

The RCGP Curriculum: Clinical Modules

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➤ 3.01 Healthy People: promoting health and preventing disease

Summary

- The optimal approach to the public's health requires co-ordination of the three domains of public health: health improvement, health protection and healthcare services
- As a general practitioner (GP), you have a crucial role to play in promoting health, preventing disease, and delivering brief advice and interventions where appropriate
- Factors predisposing to poor health operate across the whole life course from pre-birth to old age
- Health inequalities are important determinants of health
- Screening and immunisation have risks as well as benefits
- Work offers an opportunity to promote health and well-being

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 your own capabilities and values, and be aware that your attitudes and feelings are important determinants of how you approach health rather than disease
- Recognise the importance of setting a personal example of healthy living by striving for a good balance between your work and your private life.

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:

- Be able to explain to patients the need to prioritise healthcare provision, and at the same time minimize barriers to accessing care, within the context of the rising costs of delivering a National Health Service
- Understand the ethical aspects of prevention, presymptomatic diagnostics, asymptomatic therapy and factors that influence lifestyles
- Understand the importance of ethical tensions between the needs of the individual and the community, and act appropriately

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:

- Know the 'Stages of Change' models for behaviour change¹

¹ DiClemente CC, Prochaska JO, Fairhurst SK, Velicer WF, Velasquez MM, Rossi JS. The process of smoking cessation: an analysis of precontemplation, contemplation, and preparation stages of change [Journal of Consulting and Clinical Psychology](#) 1991; 59(2): 295–304

- Understand the concept of risk and be able to communicate risk effectively to patients and their families
- Be able to explain the benefits and risks of child immunisation and vaccination in order to reassure parents effectively
- Understand the effects of smoking, alcohol and drugs on patients and their families
- Negotiate a shared understanding of problems and their management (including self-management), so that patients are empowered to look after their own health and have a commitment to health promotion and self-care
- Encourage patients, their carers (and family when appropriate) to access further information and use patient support groups
- Explain to the patient and/or their relatives the evidence about a screening programme and debate whether it is worthwhile – for individuals or groups
- Explain the concept of the hierarchy of evidence to patients requesting Interventions Not Normally Funded (INNF)
- Be able to explain to patients the long-term impact on health of risk factors such as alcohol and substance misuse, poor diet, inadequate exercise and risky sexual behaviour

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:

- Assess a healthy individual patient's risk factors
- Understand the multiplicity of the determinants of good health²
- Use routinely available data to understand the health of the local population, compare it with that of other populations, and identify localities or groups with poor health within it
- Understand the surveillance systems that GPs are involved in, such as the RCGP Weekly Returns Service

Core Competence: Making decisions

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

² Dahlgren and Whitehead's model of the social determinants of health, e.g. <http://jech.bmj.com/content/64/4/284.full>

This means that as a GP you should:

- Recognise and contend with the potential tension between your health promotion role as a GP and the patient's own agenda
- Know the main risk and safeguarding factors for different patient groups – for instance, the frail elderly, children at risk of accidents, and children and young people at risk of abuse.
- Critically appraise the health needs assessment of a target group or service

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:

- Promote health through a health promotion or disease prevention programme
- Promote people with a disability in the workplace by encouraging and advocating disabled patients
- Promote the positive benefits of work and health to patients
- Promote return to work and rehabilitation after illness or accident
- Understand the concepts of promoting health and wellbeing³, acknowledging that patients' view of quality of life may differ

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:

- Promote self-care and empower patients and their families whenever appropriate
- Consider how to minimise the impact of the patient's symptoms on his or her well-being by taking into account the patient's personality, family, daily life and physical and social surroundings
- Understand approaches to behavioural change and their relevance to health promotion and self-care

³ Blaxter M. *Health (2nd edn)* Polity, 2010 www.polity.co.uk/keyconcepts/blaxter-health.asp

- Be able to judge the point at which a patient will be receptive to the concept and the responsibilities of self-care

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:

