

The RCGP Curriculum: Clinical Modules

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➤ 3.03 Care of Acutely Ill People

Summary

As a general practitioner (GP) you must:

- Recognise the signs of illnesses and conditions that require urgent intervention
- Work effectively in teams and co-ordinate care
- Prioritise problems and establish a differential diagnosis
- Make the patient's safety a priority
- Consider the appropriateness of interventions according to the patient's wishes, the severity of the illness and any chronic or co-morbid diseases
- Be able to make mental state assessments and ensure the safety of others
- Accept responsibility for your actions, at the same time recognising any need for involving more experienced personnel
- Keep your resuscitation skills up to date – this would normally involve a yearly certified resuscitation course
- Act calmly in emergency situations and follow agreed protocols
- Know the processes and arrangements for commissioning and delivering urgent and unscheduled care in your community
- Be aware of how the management of patients with continuing conditions affects the need to give urgent and unscheduled care

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:

- Know the GMC requirements as set out in Good Medical Practice and Good Medical Practice for GPs
- Ensure that if you feel you are not able to provide effective care because of personal circumstances (such as illness), particularly in more stressful environments such as out of hours, that you inform the organisation so that alternative arrangements can be made to ensure patient safety
- Know your ability and capacity to work under pressure, and how to manage yourself effectively and appropriately with regard to:
 - Time management
 - Heightened emotion
 - Prioritisation and decision-making
 - Relaxation and rest

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:

- Have an awareness of your own beliefs, ethical system and attitudes towards the care of patient
- Be aware of other models of belief, ethical systems and attitudes that patients and their relatives and carers may hold
- Ensure that your beliefs and attitudes do not compromise the delivery of effective and safe care to all patients or appropriate professional decisions in relation to patients, their families and carers
- Manage the difference between what you think is an appropriate medical course of action and the course of action desired by patients, their relatives and their carers
 - This is particularly important for patients receiving palliative or end-of-life care (see also statement 3.09 End-of-Life Care)
 - Some patients may make frequent contact for unscheduled care that is often unnecessary (e.g. because of a disorganised lifestyle)
- Be aware of equality and diversity legislation and have a positive and respectful attitude to the other healthcare professionals and colleagues with whom you will be working
 - This is particularly important in the out-of-hours context where you may be working with individuals you have not met before on each session
- Demonstrate knowledge of the legal frameworks affecting acute healthcare provision, especially regarding compulsory admission and treatment – in particular, knowledge of the Mental Health Act and how to access the information and guidance for this
- Understand the ethical and professional guidance relating to managing conflicts of interest between patients who are acutely ill and relatives, carers and other healthcare professionals

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:

- Communicate effectively with patients, relatives and carers over the telephone in order to accurately assess a patient who is acutely ill
- Understand the ways in which the acute illness itself and the emotions caused by it can affect the communication between the doctor and the patient
- Understand how to acknowledge and maintain patients' autonomy when they are acutely ill and in situations where the doctor and others may need to make significant decisions on behalf of the patient
- Understand how continuity of care for an individual patient undergoing an episode of acute illness can be maintained in all contexts
- Understand the ways in which patients from different cultures and social backgrounds may interpret and report symptoms of acute illness
- Communicate sensitively and professionally with seriously, acutely ill patients who may not wish to follow appropriate medical advice

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:

- Know the symptoms, signs and presentation of common severe illnesses
- Understand the ways in which different individuals place emphasis on different symptoms and the significance of their acute illness
- Know the symptoms and signs of severe illnesses that may also be produced by other less severe illnesses and ensure that effective processes are in place to avoid missing those severe illnesses when not obvious at initial presentation, e.g. viral symptoms in a child should not exclude your recognising possible meningococcal infection
- Use different modes of communication – such as closed and specific questions eliciting a yes/no response – as appropriate to the out-of-hours context and where the patient's situation requires urgent action
- Know the main and common differential diagnoses for each presenting symptom of a patient who is acutely ill

