

The RCGP Curriculum: Clinical Modules

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➤ 3.19 Respiratory Health

Summary

- Respiratory diseases are amongst the most common long-term conditions affecting patients in the UK
- The identification, assessment, diagnosis and treatment of most respiratory diseases is a primary care issue
- Socio-economics, ethnicity, age and gender have a significant impact on both the development of respiratory disease and its impact
- The impact of respiratory disease on patients, families, health services and society is significant
- When dealing with respiratory patients there are key skills you need as a general practitioner (GP) to interpret investigations, identify co-morbidity and effectively manage resources
- Respiratory disease affects patients of all ages. It also brings specific challenges in the diagnosis and treatment of various groups including children, some occupational and ethnic groups, those with social and mental health challenges, and those nearing the end of their life

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 experience of respiratory symptoms or disease

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:

- Understand your attitude towards 'lifestyle' disease and towards diseases where interventions may have real but limited benefit

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:

- Understand the potential impact of the patient's family history, lifestyle and occupation on the subsequent development of respiratory disease
- Explain, encourage and support self-management strategies for different respiratory diseases, according to the differing wishes and expectations of patients
- Be able to explain to patients (and their carers) why they are breathless, the progression of their disease, benefits and limitations of treatments and how to recognise and treat exacerbations

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 key points in your history-taking and examination with respect to specific respiratory diseases, e.g. in relation to occupation, smoking, 'red flag' symptoms, family history, clubbing, lymphadenopathy
- Know how to interpret lung function measurements as performed in primary care, e.g. peak expiratory flow (PEF), spirometry, pulse oximetry, and know the expected impact of bronchodilators on such measurements

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:

- Ensure that patients can use the inhaled medication they are prescribed, both routinely and in an emergency

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:

- Know the diagnostic and treatment guidelines for common respiratory diseases (asthma, COPD, lung cancer) in primary care
- Know the boundaries of primary care management and the role of specialist services in supporting the patient

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:

- Recognise the risk of co-morbid mental health problems in people with long-term respiratory problems, such as asthma and COPD, and the effect of these on morbidity and mortality
- Understand the importance of lifestyle changes (particularly smoking) and pulmonary rehabilitation
- Recognise the impact of co-morbidity such as muscle wasting, osteoporosis, anxiety, cardiovascular disease or bronchiectasis

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:

- Be able to function as both diagnostician and respiratory team leader

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 evidence base for different respiratory diseases and for different parts of the care pathway
- Recognise the difficulties of blinded research using inhaled agents
- Be aware of the evidence base that demonstrates the impact of culture and beliefs on the management of respiratory 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:

- Be aware of your surgery's location, parking, appointment times, stairs and the impact this has for the way you work with these patients

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:

- Seek to identify patients who, for complex personal reasons, often tend to present late in the progress of their condition
- Be able to support patients who perceive that they have brought their illness upon themselves
- Help patients whose illness can have a significant impact on their life choices
- Be able to support patients with different cultural or ethnic perceptions of what are acceptable forms of treatment (e.g. inhalers)¹

¹ Davidson E, Liu JJ, Sheik A. The impact of ethnicity on asthma care *Primary Care Respiratory Journal* 2010; 19(3): 202–08. This is a superb review article specifically about asthma and ethnicity that also makes reference to the relevant sections of the Global Initiative for Asthma (GINA) guidelines and to some Cochrane reviews

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 current population trends for lung disease with respect to age, ethnicity, occupation and socio-economic status
- Know about the support available to your patient and their carers from health, social services and specific respiratory charities (see also Web Resources below)
- Appreciate the importance of exercise, and the benefits of peer group support in all types of lung disease

Case discussion

Mrs Evelyn James is a 49-year-old woman who presents in your surgery complaining of increasing breathlessness over the past year. She is a smoker, having started smoking when she was 15 years old, although she gave up during her three pregnancies. She usually smokes one pack of cigarettes per day. She works part-time as a spinner in a local textile mill and is the primary carer for her mother, who has emphysema.

On further discussion, she describes deteriorating dyspnoea, to the point where she can no longer keep up with her husband when walking on the flat. She has also had chest infections during the last two winters, for which she received antibiotic treatment. During these events she had increasing breathlessness and mucopurulent sputum production.

