

# The RCGP Curriculum: Clinical Modules

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## ➤ 3.18 Care of People with Neurological Problems

### Summary

- The management of epilepsy in primary care is a key competence for general practice
- All general practitioners (GPs) should be competent in the management of neurological emergencies
- Many neurological conditions can be managed in primary care. When making referrals, you need to be aware that there is a shortage of neurologists in the UK
- As a GP you play an essential role in the management of chronic neurological disability in the community

### 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 neurological disability does not prejudice your attitude towards, or the information communicated to, 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:

- Be able to describe the ethical principles which you apply when treating an 'incompetent' patient (e.g. an unconscious patient) and when treating a patient who is unable to communicate (e.g. because of aphasia (partially or totally unable to communicate) or anarthria (total loss of speech))
- Be conversant with the Mental Capacity Act (and its equivalents in other UK countries) and its local application

### **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 prognosis, including any uncertainties, truthfully and sensitively to patients with disabling neurological conditions such as Parkinson's disease and multiple sclerosis
- Demonstrate empathy and compassion towards patients with disabling neurological conditions
- Understand the importance of continuity of care for patients with chronic neurological conditions

### **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 epidemiology of common and/or important neurological conditions such as epilepsy, headache and facial pain syndromes, brain infections, neurological causes of vertigo, spinal cord disease, spinal root compression/irritation, peripheral neuropathies, multiple sclerosis, motor neurone disease, Parkinson's disease and common and/or important movement disorders, brain tumours, and common and/or important inherited and congenital conditions
- Know the functional anatomy of the nervous system relevant to diagnosis
- Perform and understand the limitations of a screening neurological examination

### **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:

- Demonstrate a structured, logical approach to the diagnosis of 'difficult' symptoms with multiple causes, e.g. headache, dizziness
- Demonstrate an understanding of the relevance to management and effective use of special investigations such as EEG, CT, MRI and nerve conduction studies

### **Core Competence: Clinical management**

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

This means that as a GP you should:

- Be able to demonstrate how you manage primary contact with patients who have a neurological problem, including headache, dizziness, tremor, numbness and tingling, weakness, abnormal movements, blackouts and loss of consciousness, and coma
- Understand principles of treatment for common conditions that are managed largely in primary care including epilepsy, headaches, vertigo, neuropathic pain, mononeuropathies, essential tremor and Parkinson's disease
- Manage the acute presentation of meningitis and meningococcal septicaemia and people presenting with collapse, loss of consciousness or coma
- Co-ordinate care with other primary care health professionals to enable chronic disease management and rehabilitation
- Know the indications for referral to a neurologist for chronic conditions that require ongoing specialist management and conditions that require early treatment to avoid permanent deficit

### **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:

- Offer vaccination for meningococcal disease where relevant
- Advise on the avoidance of triggers and prophylaxis for migraine
- Offer counselling about investigating people with a family history of genetic neurological disease
- Counsel patients appropriately regarding epilepsy medication including drug interactions, side effects and contraceptive and pregnancy advice

### **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:

- Know the indications for referral of people with other neurological emergencies, e.g. spinal cord compression, cauda equina

### **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:

- Know the key national guidelines (e.g. NICE guidelines) that influence healthcare provision for neurological problems
- Understand how to access up-to-date information on the management of neurological conditions

### **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 able to apply the national policy documents and patient information about many neurological disorders

### **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 that neurological conditions often affect patients during their working lives and consequently have a large impact on the family's social and economic well-being
- Recognise the stigma associated with neurological disease and disability, and how this may differ in different communities and cultures
- Offer health education and accident prevention advice for people with epilepsy and other chronic neurological disorders

## 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 current medical standards of fitness to drive for neurological conditions
- Understand the sources of help and support that are available in the local community for people with neurological disabilities

## Case discussion

Mr Trevor Scott, a 32-year-old manager in a haulage company, presents with a history of a blackout at home, witnessed by his wife. The history given by his wife suggests a generalised tonic-clonic seizure. Trevor recalls that a year previously he had had a blackout while away on business which was un-witnessed but was associated with a period of amnesia and urinary incontinence. Trevor says he will lose his job if he can't drive and maintains that the event was a stress-related faint.

