2.04 Enhancing Professional Knowledge

The RCGP Curriculum: Professional Modules

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2.04 Enhancing Professional Knowledge

Summary

- As a GP you should have the skills to learn, critically appraise and teach
- You should be able to appraise research and guidelines critically, understanding their generalizability and validity
- You should be able to apply evidence in the context of the patient, the community and the healthcare setting
- You should be able to audit your own practice and that of your organisation, and develop changes in the light of the findings
- You should be able to work within a multidisciplinary team so that the views and knowledge of the whole team are applied when discussing the care of a patient
- You should be able to demonstrate the competences of shared leadership so as to maximise the effectiveness of healthcare delivery
- You should ensure you are up-to-date in managing the acute care of patients
- You should, as part of supervising others in your team, be able to teach the need for safer practice and better patient care
- You should be willing to receive feedback as a teacher from individuals or groups in order to improve and learn from your teaching and educational sessions
- You should be aware that your own health and that of your colleagues should be optimal to ensure safe practice

Educational priorities

The ability to maintain and build on existing knowledge and skills is vital to sustain an individual doctor over a lifelong career. Central to this is the safety of patients and the quality of care delivered. As a GP you will need to be a lifelong learner and, in doing so, you must be able to keep up-to-date, reflect on your own practice and take action to address identified learning needs. The primary role of the GP is enacted in the consultation with the patient(s), and being able to run the GP consultation is the defining role. However, the need to consider the wider environment and global issues is vital:
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- **Within the practice** your role is to work in and lead teams, and take part in managing the practice.

- **Leadership competencies** need to be applied within your practice and beyond, in the development of services. This includes your ability to apply ethical analysis and critical review.

- **Working with other agencies** and learning what they do is vital particularly when addressing health inequalities and to deliver many elements of healthcare to vulnerable groups (such as victims of domestic abuse or those with a learning disability), the socially excluded and those with complex healthcare needs.

- **New themes emerge and policies develop** and, as a GP, engaging with current debates enables you to influence health outcomes. The range is from local healthcare commissioning and public health policy to global climate change and sustainability.

The above depend on your maintaining and developing your personal knowledge to retain your effectiveness and enthusiasm. To be a good professional you need to reflect upon your practice and develop yourself by keeping up-to-date with progress in your fields of practice and by abandoning ineffective practices. This might mean you need to challenge established practice and examine current evidence. In order to enhance professional practice GPs often take on new areas of work such as teaching, out-of-practice management and research, or specialist roles to become GPs with Special Interests within their localities. These require deeper knowledge and/or additional skills, and often new qualifications.

Teaching other staff, students and trainees, sharing professional knowledge with colleagues and patients, and engaging in lifelong learning are core activities of any medical practitioner. As a GP you should expect to be involved in teaching, training and the development of yourself and others. In doing so, you will need to create and maintain an environment for learning, working with a range of appropriate teaching tools and techniques, using feedback and assessment to support learning, and balancing the needs of patients with those of learners. You will also need to play a role in the personal and professional development of others through activities such as coaching, mentoring and supervision. All this will require an understanding of the processes of learning. Practising these enhanced roles will give you more personal knowledge and may add to the overall body of professional knowledge and practice.
Knowledge and skills guide

Core Competence: Fitness to practise

This concerns the development of professional values, behaviours and personal resilience and preparation for career-long development and revalidation. It includes having insight into when your own performance, conduct or health might put patients at risk, as well as taking action to protect patients.

This means that as a GP you should:

- Understand how your own health and that of your colleagues will affect your ability to function safely as a doctor
- Recognise your own health needs when looking after patients and take appropriate action to prevent harm to patients

Core Competence: Maintaining an ethical approach

This addresses the importance of practising ethically, with integrity and a respect for diversity.

This means that as a GP you should:

- Include a non-judgmental evidence-based approach to problem-solving, taking into account your patients’ values
- Have an awareness of your own attitudes, values, professional capabilities and ethics so that, through the process of reflective and critical appraisal, you are not overwhelmed by personal issues and gaps in knowledge
- Understand that as a teacher you need to be able to engage those you are teaching in a dialogue about their values
- Reassure patients that all participation in research activity should be voluntary and that GPs will ensure confidentiality, research governance and, in particular, comply with relevant information governance legislation
- Be aware of the role of ethics committees
- Understand the value of incentives (e.g. prescribing) and interventions, and be able to recognise where conflicts of interest may occur
- When you are asked for your expert opinion, take care to ensure this is evidence based, and be clear when you are stating an opinion based on experience rather than evidence
Core Competence: Communication and consultation

This is about communication with patients, the use of recognised consultation techniques, establishing patient partnership, managing challenging consultations, third-party consulting and the use of interpreters.