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:

- Determine whether urgent action is necessary for patients who are acutely ill to ensure correct and timely treatment and to ensure that patients with similar symptoms for whom urgent treatment is not needed are protected from the potential harm of unnecessary investigations and/or therapeutic interventions
- Take responsibility for a decision to admit an acutely ill person and not be unduly influenced by others, such as secondary care doctors who have not assessed the patient
- Understand:
 - when just giving advice to a patient or their relative/carer is sufficient and appropriate in order to manage the patient and the situation
 - when further assessment is necessary and when and where that should be carried out
 - when other healthcare professionals should be involved (e.g. ambulance service, paramedics, community nurses)
- Use timely review of acutely ill patients in order to monitor their condition and determine changes to your initial management plans
- Inform patients and offer appropriate explanations for any new symptoms, signs or changes in an existing condition that patients/carers should report back to you so that no serious conditions are missed ('safety-netting')
- Determine whether the older adult patient with an acute presentation needs predominantly social care or medical care, or a combination of both

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:

- Recognise the importance of knowing the protocols for managing specific acute illnesses. These include the management of acute asthma, chest pain that could be cardiac in origin, stroke pathways, the management of possible deep vein thrombosis
- Know how age, gender, ethnicity and the presence of other conditions may alter the presentation of symptoms and signs of severe illness (this is particularly important for presentations in very young and very old patients)
- Manage patients in the out-of-hours context without access to their normal medical records or previous knowledge of them

- Recognise those illnesses where immediate action is needed to reduce death and/or significant morbidity
- Know when it is safe and appropriate to manage a patient in the community and when the patient needs to be referred to hospital for assessment or admission
- Recognise the signs of death and how to assess for these
- Know what you are required to do legally and appropriately following your diagnosis of sudden death of a patient, both expected and unexpected
- Be able to make complex ethical decisions and show sensitivity to a patient's wishes in the planning of care
- Be aware of the need to maintain safety for individuals at all times (see also statement 2.02 Patient Safety and Quality of Care)
- Know how to diagnose and manage cardiovascular emergencies including interpreting an ECG and performing CPR
- Know how to manage acute respiratory problems, such as asthma
- Know how to manage acute arterial bleeding

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:

- Understand where the presentation of an acute illness is related to an underlying chronic illness and recognise that an acute illness may be an acute exacerbation of a chronic disease
- Know how the presence of underlying disease or long-term conditions and risk factors (e.g. hypertension, smoking) influences the incidence and presentation of acute illnesses
- Know how social and lifestyle factors influence the incidence and presentation of acute illnesses, e.g. delayed presentation – and mental stress – in cultures where it is considered 'inappropriate' to have certain illnesses; or acute illness from omitting medication during religious fasting
- Identify co-morbid diseases
- Describe the modifying effect of chronic or co-morbid disease and its treatment on the presentation of acute illness
- Recognise those patients who are likely to need acute care and offer them advice on prevention, effective self-management and when and who to call for help, e. g. the patient who lives alone or has a mental health problem
- Understand how the needs of others close to the patient (e.g. family members, carers) can be addressed appropriately

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:

- Understand the roles of different members of the primary care team in managing patients who present, or request help, urgently during the day
- Understand the roles of different organisations and professionals who provide unscheduled care for patients both in and out of hours
- Co-ordinate care with other professionals in primary care and with other specialists
- Understand the ways in which patients can access urgent care in general practice during the day (in hours)
- Understand how the management of patients with chronic conditions in general practice influences the presentation of these patients to urgent and unscheduled care and their admission to secondary care services

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:

- Understand how to access and use clinical decision support systems (e.g. algorithms for the management of suspected deep vein thrombosis, management of variations from the normal range of INR readings in patients who are anticoagulated, and changes in therapy for patients who have worsening asthma). You should also know how to make your interventions evidence-based, e.g. through resources such as the Cochrane Library database, or National Institute for Health and Care Excellence (NICE) guidance
- Be aware of how to access practice protocols and how these may be used appropriately in differing circumstances. You also need to demonstrate an understanding of the protocols that are available from national bodies (e.g. the British Thoracic Society asthma guidelines) and how these may be used appropriately in differing circumstances and for different individuals
- Evaluate how well you care for the acutely ill person, including significant event analyses, and take appropriate action
- Ensure that you record your learning activities whilst undertaking out-of-hours work, in order to demonstrate the achievement of learning goals and to provide further goals for your appropriate personal development plan

- Be aware of how to access and use the COGPED guidance for out-of-hours experience in GP training¹
- Understand the importance of analysing significant and untoward events relating to acutely ill patients that you, the OOH provider or the training practice may be involved in, both in and out-of-hours, and ensure that you are actively involved for the benefit of both the team and the organisation, and for your own, personal development

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:

- Be aware of the organisational need to ensure processes and procedures are in place to ensure patient safety (i.e. clinical governance, quality control and management processes)
- Provide clear leadership, demonstrating an understanding of the team approach to care of the acutely ill and the roles of the practice staff in managing patients and relatives
- Know the requirements for effective continuity of care in the out-of-hours (OOH) setting and understand your responsibility to provide appropriate documentation and records of any patient contact, which must be handed over to the next professional who will be involved with that patient
- Know the arrangements for providing unscheduled and emergency care, both in and out of hours in the locality in which you are working
- Know the administrative and operating processes for any out-of-hours organisation in which you will be working, and ensure you have this knowledge (e.g. by appropriate induction) before working there. This includes understanding:
 - The appropriate information technology (IT)
 - The process for recording and transmitting information about patients and the outcomes of any contact with them
 - The communication systems within and without any out- of-hours organisation
 - The process for organising and booking any working sessions or shifts you will be having with the out-of-hours organisation
- Understand the information that OOH providers use to audit and map the service that they provide (e.g. the RCGP Urgent and Emergency Care Toolkit)
- Know the process by which you can give effective feedback to the out-of-hours organisation in which you have worked and trained, and ensure that you give this

¹ COGPED (Committee of General Practice Education Directors), www.cogped.org.uk

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:

- Know how presentations of acute illness are described and recorded by different patients and what this may mean for their understanding of what this means to them, and how it will affect their life in the future
- Know how the emotional impact of an acute illness on a patient may not equal the severity of the medical problem (i.e. some individuals may be very upset over minor illnesses and some may have little apparent emotional response to a significant and severe illness)
- Be aware of the different beliefs that different patients may have with regard to the cause and meaning of acute illnesses and how this may affect their ability to manage the immediate and longer term consequences of that illness
- Demonstrate an awareness of the important technical and pastoral support that a GP needs to provide to patients and carers at times of crisis or bereavement including certification of illness or death
- Demonstrate an awareness of cultural and other factors that might affect patient management
- Be aware of how different communities respond to and manage episodes of acute illness
- Be aware of the varying beliefs that patients have about the need to ask for medical help with regard to similar symptoms

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:

- Know the factors that may determine patient responses to the acute presentation of illness within the community/communities that you will be responsible for, both in and out of hours (e.g. rural/urban, ethnic variation, presence of immigrant communities, mobile population, social demographics)
- Understand the factors that affect the demand for OOH and unscheduled primary care in different communities, and at different times of the day and the year
- Know the type of healthcare resources available, both in the community and in secondary care, in order to organise effective care in the most appropriate location for patients who present with urgent healthcare needs

- Know which other resources for help and care within the community are accessible to patients, and their relatives or carers, in order to manage the presentation of an urgent situation
- Know how to communicate effectively with patients, relatives and carers, who may make inappropriate and frequent demands on the health service, and what strategies to use to allow them to manage their problems more effectively
- Be aware of the differences between resources to manage patients in hours and out of hours and how you can appropriately alter your style of working to manage patients safely and effectively in both contexts (see also module 2.02 Patient Safety and Quality of Care)

Case discussion

You are undertaking a shift at the out-of-hours centre and take a phone call from a parent who is very worried about their 4-year-old daughter. Lisa is listless, not eating or drinking and feels very hot.

