2.04 THE CONTEXTUAL STATEMENT ON

Enhancing Professional Knowledge

Examin ing the evidence base, learning, teaching and academic research

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 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.

This statement looks at the application of evidence-based practice and how to apply research, as well as research and audit on your own practice. It requires a sound knowledge of the principles of evidence-based medicine and how to apply this to the care of patients and systems of care in your practice, and in the context of the wider health economy.

Being able to teach as well as learn is a core part of working as a professional. This statement centres on this skill and how you as a GP can develop yourself and teach and learn with those around you.

All GPs should be able to search for evidence, either from internet-based resources, journals, lectures, workshops and reflective practice, or from informed discussions within the multidisciplinary team or the wider healthcare system. The ability to appraise any information critically and apply it to the patient from any source is a key requirement for all GPs.
CONTENTS

Key messages..............................................................................................................................................................3
Introduction....................................................................................................................................................................4
Case illustration ..........................................................................................................................................................5
Learning outcomes ....................................................................................................................................................7
  The RCGP areas of competence ..............................................................................................................................7
    1 Primary care management .................................................................................................................................7
    2 Person-centred care .........................................................................................................................................8
    3 Specific problem-solving skills .........................................................................................................................8
    4 A comprehensive approach .............................................................................................................................9
    5 Community orientation .................................................................................................................................10
    6 A holistic approach ....................................................................................................................................10
The essential features of you as a doctor ..................................................................................................................11
    1 Contextual features ....................................................................................................................................11
    2 Attitudinal features .....................................................................................................................................12
    3 Scientific features ......................................................................................................................................12
Learning strategies ..................................................................................................................................................14
Learning resources ................................................................................................................................................17
Acknowledgements ...............................................................................................................................................20
KEY MESSAGES

- As a GP you should have the skills to learn, critically appraise and teach
- You should be able to appraise research and guidelines critically, understanding their generalizability and validity
- You should be able to apply evidence in the context of the patient, the community and the healthcare setting
- You should be able to audit your own practice and that of your organisation, and develop changes in the light of the findings
- You should be able to work within a multidisciplinary team so that the views and knowledge of the whole team are applied when discussing the care of a patient
- You should be able to demonstrate the competences of shared leadership so as to maximise the effectiveness of healthcare delivery
- You should ensure you are up-to-date in managing the acute care of patients
- You should, as part of being a clinical supervisor, be able to teach the need for safer practice and better patient care
- You should be willing to receive feedback as a teacher from individuals or groups in order to improve and learn from your teaching and educational sessions
- You should be aware that your own health and that of your colleagues should be optimal to ensure safe practice
INTRODUCTION

The ability to maintain and build on existing knowledge and skills is vital to sustain an individual doctor over a lifelong career. Central to this is the safety of patients and the quality of care delivered. As a GP you will need to be a lifelong learner and, in doing so, you must be able to keep up-to-date, reflect on your own practice and take action to address identified learning needs. The primary role of the GP is enacted in the consultation with the patient(s), and being able to run the GP consultation is the defining role. However, the need to consider the wider environment and global issues is vital:

- **Within the practice** your role is to work in and lead a team or teams, and take part in managing the practice
- **Leadership competencies** need to be applied within your practice and beyond, in the development of services. This includes your ability to apply ethical analysis and critical review
- **Working with other agencies** is required to address health inequalities and to deliver many elements of healthcare to vulnerable groups (such as victims of domestic abuse or those with a learning disability), the socially excluded and those with complex healthcare needs
- **New themes emerge and policies develop** and, as a GP, engaging with current debates enables you to influence health outcomes. The range is from local healthcare commissioning and public health policy to global climate change and sustainability

The above depend on your maintaining and developing your personal knowledge to retain your effectiveness and enthusiasm. To be a good professional you need to reflect upon your practice and develop yourself by keeping up-to-date with progress in your fields of practice and by abandoning ineffective practices. This might mean you need to challenge established practice and examine current evidence. In order to enhance professional practice GPs often take on new areas of work such as teaching, out-of-practice management and research, or specialist roles to become GPs with Special Interests within their localities. These require deeper knowledge and/or additional skills, and often new qualifications.

