## **RCGP Curriculum**

# Supercondensed Curriculum Guide

# **HAEMATOLOGY**

### Role of the GP

- Diagnose and manage haematological disorders
- Consider symptoms that are within the range of normal and differentiate them from underlying pathology
- Shared care management plans with secondary care.

# Knowledge and Skills Self-Assessment Guide

## **Symptoms and Signs**



- Bleeding, bruising, petechiae and purpura
- Bone pain or pathological fractures
- Fatigue, weight loss, pallor, recurrent miscarriage
- Hyper viscosity symptoms (headache, visual loss, acute thrombosis)
- Jaundice (e.g. secondary to haemolysis)
- Lymphadenopathy, splenomegaly and hepatomegaly.

## Knowledge and Skills Self-Assessment Guide

## **Common and Important Conditions**



- Anaemia and its causes including from deficiencies, sideroblastic, haemolytic and chronic disease
- Anticoagulants: indications, initiation, management and reversal/withdrawal
- Clotting disorders and its causes including genetic, infective and disseminated intravascular coagulation
- Common abnormalities of blood films and their management
- Enlarged lymph node(s) +/- splenomegaly and its causes
- Haematological malignancies such as leukaemias, lymphomas, multiple myeloma
- Heamochromatosis
- Haemoglobinopathies such as Thalassaemia, Sickle Cell Disease
- Haemolytic diseases including management of rhesus negative women in pregnancy, autoimmune and transfusion haemolysis
- Lymphatic disorders such as primary lymphoedema
- Myelodysplasia and aplastic anaemia
- Myeloproliferative disorders such as polycythaemia rubra vera, thrombocytosis
- Neutropenia: primary and secondary including chemotherapy and drug-induced
- Pancytopenia and its causes
- Polycythaemia: primary and secondary such as to hypoxia, malignancy.

# **HAEMATOLOGY**

# Knowledge and Skills Self-Assessment Guide

#### **Examinations and Procedures**



- Appropriately obtaining blood samples and requesting selected and targeted tests
- Near patient testing for anticoagulation.

# Knowledge and Skills Self-Assessment Guide

#### **Investigations**



- Normal haematological parameters and interpretation of laboratory investigations
- Antenatal screening for inherited haematological disorders (e.g. thalassaemia, sickle cell).

# How this might be tested in MRCGP

#### AKT



- Appropriate use of different anticoagulation therapies
- Interpretation of haematinic results
- Investigation of venous thromboembolism.

## SCA

- Woman investigated for tiredness has macrocytic anaemia and hypercholesterolaemia
- Child develops purpuric rash on their legs (photo supplied) and three days of mild abdominal and joint pains
- Teenager has persistent and worsening sore throat for five days and then develops abdominal pain and lymphadenopathy.



### **WPBA**



- Case Discussion on the management of a patient with persistent thrombocytopenia who is otherwise well
- Audit of practice data on the appropriateness and value of requests for 'routine' haematology laboratory tests
- Learning log about the care of an elderly man who lives alone and has just been diagnosed with chronic lymphocytic leukaemia.

# **LEARNING OPPORTUNITIES (Examples)**

### **Core Content**

#### Communication and Consultation

- Shared-decision making about investigations and referral (e.g., anaemia)
- Risk-benefit conversations (e.g., anticoagulation)
- Explaining haematological results/ diagnoses
- Breaking bad news (e.g., haematological malignancy)

#### Comorbidity

 Interaction with other disease processes (e.g. a malignancy can cause polycythaemia, which can cause a venous thromboembolism)

#### Health Promotion

- Lifestyle changes (e.g., smoking cessation poststroke)
- o Immunisation uptake

#### Medico-legal/ Ethical

Genetic testing and screening

#### Prescribing

- Anticoagulants- decision aids
- o Iron, B12 and folate replacement
- Medications that can cause haematological problems (e.g., neutropenia).

## **Primary care**

- Daily, practice and out-of hours, seeing common haematological problems (e.g., anaemia, thrombocytopenia)
- Requesting, interpreting, communicating and actioning blood test results, including knowing when to be concerned
- Audit (e.g., appropriateness of requests for haematology laboratory tests in practice).



### **Acute Care**



- A&E (e.g., acute bleed)
- Acute presentations to Primary Care (e.g., suspected lymphoma)
- Responding to urgent haematology blood results phoned through by the laboratory to the GP practice (e.g., severe anaemia).

## **Community**

- Anticoagulation clinic
- Cancer specialist nurses
- Charities/ voluntary sector organisations (e.g., rare haematological conditions).



# **Other Specialties**

- Cardiology
- Genetics
- Paediatrics
- Obstetrics
- Oncology.