The RCGP Curriculum: Clinical Modules

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➢ 3.13 Digestive Health

Summary

- Digestive problems are common in general practice
- As a general practitioner (GP) you have a central role in the diagnosis and management of digestive problems in primary care
- Dyspepsia, gastro-oesophageal reflux disease (GORD) and Irritable Bowel disease (IBS) are common conditions, affecting a significant proportion of the population
- Prevention and early treatment of colorectal cancer are priorities for the Department of Health
- A national programme of screening for colorectal cancer is now in place, with plans for the possible addition of flexible sigmoidoscopy. Primary care has an important role, even though recruitment of patients and follow-up are centrally co-ordinated
- New treatment approaches are emerging for patients with hepatitis B and C

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:

- Be aware of your own attitudes to gastrointestinal illness and accept that these can influence the way you respond to individuals with digestive disorders

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 aware of the many issues relating to embarrassment and social and cultural factors which influence presentation to primary care, and how you can have a constructive approach to these

- Appreciate the complex issues around drug and alcohol misuse, the ways these impact on digestive disorders and the management problems they are associated with, demonstrating a non-judgemental approach to individuals with, for example, chronic gastrointestinal symptoms, drug and alcohol problems

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:

- Recognise that it is difficult for some patients to discuss digestive symptoms, through factors such as embarrassment and social stigma
- Demonstrate a non-judgemental, caring and professional consulting style to minimise the embarrassment of patients with digestive problems

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:

- Understand that digestive symptoms are often multiple and imprecise, and frequently linked to emotional factors
- Understand the many cultural and social factors which can influence the way patients interpret symptoms and the manner in which this influences their expectations of medical management
- Be aware of the sensitive nature of GI symptoms and some GI examinations (such as rectal examination) – and do everything possible to put the patient at ease, including the offer of a same-sex doctor if appropriate
- Understand the need to provide an environment where abdominal and rectal examination are easy to perform with dignity and under chaperoned conditions

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:

- Intervene urgently when patients present with an acute abdomen

- Be cautious with telephone advice when the abdomen has not been examined
- Understand the risks associated with various symptoms which may indicate GI cancer, and refer with appropriate levels of urgency
- Demonstrate a structured, logical approach to the diagnosis of abdominal pain, e.g. to enable a positive diagnosis of irritable bowel syndrome to be made, rather than making the diagnosis by exclusion
- Understand dietary factors associated with various GI conditions and offer appropriate dietary advice (e.g. in weight loss, irritable bowel syndrome and primary cancer prevention)

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 manage primary contact with patients who have a digestive problem
    - Understand the epidemiology of digestive problems as they present in primary care[1] and their often complex aetiology
    - Know how to interpret common symptoms in general practice, including dyspeptic symptoms (epigastric pain, heartburn, regurgitation, nausea, bloating), abdominal pain, nausea, vomiting, anorexia, weight loss, haematemesis and melaena, rectal bleeding, jaundice, diarrhoea and constipation, and dysphagia
- Demonstrate a systematic approach to investigating common digestive symptoms, taking into account the prevalence of these symptoms in primary care and the likelihood of conditions such as peptic ulcer, oesophageal varices, hepatitis, gastrointestinal cancers and post-operative complications
- Understand that digestive symptoms are frequently linked to psychosocial factors and empathise with individuals who are psychologically distressed
    - Explore gastrointestinal symptoms and psychological and social factors using an integrated approach
    - Understand the range of gastrointestinal problems associated with alcohol and drug usage (see also module 3.14 Care of People who Misuse Drugs and Alcohol)
- Understand the indications for urgent referral for suspected GI cancer
    - Be aware of the cancer risks associated with various symptoms and symptom complexes[2]
    - Understand the National Institute for Health and Care Excellence (NICE) referral guidelines for suspected cancer

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[1] Hellier MD, Williams JG. The burden of gastrointestinal disease: implications for the provision of care in the UK *Gut* 2007;56:165–6, doi:10.1136/gut.2006.102889

[2] Hamilton W and Sharp D. Diagnosis of colorectal cancer in primary care: the evidence base for guidelines *Family Practitioner* 2004;21(1):99–106

- Use an evidence-based approach to management and prescribing for common symptoms such as dyspepsia, and be familiar with contemporary developments around drug treatment options for hepatitis B and C[3]

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:

- Identify patients' attitudes and beliefs about digestive symptoms and disease, and how they might influence patterns of presentation
- Advise patients appropriately regarding lifestyle interventions that have an impact on gastrointestinal health, such as advice on diet and on stress reduction
- Know the gastrointestinal side effects of common medicines
- Modify the form or modalities of treatment to cater for the patient's GI function and preferences
- Have strategies to respond to patients who attend frequently with unexplained GI symptoms, e.g. strategies might include educational and supportive counselling approaches
- Have a good understanding of the impact of GI symptoms and illness on patients, their families and their wider networks
- Support people to self care, particularly those with chronic symptoms (such as those typically associated with irritable bowel syndrome)