Teaching other staff, students and trainees, sharing professional knowledge with colleagues and patients, and engaging in lifelong learning are core activities of any medical practitioner. As a GP you should expect to be involved in teaching, training and the development of yourself and others. In doing so, you will need to create and maintain an environment for learning, working with a range of appropriate teaching tools and techniques, using feedback and assessment to support learning, and balancing the needs of patients with those of learners. You will also need to play a role in the personal and professional development of others through activities such as coaching, mentoring and supervision. All this will require an understanding of the processes of learning. Practising these enhanced roles will give you more personal knowledge and may add to the overall body of professional knowledge and practice.
Dr Chan, a GP in an inner city practice, had noticed that the Quality Outcome Framework (QoF) findings for diabetes in his practice were below the average for his area. He and the practice team set themselves a task to look at the reasons for this with a view to improving all aspects of diabetes care. Dr Chan and the practice nurses looked at all of the guidance from NICE, and Diabetes UK, on diabetes care and hypertension. They then involved a PCT pharmacist to look at how their prescribing patterns fitted with best practice and to develop prescribing guidelines. They met with the local secondary care diabetes team. The practice manager also went to visit a couple of high-achieving practices to see how care was co-ordinated.

At the end of six months they all pooled their findings and worked together to form an enhanced template for diabetes care which not only collected the data in codes appropriate for QoF but also included evidence-based parameters for BP, weight and glycaemic control, with hyperlinks to guidance documents. The practice manager streamlined the pathway of care for patients, aiming to reduce the number of times they came for diabetes appointments but giving them longer each time. In addition, the practice employed a dietician who was able to speak the language of many of their non-English speaking patients, for a session a week. The team found that by using principles of evidence-based practice and clinical leadership competences they were able to significantly improve both the care and the experience of those with diabetes registered at their practice.

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

<table>
<thead>
<tr>
<th>Category</th>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Primary care management</strong></td>
<td>Why is there a national variation in care for diabetes and what evidence-based factors may influence the care of my patients in my locality? Do my team understand the relevant issues (such as long-term morbidity associated with diabetes) and if not have I provided information to allow them to do so? What evidence base should be applied from, for example, NICE guidance to improve the care of my patients?</td>
</tr>
<tr>
<td><strong>Person-centred care</strong></td>
<td>How will I know if my patients are not engaging with the practice? If so, is it because they don’t understand the importance of good diabetic control? What is the need for patient education? Is it an organisational issue (e.g. appointments)? Is it simply that we are not recording the data accurately to meet the requirements for QoF?</td>
</tr>
<tr>
<td><strong>Specific problem-solving skills</strong></td>
<td>What are the learning needs around diabetes that I need to address? Have we simply not identified our diabetic population? What are the cultural values of our patients? What does the research evidence base tell us about how to manage patients with diabetes from different cultural backgrounds?</td>
</tr>
<tr>
<td><strong>A comprehensive approach</strong></td>
<td>In what way have I involved the practice team, particularly those involved directly in the care of patients with diabetes? What are the learning needs around health promotion that we need to address as a team? What has been my effectiveness in co-ordinating the care of our diabetic patients through leading the team?</td>
</tr>
<tr>
<td>Category</td>
<td>Question</td>
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<tr>
<td>Community orientation</td>
<td>In what way should I provide more education for our patients, perhaps as a series of in-practice meetings inviting our patients for diabetes updates? What is the role of our practice patient group in assisting us to promote the value of good diabetes care? Should I approach our public health lead clinician and make use of their experience and knowledge?</td>
</tr>
<tr>
<td>A holistic approach</td>
<td>In what ways could I improve both the way I consult and my skills in shared decision-making? How do we assess the usefulness of the clinic appointment times we offer for the working population and those who commute?</td>
</tr>
<tr>
<td>Contextual features</td>
<td>In what way does GP commissioning help me to provide a responsive service to our patients? How could I use my practice data and demographic data to influence local commissioners to assist with the provision of services such as podiatry, dietetics and community-based diabetologists?</td>
</tr>
<tr>
<td>Attitudinal features</td>
<td>How do I know if I communicate well enough with my staff and patients to foster improvements in the practice? Am I missing psycho-social factors that could be used by the team to bring in patients who need monitoring? For example, is it the unemployed, depressed cohort from the practice area who are not engaging with us?</td>
</tr>
<tr>
<td>Scientific features</td>
<td>Where are my strengths and weakness in understanding the evidence base around diabetes? Have I understood the value of clinical audit and, in particular, the importance of implementing change based on data collected? What are the health inequalities that exist in my practice area and how has this impacted on the practice healthcare provision?</td>
</tr>
</tbody>
</table>
LEARNING OUTCOMES

