3.15 THE CLINICAL EXAMPLE ON

Care of People with ENT, Oral and Facial Problems

This statement is part of the curriculum produced by the Royal College of General Practitioners (RCGP) which defines the learning outcomes for the discipline of general practice and describes the skills you require to practise medicine as a general practitioner in the National Health Service (NHS) of the United Kingdom. Although primarily aimed at the start of independent work as a general practitioner, it must also prepare the doctor beyond the training period and provide support for a professional life of development and change.
CONTENTS

Key messages........................................................................................................................................3
Case illustration ......................................................................................................................................4
Learning outcomes ................................................................................................................................6
The RCGP areas of competence ...........................................................................................................6
  1 Primary care management ...............................................................................................................6
  2 Person-centred care ........................................................................................................................7
  3 Specific problem-solving skills ......................................................................................................7
  4 A comprehensive approach .........................................................................................................7
  5 Community orientation ..................................................................................................................8
  6 A holistic approach .......................................................................................................................8
The essential features of you as a doctor .............................................................................................9
  1 Contextual features .......................................................................................................................9
  2 Attitudinal features ......................................................................................................................9
  3 Scientific features ........................................................................................................................9
Learning strategies ..............................................................................................................................11
Learning resources ..........................................................................................................................13
Acknowledgements ..........................................................................................................................15
### KEY MESSAGES

- 15% of consultations in general practice involve the upper respiratory tract or head and neck\(^1\)
- 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\(^2\)

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CASE ILLUSTRATION

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 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’. Your examination reveals some form of swelling in the nose, more noticeable on the right than the left.

To help you understand how the GP curriculum can be applied to this case, ask yourself the following questions:

<table>
<thead>
<tr>
<th>Primary care management</th>
<th>How can I determine if Mark has been compliant with treatment? What is the optimal treatment (drug and dosage)?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Person-centred care</td>
<td>How might his condition interfere with communication? What strategies could I use to overcome this? How might I deal with his frustrations and anger?</td>
</tr>
<tr>
<td>Specific problem-solving skills</td>
<td>How do I determine if the swellings in the nose are simply nasal turbinates? How would I decide whether the appearance is simply part of the normal nasal cycle? How effective is a good history in the detection of a possible allergen? What is the effectiveness, including cost, of allergy testing (PRIST, RAST or skin tests)?</td>
</tr>
<tr>
<td>A comprehensive approach</td>
<td>What triggers his symptoms? He lives in a dusty flat so can I influence how he looks after the flat in order to reduce his exposure to dust mite? What resources can my patient use to get advice regarding rhinitis (leaflets, organisations, internet references, etc.)?</td>
</tr>
<tr>
<td>Community orientation</td>
<td>What are the resource issues about providing care for allergies in our health economy?³</td>
</tr>
<tr>
<td>A holistic approach</td>
<td>How might these symptoms affect his ability to work and study, and his social life?</td>
</tr>
</tbody>
</table>

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](http://www.bsaci.org/pdf/allergy_the_unmet_need.pdf)
<table>
<thead>
<tr>
<th>Contextual features</th>
<th>What other resources do I need in my area?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attitudinal features</td>
<td>How serious do I consider basic nasal symptoms like this to be? Are they worthy of extensive consultation time and how far should I take further investigations and treatments?</td>
</tr>
</tbody>
</table>
| Scientific features | Do I have sufficient knowledge of nasal anatomy to allow me to detect any abnormality? If not, what are the ways to improve my knowledge?  
What is the research evidence for the effectiveness of common ENT treatments? |
LEARNING OUTCOMES

The following learning outcomes or objectives relate specifically to the management of ENT, oral and facial problems. These learning outcomes are in addition to those detailed in the core statement, Being a General Practitioner. The core statement and this statement should be used in conjunction with the other curriculum statements. In order to demonstrate the core competences in the area of ENT, oral and facial problems, you will require knowledge, skills and attitudes in the following areas:

The RCGP areas of competence

1 Primary care management

This area of competence is about how you manage your contact with patients, dealing competently with any and all problems that are presented to you. (This area of competence is not limited to dealing with the management of the practice.)

This means that as a GP you should:

1.1 Manage primary contact with patients who have a common/important ENT, oral or facial problem, e.g. vertigo or tinnitus
1.2 Know the epidemiology of head and neck cancers, including the risk factors, and identify unhealthy behaviour
1.3 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’
1.4 Understand how to recognise rarer but potentially serious conditions such as oral, head and neck cancer
1.5 Understand when watchful waiting and the use of delayed prescriptions are indicated

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4 Head and neck fast-track referral guidance:
2 Person-centred care

This area of competence is about understanding and relating to the context of your patients as individuals, and developing the ability to work in partnership with them.

This means that as a GP you should:

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

3 Specific problem-solving skills

This area of competence is about the context-specific aspects of general practice, dealing with early and undifferentiated illness and the skills you need to tolerate uncertainty, and marginalise danger, without medicalising normality.

This means that as a GP you should:

3.1 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)

3.2 Know the skills which can be used in primary care to effect a cure when indicated, e.g. nasal cautery and the Epley manoeuvre

4 A comprehensive approach

This area of competence is about how you as a general practitioner must be able to manage co-morbidity, co-ordinating care of acute illness, chronic illness, health promotion and disease prevention in the general practice setting.