- Work with other members of the primary healthcare team to promote health and well-being through appropriate health promotion and disease prevention strategies

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:

- Seek to apply the same scientific discipline to elements of practice concerning healthy people as those who are sick
- Understand the evidence base that informs the effectiveness of interventions in healthy people and how these differ from the evidence base for treatments in those who are sick
- Link essential scientific aspects relating to healthy people to other examples in the RCGP Curriculum

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:

- Engage in the implementation of locally agreed health programmes

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:

- Demonstrate an understanding of the patient's (and, where appropriate, the family's) expectations and the community, social and cultural dimensions of their lives that affect their lifestyle choices
- Demonstrate tolerance and understanding of the patient's experiences, beliefs, values and expectations regarding preventative medicine such as screening and lifestyle modification
- Understand the interaction between work and illness in patients
- Gain confidence in supporting patients with common illnesses to remain in work, or to return to a working role after illness where appropriate
- Understand the links between health and work, including the positive benefits of work on well-being

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:

- Understand the characteristics of the community in which you are working including socio-economic, ethnicity and health inequalities
- Assess the health needs of local populations and sub-groups, e.g. working families, 'sedentary' children, the elderly, the unemployed
- Appreciate the different perspective required in managing work and health issues (e.g. back pain, repetitive strain injury, anxiety) and the range of professionals who can help you support patients at work such as occupational health staff, physiotherapists and counsellors
- Realise the impact of overall GP workload on your ability to deliver health promotional care to well patients
- Consider whether the ethos of your workplace embraces preventive care and health promotion

Case discussion

Tracy Bennett, 47 years old, attends your surgery for a repeat blood pressure check following a pre-operative assessment for her forthcoming laparoscopic cholecystectomy. She was told that her smoking and 'borderline' blood pressure meant that the health risks were too high and her surgery would be deferred until it was under control.

Tracy is angry at the delay. She has been intermittently off work for four months, with some episodes certified as biliary colic and others self-certified, and this has affected relationships with the residential care home manager and her fellow care assistants. She is dismissive of her blood pressure as it has 'never been high before'. She tells you that it was probably high because she is very worried about her family: her 25-year-old daughter Gemma has recently had her first cervical cancer screening test and been advised that she needs further investigation. Her daughter is reluctant to do this and is suffering from panic attacks when thinking about hospitals; Tracy's mother has recently moved in because she is not coping with hip arthritis (her previous doctor had said that hip replacement surgery was risky owing to her frailty); and Tracy's husband has been made redundant and has started drinking heavily – this was also a feature of their early relationship but had improved for some years until the redundancy.

As her GP you feel the priority at the initial consultation is to establish rapport and acknowledge Tracy's anger, knowing that her engagement in self-help approaches will depend on her attitude. You observe that Tracy has a raised BMI and note from her computer records that she smokes 15 per day. Today's blood pressure is 158/94. There is no previous record of giving lifestyle advice (e.g. through 'brief interventions')⁴.

You ask Tracy to prioritise her concerns. These are: to be deemed fit enough for surgery and to help her mother, whose health is deteriorating. She is also concerned about her daughter's low mood since the cervical smear results. As a result, Tracy is now smoking heavily and her weight is ballooning.

After you explain how health risks accumulate from a poor lifestyle and how they influence many diseases, you explore Tracy's perceived barriers to improving her lifestyle. She has always struggled with her weight, which makes her feel defensive, and is too busy to exercise. She smokes to cope with stress and feels she could not cope without smoking. Her poor relationships at work are making things worse.