This is one of four contextual statements (2.01–2.04) which explore in greater detail particular aspects of your work as a GP. They contain learning outcomes in the ‘areas of competence’ and ‘essential features’ relevant to their topic. These learning outcomes or objectives 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 this contextual statement 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 Be able to demonstrate and provide high quality evidence-based healthcare and healthcare practice
1.2 Understand the differences between research activity and clinical audit
1.3 Understand the strengths and limitations of surveys and local healthcare reviews
1.4 Have an understanding of basic research methodology (e.g. you must understand the difference between qualitative and quantitative data and studies using social science methods, as well as bioscience) and how different types of research activity may contribute to patient care
1.5 Have the skills to appraise research findings critically with a working knowledge of statistics
1.6 Apply the findings from research, national guidance and audit in the context of day-to-day clinical and organisational management of patients
1.7 Provide effective and evidence-based prescribing, adhering to the GMC’s principles of good medical prescribing
1.8 Be aware of the role of ethics committees
1.9 Be able to teach and mentor others within the team effectively, including giving effective feedback as described in the General Medical Council’s guidance document Good Medical Practice
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 prepared to provide full information and informed consent and adhere to the rights of patient choice in both clinical research studies and clinical practice

2.2 Reassure patients that all participation in research activity should be voluntary and that GPs will ensure confidentiality, research governance and, in particular, comply with the requirements of the Data Protection Act

2.3 Be able to communicate to the patient the rationale for evidence-based interventions to encourage patient participation within a therapeutic aim, taking into account the patient’s objective, values and priorities

2.4 Indicate the lack of evidence-based interventions at the appropriate time and have a clear understanding of how this lack of evidence might have arisen (rare conditions, conditions that have low morbidity or low pharmacological input)

2.5 Record patient information on computer systems with an understanding of how data are recorded and used in general practice

2.6 Be aware that not every healthcare team member will learn in the same way, so be able to adjust your teaching style to suit the individual as well the subject

2.7 Learn how best to use information management and technology in teaching both individuals and groups of people

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 Acquire the research and academic skills required of a general practitioner that aid decision-making which include a non-judgmental evidence-based approach to problem solving and recognising how individual bias may affect your interpretation

3.2 Set your own learning objectives based on clinical experience

3.3 Use your knowledge of the literature and evidence to solve and manage clinical problems

3.4 Have a key understanding of the prevalence of chronic disease, which is dependent on the demographics of the local practice population

3.5 Take into account psycho-social factors, learning disabilities, the vulnerability of patients, and cultural backgrounds when taking an evidence-based approach and apply the findings on both an individual and a population level
3.6 Manage uncertainty through retrieval of best evidence available and communicate that uncertainty with appropriate safety netting
3.7 Have a basic knowledge of how to define a research question and then how the appropriate research methodology is chosen to answer that question

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 Oversee and overview clinical and social and psychological aspects of patient care
4.2 Apply findings from multi-morbidity research, taking into account limitations in the evidence and the fact that certain groups, e.g. the elderly, are excluded from research trials
4.3 Implement a community-based approach to disease prevention through effective multidisciplinary and interdisciplinary teamwork
4.4 Understand the value of incentives (e.g. prescribing) and interventions, and be able to recognise where conflicts of interest may occur
4.5 Develop medical leadership skills alongside clinical and research skills to enable safer working systems
4.6 Have an understanding of the evidence base behind health promotion and preventative medicine which may help the individual and the practice develop an integrated approach to developing the quality agenda
4.7 Develop the skills of shared leadership (as described in the medical leadership curriculum and medical leadership competency framework\(^1\)) so that the primary healthcare team can function at its most efficient to provide safe and effective healthcare, and the care needs of patients can be co-ordinated safely

