

The RCGP Curriculum: Clinical Modules

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➤ 3.15 Care of People with ENT, Oral and Facial Problems

Summary

- 15% of consultations in general practice involve the upper respiratory tract or head and neck¹
- Guidelines for appropriate management are widely available but not always used
- Knowledge of normal anatomy and examination techniques makes diagnosis easier
- Variable training in ear, nose and throat (ENT) at undergraduate level means that trainees and trainers have to review current knowledge and skills
- Head and neck cancer rates are increasing and outcomes depend on early diagnosis

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:

- Ensure that a patient's hearing impairment or deafness does not prejudice the information communicated or your attitude as a doctor towards the patient

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:

- Demonstrate empathy and compassion towards patients with ENT symptoms that may prove difficult to manage e.g. tinnitus, facial pain, unsteadiness

¹ Griffiths E. Incidence of ENT problems in general practice *Journal of the Royal Society of Medicine* 1979;72:740–2

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 able to communicate effectively with patients with hearing impairment and deafness, or speech impairment, some of which may occur together

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 how to recognise rarer but potentially serious conditions such as oral, head and neck cancer²
- Know the epidemiology of head and neck cancers, including the risk factors, and identify unhealthy behaviour
- Identify symptoms that are within the range of normal and require no treatment such as small neck lymph nodes in healthy children and 'geographic tongue'

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:

- Carry out appropriate examination including more detailed tests where indicated, e.g. audiological tests and the Dix–Hallpike test to help diagnose benign paroxysmal positional vertigo (BPPV)
- Know the skills which can be used in primary care to effect a cure when indicated, e.g. nasal cautery and the Epley manoeuvre

² Head and neck fast-track referral guidance:

www.nice.org.uk/nicemedia/pdf/cg027niceguideline.pdf

www.scotland.gov.uk/Resource/Doc/46922/0014162.pdf

www.cancerni.net/files/file/ReferralGuidanceMay2007.pdf

Allergy: the unmet need (2003) www.bsaci.org/pdf/allergy_the_unmet_need.pdf

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:

- Manage primary contact with patients who have a common/important ENT, oral or facial problem, e.g. vertigo or tinnitus
- Understand when watchful waiting and the use of delayed prescriptions are indicated

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 the relationship between factors in the patient's environment, such as smoking or noise levels, and the cause and management
- Appreciate that pathology in other systems may lead to ENT-related symptoms. Examples include gastro-oesophageal reflux disease (GORD) and cerebrovascular accident (CVA)
- Understand that ENT pathology can lead to developmental delay, e.g. 'glue ear' can impair a child's learning
- Understand that systemic disease such as haematological, dermatological and gastrointestinal problems may present with oral symptoms, e.g. glossitis caused by iron deficiency anaemia
- Empower patients to adopt self-treatment and coping strategies where possible for conditions such as allergic rhinitis, minor epistaxis and tinnitus

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 when urgent (or semi-urgent) referral to secondary care may be indicated, e.g. in trauma, epistaxis, quinsy (peritonsillar abscess), severe croup or stridor
- Be aware of the need to refer patients with oral disease to appropriate specialist services in oral medicine or oral and maxillofacial surgery

- Be aware that dental practitioners have knowledge and experience of diagnosing and managing common (benign) oral conditions in primary care

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:

- Recognise that your training in ENT, oral and facial problems might need to be supplemented
- Demonstrate knowledge of the scientific backgrounds of symptoms, diagnosis and treatment of ENT, oral and facial conditions
- Demonstrate an evidence-based approach to antibiotic prescribing
- Understand and implement the key national guidelines that influence healthcare provision for ENT problems

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:

- Ensure that your working environment is equipped to ease communication with patients who are hard of hearing and does not create barriers to accessing your services

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:

- Appreciate the impact of hearing loss on quality of life and understand the community and cultural attitudes to deafness
- Understand that patients in poorer socio-economic situations (including the homeless) have higher rates of head and neck malignancy
- Know how community-specific aspects of oromucosal disease may be related to lifestyle (e.g. chewing paan, tobacco, betel nut, khat/qat, or reverse smoking)