⁴ Brief interventions and 'Every Contact Counts' give patients advice and encouragement to consider the positives and negatives of their lifestyle and habits, plus support and information for positive change. For further information, see www.ncl.ac.uk/ihs/engagement/documents/trainingssession1.ppt and www.everycontactcounts.co.uk

Reflective questions

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

Core Competence	Reflective Questions
<p>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.</p>	<p>As Tracy's GP, how important is it for me to role model a healthy lifestyle?</p>
<p>Maintaining an ethical approach This addresses the importance of practising ethically, with integrity and a respect for diversity.</p>	<p>What action should I take when a patient refuses to attend follow-up after a screening test?</p> <p>How involved should I be in helping to resolve Tracy's family problems; to what extent are they for her to resolve independently?</p>
<p>Communication and consultation 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.</p>	<p>How do I secure her commitment to long-term changes to her lifestyle?</p> <p>What social and lifestyle factors might I ask about?</p>
<p>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.</p>	<p>How do we reliably diagnose true hypertension, as opposed to 'white coat' syndrome?</p>
<p>Making decisions This is about having a conscious, structured approach to decision-making; within the consultation and in wider areas of practice.</p>	<p>How do I assess whether or not a trial of lifestyle modification is worthwhile for mild hypertension?</p> <p>How could I support Tracy in deciding how to manage her stress?</p>
<p>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.</p>	<p>What non-drug management options could Tracy consider?</p> <p>What techniques can I use to help patients manage anxiety about hospital investigations/procedures?</p> <p>What strategies do I know of for helping with weight reduction?</p>

<p>Managing medical complexity</p> <p>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.</p>	<p>How can structured care planning help to reduce risk and need for health services?</p> <p>What scope is there for a whole-family intervention to improve their overall health?</p> <p>What sources of support and advice could I offer to Tracy in her role as carer for other family members?</p>
<p>Working with colleagues and in teams</p> <p>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.</p>	<p>How do GPs work with Public Health colleagues in managing the health of the population?</p> <p>What is the role of the practice nurse in encouraging healthy living?</p>
<p>Maintaining performance, learning and teaching</p> <p>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.</p>	<p>What are the characteristics of a good screening programme?</p> <p>How quickly might lifestyle changes lower Tracey's blood pressure levels?</p>
<p>Organisational management and leadership</p> <p>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.</p>	<p>How can I make changes to our practice's services to encourage self-care and healthy living?</p> <p>What is the role of the GP as a commissioner or advisor to commissioners in facilitating independence?</p>
<p>Practising holistically and promoting health</p> <p>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.</p>	<p>How might Tracy's family circumstances influence her uptake of services and her engagement with lifestyle change?</p> <p>Consider the disclosure that Tracy's husband is drinking heavily again. What effect might this have on my management plan?</p>
<p>Community orientation</p> <p>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,</p>	<p>What is my role as a GP in encouraging patients to participate in population screening programmes?</p> <p>What is the role of the voluntary sector in my own practice community?</p>

as well as the global and multi-cultural aspects of delivering evidence-based, sustainable healthcare.	In my own practice community, what are the factors that encourage or inhibit older people from moving in with their children? What are the costs and benefits?
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How to learn this area of practice

Work-based learning

In primary care

Primary care both inside and outside the practice is the ideal environment for you to learn about the principles of public health, to acquire the appropriate skills and to engage in their application. All three elements of public health (HI, HP and HCPH)⁵ can be learnt in the practice setting.

Doctors are trained in diagnosing and managing disease, and the concept of health does not fit the traditional disease model, especially when dealing with individual patients. Primary care is the ideal environment to explore and become conversant with health and health promotion. As a GP trainee, you should be involved in your teaching practice's public health, health promotion, prevention and screening activities, as part of the multiprofessional primary healthcare team.

You should arrange to visit your local public health team and your local health protection unit or local public health office (e.g. Public Health England or the equivalent organisation in the devolved nations) to meet the public health specialists and their teams to discuss the wider public health agenda. You may also be able to help with particular projects or undertake mini-sabbaticals or formal attachments.

In secondary care

All NHS Trusts and Healthcare Providers have to meet basic standards for promoting health as part of their registration with the Care Quality Commission (CQC). Most acute hospital boards have a public health strategy and action plan. While working in hospital placements you will find there are many opportunities for you to explore the public health agenda, particularly in the area of screening, e.g. breast screening services.