## 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
<b>Fitness to practise</b> 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.	If he continues to drive, what should I do?
<b>Maintaining an ethical approach</b> This addresses the importance of practising ethically, with integrity and a respect for diversity.	What will I tell Mr Scott about driving?  What should I be saying to the DVLA? (see also Web Resources below and case illustrations in statements 3.16 Care of People with Eye Problems and 3.17 Care of People with Metabolic Problems)
<b>Communication and consultation</b> 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.	What explanation of the problem will I give Mr Scott?

<p><b>Data gathering and interpretation</b></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>What are the essential details in history and examination that will determine his management?</p>
<p><b>Making decisions</b></p> <p>This is about having a conscious, structured approach to decision-making; within the consultation and in wider areas of practice.</p>	<p>What examination will I perform and what tests does he need?</p>
<p><b>Clinical management</b></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>How will I manage this problem in general practice?</p>
<p><b>Managing medical complexity</b></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 would poorly controlled epilepsy or polypharmacy impact on him as he gets older?</p>
<p><b>Working with colleagues and in teams</b></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>What is the role of the CNS in providing support?</p> <p>What is the role of the specialist versus the generalist?</p>
<p><b>Maintaining performance, learning and teaching</b></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 is the evidence about starting treatment for seizures?</p>
<p><b>Organisational management and leadership</b></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</p>	<p>What are the rules regarding driving and neurological conditions?</p>

developing relevant business and financial management skills.	
<p><b>Practising holistically and promoting health</b></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>	What precautions should I suggest in his everyday life?
<p><b>Community orientation</b></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>	If the epilepsy continues and becomes disabling, how will this affect his family's wellbeing?

## How to learn this area of practice

### Work-based learning

#### In primary care

In general practice, patients present with various neurological problems at varying stages of the natural history. As a GP specialty trainee, critical professional discourse with your trainer will aid you in developing 'heuristics', i.e. strategies for problem-solving in the cases you see. Supervised practice will also give you greater confidence.

Following up cases during your training period allows you to observe for yourself the natural history of neurological diseases and how they develop. Such clinical experience during training will be supported by your GP trainer and experienced members of the primary healthcare team such as the physiotherapist, occupational therapist and district nurse.

Some areas offer a specialist neurology outpatient service, based in primary care. This is a good opportunity for you to observe practice and be involved in the formal and informal conversations between GPs and specialists.

Many patients with chronic neurological conditions are resident in accommodation provided by voluntary organisations within the community. They usually have an appointed GP and it is important that you gain experience for caring for patients in this environment. This might require working with another practice if your training practice does not look after such a 'home'.

#### In secondary care

Some GP training programmes contain placements of varying length with neurologists and/or general physicians and physicians for elderly people that give exposure to patients with serious neurological problems in the acute setting. However, most specialist care is provided in outpatient or clinic settings. These are ideal places for you to see concentrated groups of patients with neurological

problems. They provide opportunities to observe many of the common conditions, as well as treatments for conditions such as migraine, epilepsy, stroke and Parkinson's disease. Many chronic neurological conditions are also present in patients who are in mental health facilities.

Vocational training programmes should give you the opportunity to attend neurology clinics when working in other hospital posts. You should also consider attending specialist neurology clinics during your general practice-based placements.

### **Self-directed learning**

Many postgraduate deaneries provide courses on neurological problems. Other providers include universities and the Royal College of General Practitioners (see Web Resources below).