- Know that certain ENT, oral and facial symptoms may be manifestations of psychological distress, e.g. globus pharyngeus, atypical facial pain, burning mouth syndrome
- Demonstrate effective strategies for dealing with parental concerns regarding ENT conditions such as recurrent tonsillitis or otitis media with effusion, e.g. explain why antibiotics are not always indicated
- Understand the significant quality-of-life impairment that may arise from common ENT and oral complaints, e.g. snoring, rhinosinusitis, persistent oral ulceration and dry mouth
- Know the national screening programme for hearing loss

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:

- Avoid a negative attitude towards homeless patients, which can lead to less vigilance in early detection of head and neck cancer in this group
- Understand that certain services are highly specialised and regionally based such as the provision of cochlear implants
- Know the community services that may be available, e.g. for audiological assessment
- Refer patients with dental or gingival problems to their general dental practitioner or local community dental services
- Ensure the practice welcomes patients from low socioeconomic classes and is active in reducing risk factors for head and neck malignancy

Case discussion

Mark Johnson is a 25-year-old trainee solicitor who presents with persistent nasal obstruction, runny nose, watery eyes and regular sneezing. The problem is perennial and has been getting worse for years. He also has asthma. He has moved into a flat and has adopted a cat. The use of steroid sprays and antihistamines only marginally improves things and he tells you he is 'fed up with his symptoms' and says 'there must be something else that can be done'. He requests an immediate referral to a specialist. Your examination reveals some form of swelling in the nose, more noticeable on the right than the left.

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>How do I feel when say 'there must be something that can be done...'?</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 consider his symptoms to be an appropriate use of medical consulting time?</p> <p>How far should I take further investigations and treatments?</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>How do I feel about his demand for referral? How will I manage those feelings in the consultation?</p> <p>How might I deal with his frustrations and anger?</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 to clinical examination and procedural skills.</p>	<p>How can I determine if Mark has been compliant with treatment?</p> <p>How effective is allergy testing (PRIST, RAST or skin tests)?</p> <p>What triggers his symptoms?</p>
<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>	<p>How do I determine whether the swellings in the nose are nasal turbinates or polyps or part of the normal nasal cycle?</p> <p>How could the history help to determine the cause of his symptoms?</p>
<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>	<p>What is the optimal treatment (drug and dosage)?</p> <p>What are the current guidelines for reducing exposure to house dust mite?</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 might his asthma and nasal symptoms be linked?</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>Who else might I involve in the management of this patient?</p> <p>If I refer him, what key features should go in the referral letter?</p> <p>Where can I direct Mark to further information about his condition?</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>Do I have sufficient knowledge of nasal anatomy to allow me to detect any abnormality? If not, how could I improve my knowledge?</p> <p>What is the evidence for effectiveness of common ENT treatments?</p> <p>What other resources do I need in my area?</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 would I know from my IT system whether Mark has had a recent asthma review? What recall systems are in place?</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 these symptoms affect Mark's ability to work and study, and his social life?</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, as well as the global and multi-cultural aspects of delivering evidence-based, sustainable healthcare.</p>	<p>What are the resource issues relating to providing care for allergies in our health economy?³</p>

³ The real issue here is the fact that allergy is very common and it is accepted that it is under-resourced in the UK. This is outlined in a Royal College of Physicians document *Allergy: the unmet need*, www.bsaci.org/pdf/allergy_the_unmet_need.pdf

How to learn this area of practice

Work-based learning

In primary care and secondary care

As a GP specialty trainee you will find the frequency of ENT-related symptoms in primary care makes this the ideal environment for you to learn the basics of history-taking and examination (including identifying what is 'normal'). It is not uncommon for a clinician (GP or other healthcare professional) to have developed additional expertise in ENT, and working alongside such an individual can be very beneficial. Local ENT departments are usually very willing to have trainees sitting in outpatient clinics, and taking time to arrange a regular session in such a clinic will provide you with invaluable experience. The experience will be enhanced if you can see patients initially and then discuss examination findings and potential management with your supervising colleague. The extensive use of endoscopes and microscopes will greatly facilitate your understanding of ENT pathology. In both scenarios always ask for feedback on cases and look to use formal assessment tools (available online) to document your learning.