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</p> <p>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>Would my approach to the management of this child differ at different times of the day (e.g. the call was at lunchtime/midnight, or at the start of my shift/at the end of my shift)? If so, why?</p>
<p>Maintaining an ethical approach</p> <p>This addresses the importance of practising ethically, with integrity and a respect for diversity.</p>	<p>Do I think that a doctor who is a parent would manage this situation differently from a doctor who has, or has had, no children? What are my attitudes towards parents and families of a different social class or general educational achievement to my own?</p>
<p>Communication and consultation</p> <p>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>What skills do I need to consult effectively on the telephone?</p> <p>If I need to examine the child but the parents are reluctant to bring Lisa to see me, how would I deal with this?</p>
<p>Data gathering and interpretation</p> <p>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</p>	<p>What other factors do I need to know about the child?</p> <p>What other information about the family would be useful?</p>

to clinical examination and procedural skills.	
<p>Making decisions</p> <p>This is about having a conscious, structured approach to decision-making; within the consultation and in wider areas of practice.</p>	What are the possible causes of these symptoms? What questions would I ask to aid my assessment? What other areas might I need to cover?
<p>Clinical management</p> <p>This concerns the recognition and management of common medical conditions encountered in generalist medical care. It includes safe prescribing and medicines management approaches.</p>	What are the protocols for the urgent management of serious bacterial infections?
<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>	If I need to examine the child but the parents are reluctant to bring Lisa to see me, how would I deal with this?
<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>	If I was concerned there was a safeguarding issue in this case, how would I manage this? Who else might be able to help me?
<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 do I know about the incidence of specific infections illnesses in the community? What are the routes and sources for getting that information for my locality and nationally?</p> <p>What's the evidence relating to temperature control in febrile illnesses?</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>	What are the challenges with working with different care records in different parts of the health care system?
<p>Practising holistically and promoting health</p> <p>This is about the physical, psychological,</p>	<p>How would I explore the health beliefs of the parents?</p> <p>What do I need to know about this family?</p>

<p>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>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.</p>	<p>How do I include the parents in the management of this situation? What questions would I ask?</p>

How to learn this area of practice

Work-based learning

In primary care

As a GP specialty trainee you must gain experience in emergency care, which is a feature of both in-hours and out-of-hours work. Because there are particular features of the out-of-hours period that require a specific educational focus, such as isolation, the relative lack of supporting services and the need for proper self-care, it is important that you spend time in the out-of-hours primary care work environment.

During your training you should work in the local out-of-hours service, under supervision, in order to gain competence and confidence in delivery of these services. You should be supported by your GP trainer, who should make arrangements as part of your initial educational planning for your sessions with the out-of-hours service provider. This should follow an evaluation of your level of knowledge, skills and learning needs.

There are a number of organisations involved in the delivery of primary care out-of-hours services, including GP co-ops, commercial deputising services, NHS Direct, NHS 24, nurse triage, minor injury centres, primary care walk-in centres, accident and emergency departments and some remaining individual practices and practitioners. The model of service provided varies, but there will be a need for partnership and collaboration between all agencies at the local level. As part of your training programme, you need exposure to a variety of community-based emergency and out-of-hours models.

Example: Consultations with patients presenting urgently in general practice, observed consultations, recorded consultations and material for use for COT and CBD.

In secondary care

The hospital environment is the ideal setting for you to see concentrated groups of acutely ill children and adults. All doctors entering general practice training programmes will have acquired the competences in acute care laid down in the *Foundation Programme Curriculum*. Many doctors will have acquired additional competences during their hospital training, before entering GP training.