Self-directed learning

As a GP trainee you should have access to courses on public health issues provided locally as part of training programme activities or by postgraduate deaneries working with public health specialists and primary care organisations. Remember that voluntary organisations, schools and workplaces also contribute to maintaining health, both explicitly through projects and implicitly through their core business. You may also learn from your own personal involvement in such organisations in your role as a parent, volunteer or service user, or by visits and courses.

⁵ Health Improvement (HI), Health Protection (HP) and Health Care Public Health (HCPH) – see also Web Resources below, Faculty of Public Health

Learning with other healthcare professionals

Many opportunities exist in primary care for you to be involved with nurses, health visitors and public health specialists, all of whom should be engaged in the practice's education and public health programmes.

Formal learning

The RCGP itself has developed some resources about public health as part of the Centre for Commissioning. The Faculty of Public Health is developing certificate courses for healthcare professionals from any discipline who wish to acquire recognised knowledge in this area. You will also find that several universities award post-graduate diplomas and Masters' degrees in public health. These enhance specific areas of capability and develop essential features such as community orientation, taking a holistic approach and scientific features.

Clinical commissioning groups require an understanding of health and disease prevention in order to commission effectively. A range of providers offer educational resources. As a trainee you should take advantage of these to enhance your understanding of the curriculum.

Useful learning resources

Books and publications

- Acheson D. *Independent Inquiry into Inequalities in Health* London: HMSO, 1998
- Birch K, Field SJ, Scrivens E. *Quality in General Practice* Oxford: Radcliffe Medical Press, 2000
- Black C. *Working for a healthier tomorrow* London: Department of Work and Pensions, 2008 www.gov.uk/government/uploads/system/uploads/attachment_data/file/209782/hwwb-working-for-a-healthier-tomorrow.pdf
- Black D (Chair of working group). *Inequalities in Health* London: DHSS, 1980
- Britton J. *ABC of Smoking Cessation* London: BMJ Books, 2004
- Bury M. *Health and Illness in a Changing Society* London: Routledge, 1997
- Chambers R. *Involving Patients and the Public: how to do it better* Oxford: Radcliffe Medical Press, 2003
- Chambers R and Mohanna K. *Risk Matters in Healthcare: communicating and explaining risk* Oxford: Radcliffe Medical Press, 2001
- Chief Medical Officer. *Annual Report of the Chief Medical Officer 2004* London: Department of Health, 2005
- Department of Health. *Immunisations against Infectious Disease* London: HMSO, 1996 (and later updates)
- Department of Health. *Health Promotion England* London: Department of Health, 2001
- Department of Health. *Tackling Health Inequalities: a programme for action* London: Department of Health, 2003
- Department of Health. *Living well for longer: a call to action to reduce avoidable premature mortality*. Department of Health, 2013
- Farmer R. *Lecture Notes on Epidemiology and Public Health Medicine* Oxford: Blackwell Science, 1996

- Health Inequalities Standing Group of the Royal College of General Practitioners. *Hard Lives: improving the health of people with multiple problems* London: Royal College of General Practitioners, 2003
- Jones R, Britten N, Culpepper L, et al (eds). *Oxford Textbook of Primary Medical Care* Oxford: Oxford University Press, 2004
- Marmot Review. *Fair Society, Healthy Lives. Strategic Review of Health Inequalities.* www.instituteofhealthequity.org/Content/FileManager/pdf/fairsocietyhealthylives.pdf
- Pencheon D, Guest C, Melzer D, Muir Gray JA. *The Oxford Handbook of Public Health Practice* Oxford: Oxford University Press, 2001
- Sackett DL, Haynes BR, Guyatt G, Tugwell P. *Clinical Epidemiology: a basic science for clinical medicine* Boston: Lippincott, Wilkins & Williams, 1991
- Tudor Hart J. *New Kind of Doctor* London: Merlin Press, 1988
- Wanless D. *Securing Good Health for the Whole Population: final report* London: HSMO, 2004
- Warrell D, Cox TM, Firth JD, Benz EJ (eds). *Oxford Textbook of Medicine (4th edn)* Oxford: Oxford University Press, 2004
- Undergraduate Medical Competencies in Occupational Health, www.fom.ac.uk/education/resources-for-medical-schools-medical-students/competency-framework