### **Learning with other healthcare professionals**

Neurological problems by their nature are often exemplars of teamwork and the multidisciplinary approach across agencies, so take the opportunity to consider and discuss the different roles with the many professional and non-professional groups who work as a team within both primary and secondary care. Physiotherapists, occupational therapists and district nurses, in particular, have important expertise in the management of neurological disease and rehabilitation. You will also find that specific case conferences are often held to organise and focus efforts in the provision of care.

## **Useful learning resources**

### **Books and publications**

- British Medical Association and Royal Pharmaceutical Society of Great Britain. *The British National Formulary* London: BMJ Books, updated annually
- 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
- Murtagh J, Ridsdale L, Hart Y, *et al.* Neurological problems, Section 11. In: Jones R, Britten N, Culpepper L, Gass DA, Grol R, Mant D, *et al* (eds) *Oxford Textbook of Primary Medical Care, Vol 2: clinical management* Oxford: Oxford University Press, 2004, pp. 1043–80
- The Neurological Alliance. *Levelling Up: standards of care for people with a neurological condition* London: The Neurological Alliance, 2002
- The Neurological Alliance. *Getting the Best from Neurological Services* London: The Neurological Alliance, 2003
- Ridsdale L, Dowson A, Rogers G. Neurology. Chapter 12. In: Lakhani M and Charlton R (eds). *Royal College of General Practitioners Handbook: recent advances in primary care* London: RCGP, 2006
- Wolfe C and Rudd AG. Stroke and transient ischaemia. Chapter 1.7. In: Jones R, Britten N, Culpepper L, Gass DA, Grol R, Mant D, *et al* (eds) *Oxford Textbook of Primary Medical Care, Vol 2: clinical management* Oxford: Oxford University Press, 2004, pp. 640–4

### **Web resources**

#### **Driver and Vehicle Licensing Agency (DVLA)**

DVLA guidelines for doctors regarding driving licences for patients with neurological disorders.

[www.dft.gov.uk/dvla//medical.aspx](http://www.dft.gov.uk/dvla//medical.aspx)

## **National clinical guidelines for stroke**

The guidelines are published by the Clinical Effectiveness and Evaluation Unit of the Royal College of Physicians (RCP), in collaboration with the Intercollegiate Stroke Working Party. They are available from the RCP website. [www.rcplondon.ac.uk/resources/stroke-guidelines](http://www.rcplondon.ac.uk/resources/stroke-guidelines)

## **National Institute for Health and Care Excellence (NICE)**

For NICE clinical guidance (CG) on epilepsy, see CG137 – The epilepsies: the diagnosis and management of the epilepsies in adults and children in primary and secondary care.

[www.nice.org.uk/guidance/CG137](http://www.nice.org.uk/guidance/CG137)

## **Patient resources**

You will find a wealth of useful information about neurological problems (and many other chronic conditions) in resources specifically prepared to inform patients and carers, in sites such as NHS Shared Decision Making (<http://sdm.rightcare.nhs.uk>), NHS Choices ([www.nhs.uk](http://www.nhs.uk)) and Patient (<http://patient.info/>).

You may also find helpful material in your local hospital departments or on the websites of neurological disease charities such as:

Epilepsy Society - [www.epilepsysociety.org.uk](http://www.epilepsysociety.org.uk)

Multiple Sclerosis Trust - [www.mstrust.org.uk](http://www.mstrust.org.uk)

Motor Neurone Disease Association - [www.mndassociation.org](http://www.mndassociation.org)

Parkinson's UK - [www.parkinsons.org.uk](http://www.parkinsons.org.uk)

## **Royal College of General Practitioners**

RCGP resources include an online course on multiple sclerosis [www.elearning.rcgp.org.uk/ms](http://www.elearning.rcgp.org.uk/ms)

The Rare Diseases programme of the RCGP includes resources on Motor Neurone Disease [www.rcgp.org.uk/clinical-and-research/clinical-resources/rare-diseases.aspx](http://www.rcgp.org.uk/clinical-and-research/clinical-resources/rare-diseases.aspx)