision rules) 3.3.2 Adopt stepwise procedures in medical decision-making, using time as a diagnostic and therapeutic tool
	Provide or arrange advice, investigations or treatment where necessary	1.2.3 Develop the clinical skills you need in history-taking, physical examination and the use of ancillary tests for diagnosis
	Prescribe drugs or treatment, including repeat prescriptions, safely and appropriately	1.2.4 Develop the skills you need in therapeutics, including drug and non-drug approaches to treatment 1.4.2 Understand the processes of referral into secondary care and other care pathways 3.6.3 Acquire the knowledge you need in therapeutics and demonstrate the skills required for safe and appropriate prescribing, including repeat prescribing and medication review 4.1.5 Develop your skills in the review and management of patients taking multiple medications
	Provide effective treatments based on the best available evidence	4.1.4 Develop your skills and attitudes so that you seek and use the best evidence in practice EF 3.3 Reading and assessing medical literature critically and putting the lessons from the literature into practice
	Take steps to alleviate pain and distress, whether or not a cure may be possible	3.5.1 Know when to wait and reassure, and when to initiate additional diagnostic and therapeutic action 1.2.4 Develop the skills you need in therapeutics, including drug and non-drug approaches to treatment
	Consult colleagues, or refer patients to colleagues, when this is in the patient's best interests	1.4.2 Understand the processes of referral into secondary care and other care pathways 1.4.3 Manage the interface between primary and secondary care, including unscheduled care, accurate sharing of information on medicines and communication with other professionals

GMC Domain 1 – Knowledge, skills and performance (cont.)

Attributes	*Generic standards*	*RCGP curriculum core statement learning outcomes*
Apply knowledge and experience to practice	Support patients in caring for themselves	2.2.1 Adopt a patient-centred consultation model that explores your patient's ideas, concerns and expectations, integrates your agenda as a doctor, finds common ground and negotiates a mutual plan for the future 3.2.5 Be willing to involve your patient in the management plan
Keep clear, accurate and legible records	Keep clear, accurate and legible records	1.5.2 Develop your organisational skills for record-keeping, information management, teamwork, running a practice and auditing the quality of care
	Make records at the same time as the events you are recording	1.5.2 Develop your organisational skills for record-keeping, information management, teamwork, running a practice and auditing the quality of care
	Record clinical findings, decisions, information given to patients, drugs prescribed and other information or treatment	1.5.2 Develop your organisational skills for record-keeping, information management, teamwork, running a practice and auditing the quality of care

GMC Domain 2 – Safety and quality

Attributes	*Generic standards*	*RCGP curriculum core statement learning outcomes*
Put into effect systems to protect patients and improve care	Respond constructively to the outcome of audit, appraisals and performance reviews	EF 2.1 Awareness of your own capabilities and values EF 2.4 Awareness of self: understanding that your own attitudes and feelings are important determinants of how you practise
	Take part in systems of quality assurance and quality improvement	1.5.2 Develop your organisational skills for record-keeping, information management, teamwork, running a practice and auditing the quality of care 5.1.8 Understand the importance of practice- and community-based information in the quality assurance of your individual practice
	Comply with risk management and clinical governance procedures	1.5.2 Develop your organisational skills for record-keeping, information management, teamwork, running a practice and auditing the quality of care
	Co-operate with legitimate requests for information from organisations monitoring public health	5.1.6 Understand the roles of the other professionals involved in community policy relating to health 5.1.7 Contribute to service management and service improvement in your local health community, as well as in your own practice
	Provide information for confidential inquiries, significant event reporting	1.5.2 Develop your organisational skills for record-keeping, information management, teamwork, running a practice and auditing the quality of care

GMC Domain 2 – Safety and quality (cont)

Attributes	*Generic standards*	*RCGP curriculum core statement learning outcomes*
Put into effect systems to protect patients and improve care	Report suspected adverse drug reactions	EF 1.3 Understanding the financial, regulatory and legal frameworks in which you provide healthcare both at practice level and in the wider NHS
	Ensure arrangements are made for the continuing care of the patient where necessary	2.4.3 Utilise disease registers and data-recording templates effectively for opportunistic and planned monitoring of long-term conditions, in order to ensure continuity of care between different healthcare providers 2.4.1 Understand and master the three aspects of continuity: personal continuity; episodic continuity (making the appropriate medical information available for each patient contact); and continuity of care (24 hours a day and 365 days a year)
Respond to risks safely	Make arrangements for accessing independent medical advice when necessary	1.4.2 Understand the processes of referral into secondary care and other care pathways
	Be immunised against common serious communicable diseases where vaccines are available	EF 1.4 Understanding the impact of your personal, home and working environment on the care that you provide