This means that as a GP you should:

- Be prepared to provide full information and informed consent and adhere to the rights of patient choice in both clinical research studies and clinical practice
- Be able to communicate to the patient the rationale for evidence-based interventions to encourage patient participation within a therapeutic aim, taking into account the patient’s objective, values and priorities
- Indicate the lack of evidence-based interventions at the appropriate time and have a clear understanding of how this lack of evidence might have arisen (rare conditions, conditions that have low morbidity or low pharmacological input)
- Be aware of how you impart information about evidence so that patients can best understand relevant evidence and be helped in making a decision

Core Competence: Data gathering and interpretation

This is about interpreting the patient’s narrative, clinical record and biographical data. It also concerns the use of investigations and examination findings, plus the adoption of a proficient approach to clinical examination and procedural skills.

This means that as a GP you should:

- Formulate a clinical hypothesis and then use the skills of effective consultation and examination skills to prove or disprove a diagnosis or hypotheses.

Core Competence: Making decisions

This is about having a conscious, structured approach to decision-making; within the consultation and in wider areas of practice.

This means that as a GP you should:

- Acquire the research and academic skills required of a general practitioner that aid decision-making which include a non-judgmental evidence-based approach to problem solving and recognising how individual bias may affect your interpretation
- Set your own learning objectives based on clinical experience
- Use your knowledge of the literature and evidence to solve and manage clinical problems
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- Have a key understanding of the prevalence of chronic disease, which is dependent on the demographics of the local practice population
- Have a basic knowledge of how to define a research question and then how the appropriate research methodology is chosen to answer that question

**Core Competence: Clinical management**

This concerns the recognition and management of common medical conditions encountered in generalist medical care. It includes safe prescribing and medicines management approaches.

This means that as a GP you should:

- Be able to demonstrate and provide high quality evidence-based healthcare and healthcare practice
- Understand the differences between research activity and clinical audit
- Understand the strengths and limitations of surveys and local healthcare reviews
- Have an understanding of basic research methodology (e.g. you must understand the difference between qualitative and quantitative data and studies using social science methods, as well as bioscience) and how different types of research activity may contribute to patient care
- Have the skills to appraise research findings critically with a working knowledge of statistics
- Apply the findings from research, national guidance and audit in the context of day-to-day clinical and organisational management of patients
- Provide effective and evidence-based prescribing, adhering to the GMC’s principles of good medical prescribing

**Core Competence: Managing medical complexity**

This is about aspects of care beyond managing straightforward problems. It includes multi-professional management of co-morbidity and poly-pharmacy, as well as uncertainty and risk. It also covers appropriate referral, planning and organising complex care, promoting recovery and rehabilitation.

This means that as a GP you should:

- Deal with uncertainty and manage uncertainty through retrieval of best evidence available and communicate that uncertainty with appropriate safety netting
- Oversee and overview clinical and social and psychological aspects of patient care
- Apply findings from multi-morbidity research, taking into account limitations in the evidence and the fact that certain groups, e.g. the elderly, are excluded from research trials
- Develop medical leadership skills alongside clinical and research skills to enable safer working systems
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- Have an understanding of the evidence base behind health promotion and preventative medicine which may help the individual and the practice develop an integrated approach to developing the quality agenda

Core Competence: Working with colleagues and in teams

This is about working effectively with other professionals to ensure good patient care. It includes sharing information with colleagues, effective service navigation, use of team skill mix, applying leadership, management and team-working skills in real-life practice, and demonstrating flexibility with regard to career development.