Web resources

The Department of Health

The Department of Health or the relevant body in all parts of the UK has extensive information for patients and professionals on lifestyle advice, to inform and enable people to make positive changes through the systematic delivery of consistent and simple healthy lifestyle advice combined with appropriate signposting to lifestyle services.; for example, the Every Contact Counts initiative and e-learning tool for the delivery of brief advice. www.everycontactcounts.co.uk

The Faculty of Public Health

The Faculty of Public Health is the standard-setting body for specialists in public health. It is a joint faculty of the three Royal Colleges of Physicians of the United Kingdom (London, Edinburgh and Glasgow). It was established as a registered charity in 1972. Its aims and charitable objectives are to promote, for the public benefit, the advancement of knowledge in the field of public health and to develop public health with a view to maintaining the highest possible standards of professional competence and practice, and to act as an authoritative body for consultation in matters of education or public interest concerning public health. www.fph.org.uk

The Health and Safety Executive

The UK Health and Safety Executive website is an excellent central resource for doctors, patients and employers on all aspects of health and safety in the workplace. It is searchable by industry and occupational health problems. www.hse.gov.uk

NHS Immunisation Information

The most comprehensive, up-to-date and accurate source of information on vaccines, disease and immunisation in the UK – an excellent site for both patients and health professionals. www.gov.uk/government/organisations/public-health-england/series/immunisation

Picker Institute Europe

Works with patients, professionals and policy-makers to promote understanding of the patient's perspective at all levels of healthcare policy and practice. The aim of the organisation is to make patients' views count through a combination of research, development and policy activities.

www.pickereurope.org

Population Screening Programmes

This site gives information about cancer and non-cancer population screening programmes, which are led by Public Health England (PHE) and delivered by the NHS. www.gov.uk/topic/population-screening-programmes

Public Health England

Public Health England is an Executive Agency of the Department of Health set up as part of the reorganisation of health services resulting from the Health and Social Care Act 2012. It took on the role of the Health Protection Agency, the National Treatment Agency for Substance Misuse and a number of other health bodies including Cancer Registries and Public Health Observatories.

www.gov.uk/government/organisations/public-health-england

RCGP e-learning

e-GP

e-GP includes sessions on screening, obesity, travel medicine, supporting self care, health e-working, and supporting carers www.e-GP.org

Obesity and Malnutrition is a 3 hour course, funded by Public Health England and delivered as part of the clinical priority of Nutrition for Health. It gives an outline of essential knowledge and basic skills in obesity management. Sessions include *Community Approaches to Obesity Prevention*, *Understanding Nutrition, Malnutrition and Hydration* and *Encouraging Weight loss Using Motivational Interviewing*.

You can access this course here - <http://elearning.rcgp.org.uk/obesity>. It is free to all primary care professionals in the UK.

Lipoedema – An Adipose Tissue Disorder is a 30-minute course describing the presentation, pathophysiology, diagnosis and management of lipoedema in primary care. It was developed in partnership with Lipoedema UK and has been endorsed by RCN.

You can access this here - <http://elearning.rcgp.org.uk/lipoedema>. It is free to all primary care professionals in the UK.

Society of Occupational Medicine (SOM)

SOM is the UK organisation for all doctors working in or with an interest in occupational health in the workplace, the armed forces and academic institutions. www.som.org.uk

UK National Screening Committee

The UK National Screening Committee (NSC) is an independent committee that advises ministers and the NHS in all four UK countries about all aspects of screening policy, including implementation, the case for introducing new population screening programmes, and for continuing, modifying or withdrawing existing programmes. It has a Fetal, Maternal and Child Health Group (FMCH) that deals with antenatal and child health screening issues. www.gov.uk/government/groups/uk-national-screening-committee-uk-nsc