GMC Domain 3 – Communication, partnership and teamwork

Attributes	*Generic standards*	*RCGP curriculum core statement learning outcomes*
Communicate effectively	Communicate effectively with colleagues within and outside the team	1.3.2 Understand the importance of excellent communication with patients and staff for effective teamwork
	Explain to patients when something has gone wrong	2.2.1 Adopt a patient-centred consultation model that explores your patient's ideas, concerns and expectations, integrates your agenda as a doctor, finds common ground and negotiates a mutual plan for the future
	Listen to patients and respect their views about their health	2.1.2 Develop a frame of reference to understand and deal with the family, community, social and cultural dimensions of a person's attitudes, values and beliefs
	Respond to patients' questions	2.2.1 Adopt a patient-centred consultation model that explores your patient's ideas, concerns and expectations, integrates your agenda as a doctor, finds common ground and negotiates a mutual plan for the future
	Keep patients informed about the progress of their care	2.2.2 Communicate findings in a comprehensible way, helping patients to reflect on their own concepts and finding common ground for further decision-making

GMC Domain 3 – Communication, partnership and teamwork (cont.)

Attributes	*Generic standards*	*RCGP curriculum core statement learning outcomes*
Communicate effectively	Pass on information to colleagues involved in, or taking over, your patients' care	1.4.2 Understand the processes of referral into secondary care and other care pathways 1.4.3 Manage the interface between primary and secondary care, including unscheduled care, accurate sharing of information on medicines and communication with other professionals
Work constructively with colleagues and delegate effectively	Treat colleagues fairly and with respect	1.3.2 Understand the importance of excellent communication with patients and staff for effective teamwork 1.3.3 Be able to work as a team member and team leader in providing services to patients EF 2.5 Valuing and encouraging the contribution of others
	Support colleagues who have problems with their performance, conduct or health	EF 2.3 Identify the ethical aspects of your clinical practice (prevention, diagnostics, therapy, factors that influence lifestyles) EF 2.6 Being prepared to participate in service management and improvement.
	Act as a positive role model for colleagues	EF 2.5 Valuing and encouraging the contribution of others EF 1.4 Understanding the impact of your personal, home and working environment on the care that you provide
	Ensure colleagues to whom you delegate have appropriate qualifications, experience	EF 2.3 Being able to identify the ethical aspects of your clinical practice (prevention, diagnostics, therapy, factors that influence lifestyles) EF 1.3 Understanding the financial, regulatory and legal frameworks in which you provide healthcare both at practice level and in the wider NHS
Establish and maintain partnerships with patients	Encourage patients to take an interest in their health and take action to improve and maintain it	2.4.2 Help your patient understand and achieve an appropriate work–life balance, if in employment
	Be satisfied that you have consent or other valid authority before you undertake any examination or investigation, provide treatment or involve patients in teaching or research	EF 1.3 Understand the financial, regulatory and legal frameworks in which you provide healthcare both at practice level and in the wider NHS EF 3.1 Be familiar with the general principles, methods and concepts of scientific research and the fundamentals of statistics (incidence, prevalence, predictive value, etc.)

GMC Domain 4 – Maintaining trust

Attributes	*Generic standards*	*RCGP curriculum core statement learning outcomes*
Show respect for patients	Implement and comply with systems to protect patient confidentiality	1.5.2. Develop your organisational skills for record-keeping, information management, teamwork, running a practice and auditing the quality of care 1.4.3 Manage the interface between primary and secondary care, including unscheduled care, accurate sharing of information on medicines and communication with other professionals 2.2.3 Make decisions that respect your patient's autonomy
	Be polite, considerate and honest and respect patients' dignity and privacy	2.2.1 Adopt a patient-centred consultation model that explores your patient's ideas, concerns and expectations, integrates your agenda as a doctor, finds common ground and negotiates a mutual plan for the future 6.1.5 Show tolerance and understanding of your patient's experiences, beliefs, values and expectations, as they affect healthcare delivery EF 2.2 Delivering care with compassion and kindness EF 2.3 Identify the ethical aspects of your clinical practice (prevention, diagnostics, therapy, factors that influence lifestyles)
	Treat each patient fairly and as an individual	6.1.2 Understand your patient as a bio-psycho-social 'whole' 2.2.1 Adopt a patient-centred consultation model that explores your patient's ideas, concerns and expectations, integrates your agenda as a doctor, finds common ground and negotiates a mutual plan for the future EF 2.2 Delivering care with compassion and kindness
Treat patients and colleagues fairly and without discrimination	Be honest and objective when appraising or assessing colleagues and when writing references	EF 2.3 Identify the ethical aspects of your clinical practice (prevention, diagnostics, therapy, factors that influence lifestyles)
	Respond promptly and fully to complaints	1.5.1 Develop your communication skills for counselling, teaching and treating patients and their families/carers 1.4.5 Participate in service management and service improvement
	Provide care on the basis of the patient's needs and the likely effect of treatment	2.2.2 Communicate findings in a comprehensible way, helping patients to reflect on their own concepts and finding common ground for further decision-making 5.1.11 Reconcile the needs of your individual patients with the needs of the community in which they live 3.6.2 Understand the cost-efficiency and cost–benefit of tests and treatments

GMC Domain 4 – Maintaining trust (cont.)