The frequency of common oral-related symptoms in primary care and the limited undergraduate training in this area make it worth your while attending specialist clinics in oral medicine and oral and maxillofacial surgery. In these clinics you will learn how to examine the mouth, recognise and provide initial management of common oral conditions and appreciate the presenting features of oral cancer and pre-cancerous lesions.

Self-directed learning

It is not uncommon to come across friends and relatives with ENT conditions and this can give you an insight into the impact on quality of life of what may be regarded as 'trivial conditions'. Examples include general upper respiratory tract infections, allergic and non-allergic rhinitis, snoring and deafness. Indeed, as a primary care physician it is essential that you understand the effect of a significant hearing loss on an individual's way of life. It is also important that you understand its isolating effect and appreciate the statement that 'blindness separates an individual from objects; deafness separates an individual from people'.

Learning with other healthcare professionals

As a GP trainee, gaining experience in other medical specialities will give you insight into dealing with common ENT, oral and facial problems. In particular:

- Paediatrics – many children have ENT-related conditions which affect their general well-being and may compromise their education
- Medicine of the Elderly – deafness and balance disorders are common
- Immunology – it is not uncommon for systemic allergy to present with symptoms and signs in the ear, nose, oral cavity or throat
- Dermatology – skin conditions affecting the face and scalp, and otitis externa, may present to skin specialists
- Respiratory medicine – it is important to understand that both the upper and the lower airway often need to be treated together
- Oral medicine and oral and maxillofacial surgery – understand that oral signs and symptoms may be a manifestation of underlying systemic disease
- Hearing loss clinics in the high street – these increase access to a range of services

During your training, spending time with nurses who have ENT experience can be very rewarding. Dental surgeons also have training and experience in managing common oral conditions as well as dental disease, and their opinion is often helpful.

Useful learning resources

Books and publications

- Bull T and Almeyda J. *Colour Atlas of ENT Diagnosis (5th edn)* Thieme, 2009
- Clarke R. *Lecture Notes: diseases of the ear, nose and throat (11th edn)* Wiley–Blackwell, 2013
- Coley AN and Kay NJ. *ENT for Primary Care (2nd edn)* Churchill Livingstone, 1998
- Lewis MAO and Lamey PJ. *A Clinical Guide to Oral Medicine (3rd edn)* London: British Dental Association, 2011
- Milford C and Rowlands A. *Shared Care for ENT* ISIS Medical Media Ltd, 1999
- Scully C. *Oral and Maxillofacial Medicine: the basis of diagnosis and treatment (3rd edn)* Churchill Livingstone (Elsevier), 2013
- Robb P, Watson A. *ENT in Primary Care* RILA publications 2007

Web resources

British Association of Oral and Maxillofacial Surgery (BAOMS)

National association for oral and maxillofacial surgery. www.baoms.org.uk

British Society for Oral Medicine (BSOM)

National association for oral medicine. The website contains information about the specialty and location of units in the UK. Patient information and other links can also be found. www.bsom.org.uk

Cancer Research UK

The following links provide information on mouth cancer and referral guidelines.

http://cancerhelp.cancerresearchuk.org/prod_consump/groups/cr_common/@cah/@gen/documents/generalcontent/about-mouth-cancer.pdf

<http://publications.cancerresearchuk.org/downloads/product/GP1.pdf>

Clinical Knowledge Summaries

A reliable source of evidence-based information and practical 'know how' about the common conditions managed in primary care. <http://cks.nice.org.uk/#?char=A>

e-GP

e-GP includes ENT sessions on audiology, including ear examinations. To access the e-GP courses, visit www.e-GP.org

ENT UK – British Association of Otorhinolaryngologists, Head & Neck Surgeons

National association for ENT. The website contains wide-ranging information about the specialty, advice, information leaflets, documents, videos and links etc. www.entuk.org