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:

- Have a good understanding of the availability of endoscopic services for upper and lower GI symptoms/diseases

[3] Feller R, Strasser S, Ward J, Deakin G. *Primary care management of chronic viral hepatitis* ASHM, 2010

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 the epidemiology of gastrointestinal symptoms and disorders in primary care, and the evidence on the risks for cancer and other serious diseases associated with various symptoms and symptom complexes
- Use contemporary management approaches to individuals with hepatitis B and C, and understand the dynamics for screening for colorectal cancer and its influence on individual patient management
- Understand the evidence base for the national guidelines on screening and management of common and important gastrointestinal conditions
- Understand the evidence underpinning the national bowel cancer screening programme, and the public health implications of the programme

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:

- Champion the availability and appropriate use of direct-access endoscopy and imaging for primary care practitioners
- Recognise the place in cost-effective management of simple therapy and expectant approaches (in which active treatment is deferred) while the patient's condition is adequately monitored

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:

- Recognise the effects psychological stress can have upon the gastrointestinal tract, especially with functional disorders, e.g. non-ulcer dyspepsia, irritable bowel syndrome, abdominal pain in children

- Recognise the impact of social and cultural diversity, and the important role of health beliefs relating to diet, nutrition and gastrointestinal function
- Holistically manage psychological symptoms and conditions which have associated GI issues, e.g. it may be appropriate to refer the patient to a support group or counsellor
- Acknowledge the importance of the full array of psychosocial, cultural and other determinants on the presentation of gastrointestinal disorders and ensure that the practice is not biased against recognising these
- Understand screening programmes for colorectal cancer, and the role of primary care in information provision and dealing with symptoms amongst screening invitees

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 high prevalence of GI symptoms in the community and the implications for primary care
- Be aware of community-based services in areas such as drug and alcohol rehabilitation, both of which are implicated in gastrointestinal disease

Case discussion

Beverley Chalmers is a 62-year-old librarian. She is married with two grown up children and three grandchildren. She says her marriage has been going through a particularly 'difficult patch' since her husband lost his job two years ago and markedly increased his alcohol consumption. She would like to retire but is concerned over finances. She consults you with symptoms of weakness and fatigue. She has lost 5kg in the last six months with no obvious cause.

You ask about Beverley's gastrointestinal (GI) symptoms: she has had constipation on and off for a number of years, with occasional bloating which she attributes to 'wind'. She saw you 12 months ago with a single episode of rectal bleeding and you noticed a small external haemorrhoid. The bleeding settled after conservative treatment. Beverley is stressed by changes at her library (a new supervisor is 'making life difficult' for her) and by the relationship difficulties in her marriage. She is also concerned about her 12-year-old granddaughter's behaviour – she is missing school and not telling her parents where she is.

Over the last three months Beverley has become a little breathless – she first noticed this when climbing the stairs at work. She has mild rheumatoid arthritis. A doctor in the practice recently prescribed her some temazepam (as she was sleeping poorly). She also takes a regular dose of a non-steroidal anti-inflammatory drug (NSAID). She has had a normal mammogram within the last 12 months. She has had two invitations, at age 60 and 62, to undertake a faecal occult blood test (FOBT) as part of the screening programme; the first was negative and she declined the second. There is no family history of note. Beverley has never smoked, and drinks only on rare social occasions.

On examination she has mild clinical signs of anaemia. Her BP is 130/70, lungs are clear. Abdominal examination is essentially normal. You perform a rectal examination which is also normal, and there is no sign of the haemorrhoid you previously diagnosed.

Initial investigations, including an Hb of 7.3 gm/DL, suggest she has iron deficiency anaemia and you commence iron replacement therapy. When you see her on a follow-up visit her tiredness appears to have worsened. She also appears anxious and is very concerned about her poor sleeping. She thinks the iron tablets are making her more constipated. She has lost a further kilogram in weight which she can't understand. You need to give thought to the next steps you will take in investigating and managing Beverley's symptoms.

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
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.	How does Beverley's complex presentation make me feel and why? How would I take account of this in my management of the situation?
Maintaining an ethical approach This addresses the importance of practising ethically, with integrity and a respect for diversity.	How would I deal with my concerns about the 12 year old grand-daughter? What ethical principles do I know that might help me with this case?
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.	How can I acknowledge the wide range of psychosocial issues in the history? What techniques would I use to work flexibly and efficiently within the allotted time? Would I want to see other members of her family? Why?
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.	What other tests might I request in order to explore the differential diagnosis? Could she have a serious illness? How sensitive and specific are the bowel screening programmes?

