RCGP Curriculum

Supercondensed Curriculum Guide

OLDER ADULTS

Role of the GP

- Work with patients to promote health in older adults, considering the physical, psychological and social changes that may occur with age
- Identify and manage risks including falls, memory, continence, immunisations
- Coordinate care with other organisations (e.g., community nurses, social services, care homes and voluntary sectors)
- Take an advocacy role when needed, including for palliative and end of life care planning
- Ensure care is personalised and promotes personal dignity and avoid discrimination as a result of age.

Knowledge and Skills Self-Assessment Guide

Symptoms and Signs

 Relate the physical and psychological changes and deterioration that occur with age to the adaptations older adults make (e.g., when hearing, vision or cognitive function worsen).

Knowledge and Skills Self-Assessment Guide

Common and Important Conditions

- Cancer
- Cardiovascular: AF, heart failure, hypertension, hypotension, ischaemic heart disease, risks for stroke and dementia
- Musculoskeletal: falls, fractures, osteoporosis, osteoarthritis
- Neurological: Parkinson's disease, stroke and confusion
- Psychiatric: anxiety and depression, delirium, dementia
- Renal: chronic kidney disease, hydration
- Respiratory: COPD
- Skin: ulcers, benign lesions
- Urogenital: infections, incontinence, lower urinary tract symptoms, benign prostatic hyperplasia.

Knowledge and Skills Self-Assessment Guide

Examinations and Procedures

- Consider adjustments and consent including assessment of capacity
- Accurate measurements e.g. dementia screening, frailty risk scoring, assessing for arrhythmias
- Indication and administration of vaccines (flu, pneumococcal, shingles, Covid).

OLDER ADULTS

Knowledge and Skills Self-Assessment Guide

Investigations



- Changes in the normal range of laboratory values
- Interpretation of ECG (e.g. diagnosing AF)
- Blood pressure (e.g. risk of hypertension and postural hypotension).

How this might be tested in MRCGP

AKT



- Diagnosis of frequent falls
- Tools for assessing cognitive impairment.

SCA

- Elderly man requests more analgesia for advanced hip osteoarthritis. He
 has declined a hip replacement because he is the sole carer for his
 disabled wife
- Adult son phones to express concerns that his elderly father is no longer coping safely with living alone.



WPBA



- Multidisciplinary team meetings
- Completing care plans
- Assessment of cognition.

LEARNING OPPORTUNITIES (Examples)

Core Content

Communication and Consultation

- Carers
- Sensitively, proactively discussing end-of-life care preferences
- Holistic approach to supporting health for daily living

Prescribing

- Avoiding problematic polypharmacy
- o Anticholinergic burden
- Deprescribing when approaching end-of-life

Co-morbidity

- Multiple pathology
- Psychosocial issues

Teamworking

- Across health and social care
- MDT working

• Medico-legal/ Ethical

- Consent determining competency and capacity
- Power of Attorney
- Advance Care Planning
- o DNACPR

Safeguarding

- Abuse
- Vulnerable groups.

Primary care

- Daily practice and out-of-hours, managing common presentations in older adults (e.g., memory concern)
- Home visits to housebound, frail patients
- Residential/ care home ward rounds
- Practice pharmacist (e.g., medication reviews)
- Frailty lead.

Other Specialties

- Continence services
- Intermediate care
- Elderly care medicine
- Neurology
- Old age psychiatry/ memory clinics.

Acute Care



- Acute illness presentations to primary or secondary care (e.g., stroke, pneumonia)
- Falls-related injuries
- Acute confusional state
- Psycho-social concerns (e.g., sudden requirement for care support).

Community

- Community day centres
- Community hospitals
- Pharmacist (e.g., arranging blister packs)
- Voluntary sector organisations.

Multidisciplinary Team



- Community psychological therapies
- District nurse
- Occupational therapist
- Physiotherapist
- Falls clinic
- Frailty meetings
- Social Prescribing Link Worker.