On examination you assess her cardiorespiratory system, as well as looking for peripheral signs of respiratory disease. You find that she has a BMI of 31, normal cardiovascular signs, but widespread low-pitched rhonchi throughout both lung fields. She has no lymphadenopathy. Her peak expiratory flow rate (PEFR) is 200 litres per minute and her pulse oximetry (Sp O₂) is 95%. You arrange for your practice nurse to perform spirometry, which shows acceptable technical quality and an obstructive FEV₁/FVC ratio of 61%, and an FEV₁ of 49% against predicted. Her chest x-ray reports that the heart is enlarged and the lung fields are hyperinflated, with widespread signs of airways inflammation consistent with chronic bronchitis. There are no obvious focal lesions.

On the basis of your findings so far, you confirm a diagnosis of chronic obstructive pulmonary disease (COPD). You discuss her treatment options with the practice nurse, who also sees Mrs James and later confirms that the patient's inhaler technique with the two devices you propose to give her is satisfactory. Mrs James says she is hoping to stop smoking with the help and support offered to her.

When you review Mrs James three months later, she tells you she hasn't smoked since last seen and describes some improvement in managing activities of daily living, although she is still too breathless to keep up with her friends when out walking. You decide to refer her for pulmonary rehabilitation at the local community centre.

The next winter, Mrs James is brought to the surgery by her husband. She is distressed, breathless, cyanosed and tachycardic, with an Sp O₂ of 89%, having been unwell for the previous five days. Her husband tells you she didn't want to bother anyone and thought she could ride out this episode using her inhalers. You admit her to hospital, where she does very well, returning home with the support of the Hospital at Home team and the practice-attached community nurses.

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>What are my personal feelings about smoking-related illnesses?</p>
<p>Maintaining an ethical approach</p> <p>This addresses the importance of practising ethically, with integrity and a respect for diversity.</p>	<p>If health inequality, occupation, smoking and illicit drug use influence respiratory illness and its treatment, how does patient autonomy influence my joint decision-making?</p> <p>What are the challenges facing me as a GP in delivering effective care in this case?</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>On what occasions in Mrs James' case could her worries and responsibilities have been addressed, and by whom?</p> <p>What is the role of self-management in respiratory disease?</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>What clinical skills do I need to assess different patients with respiratory disease including children, the elderly and those with mental health problems?</p> <p>How confident am I at interpreting spirometry?</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>What elements of the primary care assessment and treatment of patients with respiratory disease are unique to this group of patients?</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 specific knowledge of clinical assessment and data interpretation do I need for managing patients with respiratory disease?</p> <p>What are the specific indications for the various treatments and how can I monitor their effectiveness?</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>What are the common co-morbidities associated with respiratory disease?</p> <p>How do co-morbidities or systemic problems impact on respiratory illness or its treatment?</p> <p>What impact does the patient’s lifestyle, ethnicity, education and occupation have on their respiratory health and their future treatment?</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>Are there any local protocols for managing COPD?</p> <p>How are COPD patients looked after in my practice?</p> <p>What role do nurses and other PHCT members play in their management?</p> <p>What is the role of the generalist and the specialist in diagnosis and management?</p>
<p>Maintaining performance, learning and teaching</p> <p>This is about maintaining performance and effective CPD for oneself and others. This includes self-directed adult learning, leading clinical care and service development, participating in commissioning*, quality improvement and research activity.</p>	<p>What is the evidence base for the early identification of patients with chronic lung disease and subsequent health education or therapeutic interventions?</p> <p>Do I know when to introduce additional treatment?</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>What templates should I use during consultation with patients with asthma and COPD?</p> <p>How would I monitor quality of care for COPD patients?</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-</p>	<p>What is the impact of respiratory disease on patients, physically, psychologically and socially (including occupation and employability)?</p> <p>What impact does respiratory disease have on families?</p>

management and care planning with patients and carers.	
<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 is the impact of health and social inequality on respiratory disease prevalence, diagnosis, prognosis and treatment?</p> <p>What support services might be available to Mrs James and her carers?</p> <p>How relevant are social, ethnic and gender issues in the prevention and treatment of respiratory disease, in particular smoking and inhaler use?</p> <p>How does Mrs James' smoking impact on the services she needs, and where they are provided?</p>

How to learn this area of practice

Work-based learning

As a GP specialty trainee, the principal component of your work-based learning around respiratory disease involves meeting, assessing and helping to manage patients with respiratory disease. Learning from the training team, and specifically from the respiratory lead GP and practice nurse, as well as colleagues within the practice is also important.

Specific learning around the performance and interpretation of lung function testing, as commonly performed in general practice, should reflect the needs and responsibilities of the generalist, and should cover:

- patient selection and preparation
- health and safety
- infection control
- equipment selection and calibration
- interpretation of results for validity and clinical patterns
- the role of bronchodilators in lung function testing
- the limits of lung function assessment in patient management, and the value of other available patient-related outcome measures.