Attributes	*Generic standards*	*RCGP curriculum core statement learning outcomes*
Act with honesty and integrity	Ensure you have adequate indemnity or insurance cover for your practice	EF 1.3 Understand the financial, regulatory and legal frameworks in which you provide healthcare both at practice level and in the wider NHS EF 2.3 Identify the ethical aspects of your clinical practice (prevention, diagnostics, therapy, factors that influence lifestyles)
	Be honest in financial and commercial dealings	EF 1.3 Understand the financial, regulatory and legal frameworks in which you provide healthcare both at practice level and in the wider NHS EF 2.3 Identify the ethical aspects of your clinical practice (prevention, diagnostics, therapy, factors that influence lifestyles)
	Ensure any published information about your services is factual and verifiable	EF 1.3 Understand the financial, regulatory and legal frameworks in which you provide healthcare both at practice level and in the wider NHS
	Be honest in any formal statement or report, whether written or oral, making clear the limits of your knowledge or competence	EF 2.1 Be aware of your own capabilities and values EF 2.7 Justify and clarify personal ethics
	Inform patients about any fees and charges before starting treatment	EF 1.3 Understand the financial, regulatory and legal frameworks in which you provide healthcare both at practice level and in the wider NHS

APPENDIX 2 – WONCA EUROPEAN DEFINITION

Characterising the discipline of general practice/family medicine

General practice/family medicine is an academic and scientific discipline, with its own educational content, research, evidence base and clinical activity, and a clinical specialty orientated to primary care. The 11 characteristics of the discipline (below) relate to the 11 abilities that every family doctor should master and provide the basis upon which the curriculum for training in general practice has been developed.[3]

General practice:

1. Is normally the point of first medical contact within the healthcare system,[53] providing open and unlimited access to its users, dealing with all health problems regardless of the age, sex or any other characteristic of the person concerned
2. Makes efficient use of healthcare resources through co-ordinating care, working with other professionals in the primary care setting and by managing the interface with other specialties. It also means taking on an advocacy role for the patient when needed
3. Develops a person-centred approach, orientated to individuals, their family and their community
4. Has a unique consultation process, which establishes a relationship over time, through effective communication between doctor and patient
5. Is responsible for the provision of longitudinal continuity of care as determined by the needs of the patient
6. Has a specific decision-making process determined by the prevalence and incidence of illness in the community
7. Manages simultaneously both the acute and chronic health problems of individual patients
8. Manages illness that presents in an undifferentiated way at an early stage in its development, some of which may require urgent intervention
9. Promotes health and well-being by both appropriate and effective intervention
10. Has a specific responsibility for the health of the community
11. Deals with health problems in their physical, psychological, social, cultural and existential dimensions

[53] Under the self-care strategy, general practice may not be the first point of contact with the healthcare system

The specialty of general practice/family medicine

GPs/family doctors are specialist physicians trained in the principles of the discipline. They are personal doctors, primarily responsible for the provision of comprehensive and continuing care to every individual seeking medical care irrespective of age, sex and illness.

They care for individuals in the context of their family, their community and their culture, always respecting the autonomy of their patients. They recognise that they also have a professional responsibility to their community. In negotiating management plans with their patients they integrate physical, psychological, social, cultural and existential factors, utilising the knowledge and trust engendered by repeated contacts.

GPs/family physicians exercise their professional role by promoting health, preventing disease and providing cure, care or palliation. This is done either directly or through the services of others according to health needs and the resources available within the community they serve, assisting patients where necessary in accessing these services. They must take the responsibility for developing and maintaining their skills, personal balance and values as a basis for effective and safe patient care.

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This statement was presented for discussion at many academic conferences and meetings across the UK, Europe and the world. It was approved by the Regulator in 2006 and since then has been reviewed in use by the Curriculum Development Group of the RCGP Postgraduate Training Board and the curriculum guardians (i.e. the authors for each curriculum statement).

The RCGP would like to express its thanks to the individuals and organisations involved in this process.

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The 2007 version of the statement and subsequent updates can be found on the RCGP website. The Royal College of General Practitioners would like to express its thanks to all the individuals and organisations who have contributed so generously to past and present versions of this statement.

Note: WONCA Europe is the European regional organisation of the World Organisation of Colleges and Academies of Family Medicine (www.woncaeurope.org).
EURACT (European Academy of Teachers in General Practice) is the European organisation of general practice teachers and is the education network for WONCA Europe (www.euract.eu).