This means that as a GP you should:

- Realise that you will always work better in a multidisciplinary team and that your patients will benefit if the whole team works well; developing skills so that you and your organisation learn together will benefit patient care
- Implement a community-based approach to disease prevention through effective multidisciplinary and interdisciplinary teamwork
- Develop the skills of shared leadership (as described in the medical leadership curriculum and medical leadership competency framework) so that the primary healthcare team can function at its most efficient to provide safe and effective healthcare, and the care needs of patients can be co-ordinated safely
- Understand the consequences to patients and staff when taking part in GP research, and contributing to research networks

Core Competence: Maintaining performance, learning and teaching

This area is about maintaining performance and effective CPD for oneself and others, self-directed adult learning, leading clinical care and service development, participating in commissioning, quality improvement and research activity.

This means that as a GP you should:

- Use the type of best evidence relevant to the needs of your patients with an awareness of the principles and limitations of evidence-based practice
- Understand the value of clinical audit and make a clear distinction between audit, surveys, and research

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- Understand patient factors, in particular concordance with treatment, which requires both qualitative (involves focus groups, in-depth interviews etc.) and quantitative studies (involves clinical trials, epidemiology etc.) and analysis

- Understand how to critically appraise data. Extrapolate evidence using meta-analysis to individual patient care.

- Be able to search for valid information using the process of evidence-based practice (as in the Sicily statement, 2003\(^2\)) which involves:
  - translation of uncertainty into answerable questions
  - systematic retrieval of the best evidence available
  - critical appraisal for validity, clinical relevance and applicability
  - application of results in practice
  - evaluation of performance (either at an individual or organisational level)

- Be able to teach and mentor others within the team effectively, including giving effective feedback as described in the General Medical Council’s guidance document Good Medical Practice

- Be aware that not every healthcare team member will learn in the same way, so be able to adjust your teaching style to suit the individual as well the subject

- Understand that teaching others is more than imparting information

- Be aware that you have a certain teaching style, so that you are able to facilitate learning appropriately

- Understand the difference in educational governance terms between clinical and educational supervision and the different competences required in the two roles

Core Competence: Organisational management and leadership

This is about the understanding of organisations and systems, the appropriate use of administration systems, effective record keeping and utilisation of IT for the benefit of patient care. It also includes structured care planning, using new technologies to access and deliver care and developing relevant business and financial management skills.

This means that as a GP you should:

- Learn how best to utilise information management and technology when communicating with both individuals and groups of people

- Record patient information on computer systems with an understanding of how data are recorded and used in general practice

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\(^2\) Dawes M, Summerskill W, Glaziou P et al. Sicily Statement on evidence-based practice *BMC Medical Education* 2005: 5; 1
• Be aware of how to contribute patient data to large GP databases to facilitate epidemiological research with a clear understanding of information governance and how to protect confidentiality.

• Understand the value of large-scale clinical population studies, and be aware of the use of large GP databases (e.g. Qresearch, the clinical practice research database etc.)

Core Competence: Practising holistically and promoting health

This is about the physical, psychological, socioeconomic and cultural dimensions of health. It includes considering feelings as well as thoughts, encouraging health improvement, preventative medicine, self-management and care planning with patients and carers.

This means that as a GP you should:

• Take into account psycho-social factors, learning disabilities, the vulnerability of patients, and cultural backgrounds when taking an evidence-based approach and apply the findings on both an individual and a population level

• Understand that patients may wish to self-manage, independent of or according to their own interpretation of scientific knowledge, making their own choices based on their own understanding and values

• Base decision-making on good evidence-based practice, taking into account patient values in order to provide the most appropriate care for the patient

• Use clinical examples that reflect your experience of working in the community and the impact of disease on the individual and the family in the widest sense (physiological, psychological, social and cultural)

• Recognise the importance of how occupation can affect the health of patients and their ability to self-manage illnesses and follow through with evidence-based interventions, recognising how your understanding of an occupation can enable patients to return to work in a safe and timely manner

• Demonstrate an awareness of the possibilities of predictive personalised care, for example with drug treatment. This takes into account how environmental and/or social factors may interact with genetic variation (genotype) and influence the phenotype

Core Competence: Community orientation

This is about involvement in the health of the local population. It includes understanding the need to build community engagement and resilience, family and community-based interventions, as well as the global and multi-cultural aspects of delivering evidence-based, sustainable healthcare.
This means that as a GP you should:

- Recognise the inequalities of healthcare delivery and how some evidence may not reflect the diverse nature of the population where you work
- Demonstrate an awareness that poverty is a common cause of poor health and follow the guidelines of the GMC’s Good Medical Practice in respecting culture, disability, religion, gender, social and economic status
- Accept that health economics studies and healthcare resource allocation will help to support the recommendations on which treatments are offered
- Recognise the public health skills needed in meeting the needs of population health as well as individual health
- Be seen as a leader of healthcare provision based on your clinical experience of chronic disease management and acute care of those presenting to general practice as a first port of call
- Be prepared to act as an educator within your local community
- Know it is important to keep up-to-date with how changes in the structures of healthcare systems may influence the service you provide, and have a broad understanding of the political environment and how primary care changes affect the whole of healthcare
- Have an evidence-based perspective and recognise that primary care research may lead to greater understanding around the prevention and treatment of disease, disease causation and the implementation of effective health policies and practice
Case discussion

Dr Chan, a GP in an inner city practice, had noticed that the Quality Outcomes Framework (QoF) findings for diabetes in his practice were below the average for his area. He and the practice team set themselves a task to look at the reasons for this with a view to improving all aspects of diabetes care. Dr Chan and the practice nurses looked at all of the guidance from NICE, and Diabetes UK, on diabetes care and hypertension. They then involved a PCT pharmacist to look at how their prescribing patterns fitted with best practice and to develop prescribing guidelines. They met with the local secondary care diabetes team. The practice manager also went to visit a couple of high-achieving practices to see how care was co-ordinated.

After six months they all pooled their findings and worked together to form an enhanced template for diabetes care, which not only collected the data in codes appropriate for QoF but also included evidence-based parameters for BP, weight and glycaemic control, with hyperlinks to guidance documents. The practice manager streamlined the pathway of care for patients, aiming to reduce the number of times they came for diabetes appointments but giving them longer each time. In addition, the practice employed a dietician who was able to speak the language of many of their non-English speaking patients, for a session a week. The team found that by using principles of evidence-based practice and clinical leadership competences they were able to significantly improve both the care and the experience of those with diabetes registered at their practice.

Reflective questions

To help you understand how the GP curriculum can be applied to this case, ask yourself the following questions:

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<tr>
<th>Core Competence</th>
<th>Reflective Questions</th>
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<tr>
<td><strong>Fitness to practise</strong>&lt;br&gt;This concerns the development of professional values, behaviours and personal resilience and preparation for career-long development and revalidation. It includes having insight into when your own performance, conduct or health might put patients at risk, as well as taking action to protect patients.</td>
<td>How do I know if I communicate well enough with my staff and patients to foster improvements in the practice?  &lt;br&gt;Where are my strengths and weakness in understanding the evidence base around diabetes?</td>
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<td><strong>Maintaining an ethical approach</strong>&lt;br&gt;This addresses the importance of practising ethically, with integrity and a respect for diversity.</td>
<td>What are the health inequalities that exist in my practice area and how has this impacted on the practice healthcare provision for diabetics?</td>
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<tr>
<td><strong>Communication and consultation</strong>&lt;br&gt;This is about communication with patients, the use of recognised consultation techniques, establishing patient partnerships, managing challenging consultations, third-party consulting and the use of interpreters.</td>
<td>How will I know if my patients are not engaging with the practice? If so, is it because they don’t understand the importance of good diabetic control?  &lt;br&gt;In what ways could I improve both the way I consult and my skills in shared decision-making?</td>
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## Data gathering and interpretation
This is about interpreting the patient’s narrative, clinical record and biographical data. It also concerns the use of investigations and examination findings, plus the adoption of a proficient approach to clinical examination and procedural skills.

If I wanted to implement a change, how would I identify the appropriate patient population?

## Making decisions
This is about having a conscious, structured approach to decision-making; within the consultation and in wider areas of practice.

What is the process for managing diabetic patients in my practice, and how should it be improved? What do I think of the templates, if any, that we are using?

## Clinical management
This concerns the recognition and management of common medical conditions encountered in generalist medical care. It includes safe prescribing and medicines management approaches.

Am I applying the latest available evidence to help diagnose and manage diabetic patients?

## Managing medical complexity
This is about aspects of care beyond managing straightforward problems. It includes multi-professional management of co-morbidity and poly-pharmacy, as well as uncertainty and risk. It also covers appropriate referral, planning and organising complex care, promoting recovery and rehabilitation.