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5 Community orientation

This area of competence is about with 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 Recognise the inequalities of healthcare delivery and how some evidence may not reflect the diverse nature of the population you are working with
5.2 Demonstrate an awareness that poverty is a common cause of poor health and follow the guidelines of the GMC’s Good Medical Practice in respecting culture, disability, religion, gender, social and economic status
5.3 Accept that health economics studies and healthcare resource allocation will help to support the recommendations on which treatments are offered
5.4 Recognise the public health skills needed in meeting the needs of population health as well as individual health
5.5 Be seen as a leader of healthcare provision based on your clinical experience of chronic disease management and acute care of those presenting to general practice as a first port of call
5.6 Be prepared to act as an educator within your local community

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 Understand that patients may wish to self-manage, independent of or according to their own interpretation of scientific knowledge, making their own choices based on their own understanding and values
6.2 Base decision-making on good evidence-based practice, taking into account patient values in order to provide the most appropriate care for the patient
6.3 Use clinical examples that reflect your experience of working in the community and the impact of disease on the individual and the family in the widest sense (physiological, psychological, social and cultural)
6.4 Recognise the importance of how occupation can affect the health of patients and their ability to self-manage illnesses and follow through with evidence-based interventions, recognising how your understanding of an occupation can enable patients to return to work in a safe and timely manner
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.

Examples of this are:

EF0.1 Being aware of how you impart information about evidence so that patients can best understand relevant evidence and be helped in making a decision
EF0.2 Being aware and understanding that you have a certain teaching style, so that you are able to facilitate learning appropriately
EF0.3 Understanding that your opinion is often asked for as an expert, and that when given you should take care to ensure you understand the evidence or experience that underpins your own understanding, and be clear when you are stating an opinion based on experience rather than evidence
EF0.4 Understanding that teaching others is more than imparting information
EF0.5 Understanding how your own health and that of your colleagues will affect your ability to function safely as a doctor

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 Knowing it is important to keep up-to-date with how changes in the structures of healthcare systems may influence the service you provide, along with having a broad understanding of the political environment and how primary care changes affect the whole of healthcare
EF1.2 Having an evidence-based perspective and recognising that primary care research may lead to greater understanding around the prevention and treatment of disease, disease causation and the implementation of effective health policies and practice
EF1.3 Using the type of best evidence relevant to the needs of your patients with an awareness of the principles and limitations of evidence-based practice
EF1.4 Recognising your own health needs when looking after patients and taking appropriate action to prevent harm to patients
EF1.5 Realising that you will always work better in a multidisciplinary team and that your patients will benefit if the whole team works well; developing skills so that you and your organisation learn together will benefit patient care
EF1.6 Understanding the difference in educational governance terms between clinical and educational supervision and the different competences required in the two roles
**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** Including a non-judgmental evidence-based approach to problem-solving, taking into account your patients’ values
- **EF2.2** Keeping an overview of both clinical and psycho-social aspects of patient care
- **EF2.3** Having an awareness of your own attitudes, values, professional capabilities and ethics so that, through the process of reflective and critical appraisal, you are not overwhelmed by personal issues and gaps in knowledge
- **EF2.4** Dealing with uncertainty
- **EF2.5** Understanding that as a teacher you need to be aware of the values of those you are teaching and be able to engage in a dialogue about this