Some GP training programmes will contain placements of varying length in acute medicine and in accident and emergency departments that are ideal environments for learning about acutely ill people and their management. While you will have learnt cardiopulmonary resuscitation skills in the Foundation Programme or equivalent, it is important to maintain these skills once in practice. Hospital resuscitation departments are excellent learning resources for you to keep up to date with these skills.

Self-directed learning

All GP trainees and GPs should have access to cardiopulmonary resuscitation courses and learning resources to help them address their learning needs.

Learning with other healthcare professionals

Teamwork is essential for the effective management of acutely ill patients in primary and secondary care. In primary care, it is vital that all members of the primary healthcare team understand their roles in managing acutely ill patients and contribute to the development of practice guidelines.

Acute events are an important source of material for significant event analyses and team members should be encouraged to participate in these and learn from them at both the individual and team level. Working in the out-of-hours environment will help the specialty registrar gain valuable experience of working and learning in multiprofessional settings, which will include GPs, nurses, paramedics, accident and emergency staff, etc.

Example: Observing nurse practitioners triaging patients; undertaking home visits with paramedics.

Formal learning

Examples of formal learning are OOH induction processes, telephone consulting skills courses and e-learning opportunities

Useful learning resources

Books and publications

- British Medical Association and the Royal Pharmaceutical Society of Great Britain. *The British National Formulary* London: Pharmaceutical Press, updated regularly
- British Medical Association, Royal Pharmaceutical Society of Great Britain, Royal College of Paediatrics and Child Health, the Neonatal and Paediatric Pharmacists Group. *BNF for Children* London: BMA, 2005
- Committee of General Practice Education Directors. *Out of Hours (OOH) Training for GP Specialty Registrars* London: COGPED, revised 2010
- Hampton, JR. *The ECG Made Easy (6th edn)* London: Churchill Livingstone, 2003
- Helman C. *Culture, Health and Illness* Oxford: Butterworth–Heinemann; 1984.
- Jones R, Britten N, Culpepper L, et al (eds). *Oxford Textbook of Primary Medical Care* Oxford: Oxford University Press, 2004
- Males A. *Telephone Consultations in Primary Care: a practical guide* London: RCGP, 2007
- Morton RJ and Phillips BM. *Accidents and Emergencies in Children (Oxford Handbooks in Emergency Medicine)* Oxford: Oxford University Press, 1996

- Skinner D and Driscoll P. *ABC of Major Trauma (4th edn)* Oxford: Blackwell Publishing & BMJ Books, 2006
- Sprigings DC and Chambers JB. *Acute Medicine: a practical guide to the management of medical emergencies* Oxford: Oxford University Press, 2001
- Warrell D, Cox TM, Firth JD, Benz EJ (eds). *Oxford Textbook of Medicine (4th edn)* Oxford: Oxford University Press, 2004
- Wyatt JP, Illingworth RN, Clancy MJ, Munro P, Robertson CE. *Oxford Handbook of Accident and Emergency Medicine* Oxford: Oxford University Press, 2005

Web resources

COGPED OOH Position Paper 2010 www.cogped.org.uk/publications/cogped-out-of-hours-position-paper.html

Guidance for Commissioning Integrated Urgent and Emergency Care – a whole system approach

This is a very useful comprehensive review of the models of delivery of urgent and unscheduled care in the UK and the data associated with these. It provides an understanding of the factors that GPs need to account for when involved in commissioning these services. www.rcgp.org.uk/revalidation-and-cpd/centre-for-commissioning/~media/Files/CfC/CfC-Urgent-Emergency-Care.ashx

Royal College of General Practitioners

e-GP includes a course on trauma, covering topics such as basic life support, managing major incidents, burns and scalds, limb and head injuries and sports injuries. www.e-GP.org

Resources on urgent and emergency care are also available at: www.rcgp.org.uk/clinical-and-research/clinical-resources/urgent-and-emergency-care.aspx