How does service improvement take into account multiple morbidities in an ageing population?

## Working with colleagues and in teams
This is about working effectively with other professionals to ensure good patient care. It includes sharing information with colleagues, effective service navigation, use of team skill mix, applying leadership, management and team-working skills in real-life practice, and demonstrating flexibility with regard to career development.

What does the research evidence tell us about diabetes management by the multi-disciplinary team?

Should I approach our public health lead clinician and make use of their experience and knowledge?

## Maintaining performance, learning and teaching
This is about maintaining performance and effective CPD for oneself and others. This includes self-directed adult learning, leading clinical care and service development, participating in commissioning*, quality improvement and research activity.

What evidence base should I be using to improve the care of my patients?

What are the learning needs around diabetes that I need to address?

## Organisational management and leadership
This is about the understanding of organisations and systems, the appropriate use of administration systems, effective record keeping and utilisation of IT for the benefit of patient care. It also includes structured care planning, using new

What organisational issues (e.g. appointments) may be relevant here?

How accurate is our data recording, and how might it be improved?

In what way does GP commissioning help me to provide a
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| Technologies to access and deliver care and developing relevant business and financial management skills. | Responsive service to our patients?
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<td>How could I use practice and demographic data to assist local commissioners with the provision of services such as podiatry, dietetics and community-based diabetologists?</td>
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| Practising holistically and promoting health | How might understanding the cultural values of our patients influence the management of their diabetes?  
|---|---|
| This is about the physical, psychological, socioeconomic and cultural dimensions of health. It includes considering feelings as well as thoughts, encouraging health improvement, preventative medicine, self-management and care planning with patients and carers. | How can I find out about relevant psycho-social factors?  

| Community orientation | Why is there a national variation in care for diabetes and what evidence-based factors may influence the care of my patients in my locality?  
|---|---|
| This is about involvement in the health of the local population. It includes understanding the need to build community engagement and resilience, family and community-based interventions, as well as the global and multi-cultural aspects of delivering evidence-based, sustainable healthcare. | What is the need for patient education?  
| | What is the role of our practice patient group in assisting us to promote the value of good diabetes care?  
| | How could we target difficult to reach groups, such as the unemployed, deprived, or depressed?  

### How to learn this area of practice

Practise clinical appraisal in teams where the validity and generalizability of your findings can be discussed.

Use portfolio-based learning (e.g. the RCGP e-Portfolio) as a continually updated document to enable knowledge, reflections and learning from:

- The patient’s unmet needs
- Critical and significant event analyses
- Audits
- Practice feedback
- Complaints
- Attendance at lectures and workshops
- Journal and electronic materials
- Guidelines (e.g. NICE, SIGN)
- Practice-based learning or learning with a group of peers
- Personal learning and e-learning
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- Feedback from teaching sessions
- Discussion with peers, mentors and practice-based teams

Embed continuing professional development (CPD) as a daily activity and have an understanding of how to do this by understanding your own learning style and the context of where you work.

A discussion with an appraiser or mentor will enable you to recognise not only your preferred learning style but also the best learning opportunities by subject. For instance, new NHS guidelines can be learnt through reading documents or attendance at a lecture, but the development of a new system of care within a practice may best be done by learning and working with the practice team (see RCGP professional development guidance).

A good understanding of how you and others learn will help you not only in your own CPD but also enable you to help develop the whole team through practice-based or group learning.

**Academic work in general practice**

Many GPs wish to develop academic practice. This can be done through specific academic training posts, developed jointly by postgraduate/workforce deaneries and universities, or through becoming tutors in undergraduate medicine and developing academic research skills related to that. There are pathways for entering academic practice after getting your Certificate of Completion of Training (CCT), and you can get help through the RCGP (see links below).

**Work-based learning**

**In primary care**

Direct clinical contact will bring you many challenges in applying evidenced-based practice when faced with patients who prefer a more holistic approach to medicine and how it is delivered. Patients will feel confident in you as their GP if you have a sound knowledge base gained from understanding the findings from research papers, reviews and clinical guidelines. Learning from contact with patients is a prerequisite for good practice. Similarly many of your learning opportunities may come from significant event audits, audits performed in the practice or from audit data collected around the locality and used as a benchmarking tool to compare practice performance.