With respect to patients with respiratory disease, the modern GP should learn the roles and responsibilities of the primary care team, in its widest sense, including community staff and secondary care outreach, charities and self-help groups, physiotherapists and exercise trainers. In addition, as the impact of the patient's environment on their disease and their ability to manage it effectively is important, you will find it useful to visit schools and workplaces.

You should understand the importance of organising care within the practice for both acute and chronic presentations, as well as the risks and benefits of 'at risk registers' and the tools needed to provide effective 24-hour care for patients. You should also look for opportunities to learn from local respiratory consultants, physiotherapists and multidisciplinary groups.

Self-directed learning

There are a number of disease-specific learning modules available for learning about respiratory disease from organisations such as RCGP online learning, Education for Health and Respiratory Education UK. These include updates, diplomas and degree modules.

Other organisations offering education and support include: Asthma UK, British Lung Foundation, British Society of Allergy and Clinical Immunology, British Thoracic Society, and the Primary Care Respiratory Society UK. (See Web Resources below for further information on all these organisations.)

Look out too for the range of clinical conferences, both regionally and nationally, that offer clinical education and the opportunity to present your own work.

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
- Royal College of General Practitioners (RCGP). *Respiratory Problems in Primary Care* Brooker R, Fletcher M, Gregory S, Holmes S (eds). London: RCGP Publications, 2009

Web resources

British Society of Allergy and Clinical Immunology

Professional society of allergy and clinical immunology specialists, dedicated to improving allergy management. www.bsaci.org

British Thoracic Society (BTS)

For guidelines on the management of asthma. www.brit-thoracic.org.uk/guidelines-and-quality-standards/asthma-guideline

For guidelines on emergency oxygen use in patients (2008). www.brit-thoracic.org.uk/guidelines-and-quality-standards/emergency-oxygen-use-in-adult-patients-guideline

For BTS/ Society of Cardiothoracic Surgeons (SCTS) guidelines on the radical management of patients with lung cancer (quick guide). www.brit-thoracic.org.uk/guidelines-and-quality-standards/radical-management-of-patients-with-lung-cancer

Charitable organisations

Asthma UK

The Asthma UK website provides a wealth of information and resources about asthma. www.asthma.org.uk

British Lung Foundation

The aims of the British Lung Foundation include supporting people affected by lung disease and promoting greater understanding of lung disease. www.lunguk.org

Chest Heart & Stroke Scotland (CHSS)

The Chest Heart & Stroke Scotland website provides a range of resources for healthcare professionals. www.chss.org.uk

Education for Health

Education for Health is a charity focussing on the education of health professionals as a key factor in improving patient health and quality of life. They are a specialist provider of pioneering cardiovascular and respiratory education and training courses. www.educationforhealth.org

Healthcare Improvement Scotland (HIS) Standards for COPD and Children's Asthma Scotland

Healthcare Improvement Scotland COPD Service: Standards and Evaluation.

www.healthcareimprovementscotland.org/programmes/long_term_conditions/copd_implementation/copd_service_standards.aspx

Healthcare Improvement Scotland Asthma Services for Children and Young People: Standards and Evaluation.

www.healthcareimprovementscotland.org/previous_resources/standards/asthma_services_for_children_a.aspx

National Institute for Health and Care Excellence (NICE)

NICE guidance on chronic obstructive pulmonary disease (update), CG101.

<http://guidance.nice.org.uk/CG101>

Primary Care Respiratory Society

The Primary Care Respiratory Society UK (PCRS-UK) represents primary care health professionals interested in delivering the best standards of respiratory care. The website includes a range of resources. www.pcrs-uk.org

Respiratory Education UK

Respiratory Education UK (REUK) is an educational charity promoting excellence in respiratory care for patients and professionals across both primary and secondary care settings.

www.respiratoryeduc.com

RCGP

Online course in respiratory health

This comprehensive e-learning course, developed in partnership with the Primary Care Respiratory Society and Education for Health, has been designed to cover many of the key outcomes and primary care topics identified in this curriculum statement, including the assessment and investigation of patients with respiratory symptoms, the diagnosis and management of commonly encountered

conditions such as asthma and COPD, and the role of the GP in the management of less common respiratory conditions. It is available on the RCGP Online Learning Environment (OLE).

www.elearning.rcgp.org.uk/respiratory

Respiratory care resources

This section of the website includes resources to support care of patients with respiratory disease.

www.rcgp.org.uk/clinical-and-research/clinical-resources/respiratory-care.aspx