Making decisions This is about having a conscious, structured approach to decision-making; within the consultation and in wider areas of practice.	What is my strategy for investigating this combination of symptoms and factual information (e.g. weight loss, anaemia, weakness/fatigue, psychological issues)? What criteria would I use for prioritizing my decisions?
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.	What are my next steps? Would I refer Beverley and if so, to whom? Would I expect a colonoscopy at this point?
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 will I address Beverley's current concerns while being diligent in investigating her for serious illness? How can I involve Beverley in thinking about planning the different strands of her care?
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 are the referral guidelines for 2 weeks suspected cancer referrals? What information should be included in any referral letter? Who else in the team might be appropriate to involve in thinking more about Beverley's current concerns?
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 sources of information can I identify to ensure I am up to date with the investigation of lower GI symptoms?
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.	How does my practice record and follow up patients who have not attended for the bowel screening programme? What can my practice do to improve the uptake of screening programmes? What's the most appropriate way to record the multiple aspects of this patient's presenting complaint?
Practising holistically and promoting health This is about the physical, psychological,	How could Beverley's wider concerns influence her presentation?

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.	What other aspects of her social and cultural background would I like to enquire about?
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.	How do people respond to invitations for FOBT screening? What influences this? What community services might be available to help Beverley and her family?

How to learn this area of practice

Work-based learning

In primary care

Primary care provides tremendous opportunities for you to gain a broad-based understanding of digestive illness. Virtually all gastrointestinal diseases present initially with symptoms in primary care. There is a high prevalence of gastrointestinal symptoms in the community and one of the fascinating challenges in primary care is to interpret these symptoms and identify those patients with problems which warrant further and/or urgent investigation. As a GP trainee it may be possible for you to spend time in community-based endoscopy facilities – these are sometimes led by primary care doctors with an interest in gastrointestinal disease. You should also take the opportunity to discuss screening programmes with patients in eligible age groups and check on their understanding of the screening process and how it relates to symptom-based diagnosis.

In secondary care

As a GP trainee you should ideally take the opportunity of spending time in outpatient clinics, in both general and specialised areas – for example, hepatitis management, liver disorders, endoscopy clinics etc. There is a very broad spectrum of activity in which you could potentially get involved and the opportunities will depend to some extent on individual hospital environments.

Self-directed learning

You will find many case-based discussions within GP speciality training programmes on gastrointestinal disorders. These cases are often challenging because patients with gastrointestinal diseases often follow unpredictable diagnostic journeys. Trainees with a particular interest might consider attending meetings of the Primary Care Society for Gastroenterology Society (see under Learning Resources).

Learning with other healthcare professionals

Trainees should take the opportunity of discussing gastrointestinal disorders with practice nurses and nurses in the hospital environment. Some practices have community nurses dealing specifically with drug and alcohol problems and it would be helpful to spend time discussing gastrointestinal disorders in relation to intravenous drug use and excessive alcohol consumption. It would also be helpful for you to accompany patients in investigations such as helicobacter breath testing and endoscopic procedures.

Formal learning

As a trainee you should be aware of the range of RCGP courses, many of them based on e-modules. For example, the RCGP certificate in the detection, diagnosis and management of hepatitis B and C in primary care: www.rcgp.org.uk/courses-and-events/online-learning/ole/hepatitis-b-and-c.aspx

Useful learning resources

Books and publications

- Beckinham I (ed). *ABC of Liver, Pancreas and Gall Bladder* London: BMJ Books, 2001
- British Medical Association and Royal Pharmaceutical Society of Great Britain. *The British National Formulary 50* London: BMJ Books, 2005
- Delaney BC. 10-minute consultation: dyspepsia *British Medical Journal* 2001; 322: 776
- Hay DW (ed). *Blackwell's Primary Care Essentials: gastrointestinal disease* John Wiley and Sons Ltd, 2002
- Jankowski J, Jones R, Delaney B, Dent J. 10-minute consultation: gastro-oesophageal reflux disease *British Medical Journal* 2002; 325: 945
- Jones DJ (ed). *ABC of Colorectal Disease (2nd edn)* London: BMJ Books, 1998
- Jones R, Galloway J, de Wit NJ, *et al* (eds). Digestive problems (Section 4). In: Jones R, Britten N, Culpepper L, Gass DA, Grol R, Mant D, *et al*. *Oxford Textbook of Primary Medical Care, Vol 2: clinical management* Oxford: Oxford University Press, 2004, pp. 729–73
- Kerr D, Young A, Hobbs FDR. *ABC of Colorectal Cancer* London: BMJ Books, 2001
- Logan R, Harris A, Misiewicz JJ, Baron JH (eds). *ABC of Upper Gastrointestinal Tract* London: BMJ Books, 2002
- Truswell AS. *ABC of Nutrition (4th edn)* London: BMJ Books, 2003
- Warrell D, Cox TM, Firth JD, Benz EJ (eds). *Oxford Textbook of Medicine (4th edn)* Oxford: Oxford University Press, 2004

Web resources

Primary Care Society for Gastroenterology

The Primary Care Society for Gastroenterology has a good website with lots of helpful guidance on common gastrointestinal conditions in primary care. www.pcsg.org.uk