This means that as a GP you should:

4.1 Understand the relationship between factors in the patient’s environment, such as smoking or noise levels, and the cause and management

4.2 Appreciate that pathology in other systems may lead to ENT-related symptoms. Examples include gastro-oesophageal reflux disease (GORD) and cerebrovascular accident (CVA)

4.3 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

4.4 Understand that ENT pathology can lead to developmental delay, e.g. ‘glue ear’ can impair a child’s learning

4.5 Understand that systemic disease such as haematological, dermatological and gastrointestinal problems may present with oral symptoms, e.g. glossitis caused by iron deficiency anaemia
4.6 Empower patients to adopt self-treatment and coping strategies where possible for conditions such as allergic rhinitis, minor epistaxis and tinnitus

5 Community orientation

This area of competence is about the physical environment of your practice population, and the need to understand the interrelationship between health and social care, and the tensions that may exist between individual wants and needs and the needs of the wider community.

This means that as a GP you should:

5.1 Be aware of the need to refer patients with oral disease to appropriate specialist services in oral medicine or oral and maxillofacial surgery
5.2 Know the national screening programme for hearing loss
5.3 Understand that certain services are highly specialised and regionally based such as the provision of cochlear implants
5.4 Know the community services that may be available, e.g. for audiological assessment
5.5 Refer patients with dental or gingival problems to their general dental practitioner or local community dental services
5.6 Be aware that dental practitioners have knowledge and experience of diagnosing and managing common (benign) oral conditions in primary care

6 A holistic approach

This area of competence is about your ability to understand and respect the values, culture, family structure and beliefs of your patients, and understand the ways in which these will affect the experience and management of illness and health.

This means that as a GP you should:

6.1 Appreciate the impact of hearing loss on quality of life and understand the community and cultural attitudes to deafness
6.2 Understand that patients in poorer socio-economic situations (including the homeless) have higher rates of head and neck malignancy
6.3 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)
6.4 Know that certain ENT, oral and facial symptoms may be manifestations of psychological distress, e.g. globus pharyngeus, atypical facial pain, burning mouth syndrome
6.5 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
6.6 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
The essential features of you as a doctor

The three essential features (EFs) below are concerned with the features of you as a doctor which may influence your ability to apply the core competences to real life in the work setting.

**EF1 Contextual features**

This essential feature is about understanding your own context as a doctor and how it may influence the quality of your care. Important factors are the environment in which you work, including your working conditions, community, culture, financial and regulatory frameworks.

Examples of this are:

- **EF1.1** Ensuring 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
- **EF1.2** Ensuring the practice welcomes patients from low socioeconomic classes and is active in reducing risk factors for head and neck malignancy

**EF2 Attitudinal features**

This essential feature is about your professional capabilities, values, feelings and ethics and the impact these may have on your patient care.

Examples of this are:

- **EF2.1** Ensuring that a patient’s hearing impairment or deafness does not prejudice the information communicated or your attitude as a doctor towards the patient
- **EF2.2** Demonstrating empathy and compassion towards patients with ENT symptoms that may prove difficult to manage e.g. tinnitus, facial pain, unsteadiness
- **EF2.3** Avoiding a negative attitude towards homeless patients, which can lead to less vigilance in early detection of head and neck cancer in this group

**EF3 Scientific features**

This essential feature is about the need to adopt a critical and evidence-based approach to your work, maintaining this through lifelong learning and a commitment to quality improvement.

Examples of this are:

- **EF3.1** Recognising that your training in ENT, oral and facial problems might need to be supplemented
EF3.2 Demonstrating knowledge of the scientific backgrounds of symptoms, diagnosis and treatment of ENT, oral and facial conditions
EF3.3 Demonstrating an evidence-based approach to antibiotic prescribing
EF3.4 Understanding and implementing the key national guidelines that influence healthcare provision for ENT problems
LEARNING STRATEGIES

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.

Non-work-based 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.
LEARNING RESOURCES

Examples of relevant texts and resources

- Bull T and Almeyda J. *Colour Atlas of ENT Diagnosis (5th edn)* Thieme, 2009
- Clarke R and Bull P. *Lecture Notes: diseases of the ear, nose and throat (10th edn)* Wiley–Blackwell, 2007
- Coley AN and Kay NJ. *ENT for Primary Care (2nd edn)* Churchill Livingstone, 1998
- 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 (2nd edn)* Churchill Livingstone (Elsevier), 2008
- 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](http://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](http://www.bsom.org.uk)

**Cancer Research UK**
The following links provide information on mouth cancer and referral guidelines.

**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/#specialityTab](http://cks.nice.org.uk/#specialityTab)
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

National Institute for Health and Clinical Excellence (NICE) referral guidelines
Referral advice statements are consensus statements, based on the best available evidence, to help clinicians prioritise patients’ needs for specialist services.
www.nice.org.uk/media/94D/BE/Referraladvice.pdf
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This curriculum statement is based on the original statement 15.4 *ENT and Facial Problems* in the 2007 version of the RCGP Curriculum. It has drawn on various national guidelines and policies, current research evidence and the expertise and clinical experience of practising general practitioners.

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