Also, working with research networks allows you as a doctor in general practice to get a sense of research governance and the principles of good research practice.

The principles of direct observation of clinical contact allow the learner to be fed back important messages around clinical management.

**In secondary care**

As a GP with a specialist interest there will be opportunities to learn skills and methods in a secondary care setting that could be applied back into primary care. With an evidence-based approach these skills could also be used to encourage those in secondary care to see the GP perspective. This may be relevant to a number of areas including prescribing, integrated models of care requiring primary to secondary care interfaces, and community-sited clinics with secondary care support.
Self-directed learning

Self-directed learning, reading journals, abstracts, reviews, editorials and teaching journals will provide you with many opportunities to learn and apply your knowledge as a GP. The use of e-learning modules such as the Essential Knowledge Updates provides opportunities to learn about new guidelines that have been produced, based on research evidence. Local audit group meetings may exist and provide opportunities to learn about audit. Similarly, findings from National Audit projects may also give you opportunities to learn.

Learning with other healthcare professionals

Primary care offers you the opportunity to learn from the many different professionals who work with general practitioners. The learning could of course be direct clinical contact such as with midwives in antenatal clinics or with health visitors in immunisation clinics. Opportunities also exist from reading correspondence carefully from other healthcare professionals. Other sources include in-house or locality-based educational programmes. The Gold Standard Framework offers the opportunity for many different staff to work together and understand each others’ perspectives.

Formal learning

There are many opportunities for formal learning open to you. These include attending research and update study days, which could be offered through 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.

Useful learning resources

Books and publications

- Department of Health and the Welsh Assembly Government. New academic training pathways for medical and dental graduates. A guide to programmes, starting on or after 1st August 2007)

Other reading

- Gray M. Evidence-based Healthcare and Public Health: how to make decisions about health services and public health London: Churchill Livingstone, 2009
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**Educational resources to develop teaching skills**

- Ramani S. Twelve tips to promote excellence in medical teaching *Medical Teacher* 2006; 28(1):19–23
- Ramani S. Twelve tips for physical examination teaching *Medical Teacher* 2008; 30(9–10): 851–6
- Ten Cate O and Durning S. Peer teaching in medical education: twelve reasons to move from theory to practice *Medical Teacher* 2007; 29(6):591–9
- Trowbridge RL. Twelve tips for teaching avoidance of diagnostic errors *Medical Teacher* 2008; 30(5): 496–500

**Web resources**

**BMJ learning**

Online learning, free for BMA members, some free access to all. [http://learning.bmj.com/learning/main.html](http://learning.bmj.com/learning/main.html)

**The Cochrane database of systematic reviews**

Database of systematic reviews that have reached the quality level set by Cochrane. [www.thecochranelibrary.com/view/0/index.html](www.thecochranelibrary.com/view/0/index.html)

**e-GP evidence-based practice modules**

e learning based on the GP curriculum and hosted by e learning for health. [www.e-GP.org](www.e-GP.org)

**Healthtalk.org**

A collection of videos looking at patient and clinical experiences of health. [www.healthtalk.org](www.healthtalk.org)

**LeAD/e-GP modules on leadership and management** [www.e-lfh.org.uk/projects/lead/](www.e-lfh.org.uk/projects/lead/)

**NHS Evidence**

A comprehensive web-based portal managed by the National Institute for Health and Care Excellence, including links to many evidence-based healthcare resources and guidelines. [www.evidence.nhs.uk](www.evidence.nhs.uk)
NHS Leadership Academy

Source of online learning and resources that underpin the Healthcare Leadership Framework
www.leadershipacademy.nhs.uk/

PubMed

A freely available version of Medline from the National Library of Medicine.
www.ncbi.nlm.nih.gov/pubmed

RCGP


RCGP online learning environment (includes e-GP and LeAD)

e-GP and LEAD back up the curriculum, and provide online learning across most of the curriculum. LeAD is a specific elearning programme for clinicians in training on leadership, and can be accessed through the link on the eGP page and on the eLFH web site http://elearning.rcgp.org.uk

Quality and the Educational Supervisor’s Report elearning course - this course explains how to produce a good quality educational supervisor’s report (ESR) and gives practical tips on how to make the process easier. It also describes the benchmarking process for clinical encounters and how to decide whether a learning log is reflective.