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**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** Understanding the value of clinical audit and making a clear distinction between audit and research
- **EF3.2** Formulating a clinical hypothesis and then using the skills of effective consultation and examination skills to prove or disprove a diagnosis or hypotheses, utilising basic research skills
- **EF3.3** Understanding patient factors, in particular compliance with treatment, which requires both qualitative (involves focus groups, in-depth interviews etc.) and quantitative studies (involves clinical trials, epidemiology etc.) and analysis
- **EF3.4** An awareness of the possibilities of predictive personalised care, for example with drug treatment. This takes into account how environmental and/or social factors may interact with genetic variation (genotype) and influence the phenotype
- **EF3.5** Being aware of how to contribute patient data to large GP databases to facilitate epidemiological research with a clear understanding of information governance and how to protect confidentiality.
- **EF3.6** Understanding the value of large-scale clinical population studies, the use of large GP databases (e.g. Qresearch, the general practice research database etc.)
- **EF3.7** Applying evidence using meta-analysis, which allows you to extrapolate down to individual patient care, with an understanding of how to critically appraise the data
- **EF3.8** Understanding the consequences to patients and staff when taking part in GP research, and contributing to primary care research networks
- **EF3.9** Synthesising the evidence base behind inequalities of care in order to recognise the inequalities in healthcare delivery
EF3.10 Being able to search for valid information using the process of evidence-based practice (as in the Sicily statement, 2003)\(^2\) which involves:

- translation of uncertainty into answerable questions
- systematic retrieval of the best evidence available
- critical appraisal for validity, clinical relevance and applicability
- application of results in practice
- evaluation of performance (either at an individual or organisational level)

\(^2\) Dawes M, Summerskill W, Glaziou P \textit{et al.} Sicily Statement on evidence-based practice \textit{BMC Medical Education} 2005: 5; 1
LEARNING STRATEGIES

Practise clinical appraisal in teams where the validity and generalizability of your findings can be discussed.

Use portfolio-based learning (e.g. the RCGP e-Portfolio) as a continually updated document to enable knowledge, reflections and learning from:

- The patient’s unmet needs
- Critical and significant event analyses
- Audits
- Practice feedback
- Complaints
- Attendance at lectures and workshops
- Journal and electronic materials
- Guidelines (e.g. NICE, SIGN)
- Practice-based learning or learning with a group of peers
- Personal learning and e-learning
- Feedback from teaching sessions
- Discussion with peers, mentors and practice-based teams

Embed continuing professional development (CPD) as a daily activity and have an understanding of how to do this by understanding your own learning style and the context of where you work.

A discussion with an appraiser or mentor will enable you to recognise not only your preferred learning style but also the best learning opportunities by subject. For instance, new NHS guidelines can be learnt through reading documents or attendance at a lecture, but the development of a new system of care within a practice may best be done by learning and working with the practice team (see RCGP professional development guidance).

A good understanding of how you and others learn will help you not only in your own CPD but also enable you to help develop the whole team through practice-based or group learning.

**Academic work in general practice**

Many GPs wish to develop academic practice. This can be done through specific academic training posts, developed jointly by postgraduate/workforce deaneries and universities, or through becoming tutors in undergraduate medicine and developing academic research skills related to that. There are
pathways for entering academic practice after getting your Certificate of Completion of Training (CCT), and you can get help through the RCGP (see links below).

**Work-based learning – in primary care**

Direct clinical contact will bring you many challenges in applying evidenced-based practice when faced with patients who prefer a more holistic approach to medicine and how it is delivered. Patients will feel confident in you as their GP if you have a sound knowledge base gained from understanding the findings from research papers, reviews and clinical guidelines. Learning from contact with patients is a prerequisite for good practice. Similarly many of your learning opportunities may come from significant event audits, audits performed in the practice or from audit data collected around the locality and used as a benchmarking tool to compare practice performance.

Also, working with primary care research networks allows you as a doctor in general practice to get a sense of research governance and the principles of good research practice.

The principles of direct observation of clinical contact allow the learner to be fed back important messages around clinical management.

**Work-based learning – in secondary care**

As a GP with a specialist interest there will be opportunities to learn skills and methods in a secondary care setting that could be applied back into primary care. With an evidence-based approach these skills could also be used to encourage those in secondary care to see the GP perspective. This may be relevant to a number of areas including prescribing, integrated models of care requiring primary to secondary care interfaces, and community-sited clinics with secondary care support.

**Non-work-based learning**

Self-directed learning, reading journals, abstracts, reviews, editorials and teaching journals will provide you with many opportunities to learn and apply your knowledge as a GP. The use of e-learning modules such as the *Essential Knowledge Updates* provides opportunities to learn about new guidelines that have been produced, based on research evidence. Local audit group meetings may exist and provide opportunities to learn about audit. Similarly, findings from National Audit projects may also give you opportunities to learn.
Learning with other healthcare professionals

Primary care offers you the opportunity to learn from the many different professionals who work with general practitioners. The learning could of course be direct clinical contact such as with midwives in antenatal clinics or with health visitors in immunisation clinics. Opportunities also exist from reading correspondence carefully from other healthcare professionals. Other sources include in-house or locality-based educational programmes. The Gold Standard Framework offers the opportunity for many different staff to work together and understand each others’ perspectives.

Formal learning

There are many opportunities for formal learning open to you. These include attending research and update study days, which could be offered through RCGP faculties or local university Departments of General Practice. The Deaneries will offer updates and workshops for trainees and the local programme directors will assist in highlighting these.
LEARNING RESOURCES

Examples of relevant texts and resources

- Department of Health and the Welsh Assembly Government. New academic training pathways for medical and dental graduates. A guide to programmes, starting on or after 1st August 2007
- NHS Leadership Academy. Medical leadership competency framework Coventry: NHS Institute for Innovation and Improvement, 2011

Other reading

- Gray M. Evidence-based Healthcare and Public Health: how to make decisions about health services and public health London: Churchill Livingstone, 2009

Educational resources to develop teaching skills

- Ramani S. Twelve tips to promote excellence in medical teaching Medical Teacher 2006; 28(1):19–23
- Ramani S. Twelve tips for physical examination teaching Medical Teacher 2008; 30(9–10): 851–6
- Ten Cate O and Durning S. Peer teaching in medical education: twelve reasons to move from theory to practice Medical Teacher 2007; 29(6):591–9
- Trowbridge RL. Twelve tips for teaching avoidance of diagnostic errors Medical Teacher 2008; 30(5): 496–500
Web resources

**BMJ learning**
Online learning, free for BMA members, some free access to all.
[http://learning.bmj.com/learning/main.html](http://learning.bmj.com/learning/main.html)

**The Cochrane database of systematic reviews**
Database of systematic reviews that have reached the quality level set by Cochrane.

**e-GP evidence-based practice modules**
e-learning based on the GP curriculum and hosted by e learning for health.
[www.e-GP.org](http://www.e-GP.org)

**Health talk online**
A collection of videos looking at patient and clinical experiences of health.
[www.healthtalkonline.org](http://www.healthtalkonline.org)

**LeAD/e-GP modules on leadership and management**

**NHS Evidence**
A comprehensive web-based portal managed by the National Institute for Health and Care Excellence, including links to many evidence-based healthcare resources and guidelines.
[www.evidence.nhs.uk](http://www.evidence.nhs.uk)

**NHS Leadership Academy**
Source of online learning and resources that underpin the Healthcare Leadership Framework
[www.leadershipacademy.nhs.uk](http://www.leadershipacademy.nhs.uk/)

**PubMed**
A freely available version of Medline from the National Library of Medicine.
RCGP guidance on professional development
www.rcgp.org.uk/Revalidation-and-CPD.aspx

RCGP online learning environment (includes e-GP and LeAD)
These back up the curriculum, and provide online learning across most of the curriculum. LeAD is a specific elearning programme for clinicians in training on leadership, and can be accessed through the link on the eGP page and on the eLFH web site
http://elearning.rcgp.org.uk
ACKNOWLEDGEMENTS

This curriculum statement is based on and replaces the following statements in the 2007 version of the RCGP Curriculum. It is based on and replaces the following curriculum statements:

- 3.5 Evidence-Based Practice
- 3.6 Research and Academic Activity
- 3.7 Teaching, Mentoring and Clinical Supervision

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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