RCGP Curriculum Supercondensed Curriculum Guide

PEOPLE AT THE END OF LIFE

Role of the GP

- Use systems to proactively identify, record and review patients, family and their carers
- Understand the importance of the multidisciplinary team
- Understand the importance of personalised care and advance support planning
- Understand the role of the GP in care after death.

Knowledge and Skills Self-Assessment Guide

Symptoms and Signs



- Pain control
- Cachexia, anorexia and fatigue
- Psychological problems
- Gastrointestinal, neurological, respiratory and skin symptoms at the end stages of life.

Knowledge and Skills Self-Assessment Guide

Common and Important Conditions



- Pair
- Emergencies including haemorrhage, hypercalcaemia, superior vena cava obstruction, spinal cord compression, sepsis.

Knowledge and Skills Self-Assessment Guide

Examinations and Procedures

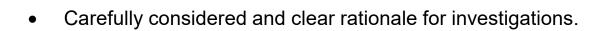


- Assessing and diagnosing the cause of symptoms
- Pain and symptom assessment including knowledge of therapeutic procedures e.g. nerve block, drainage of ascites/pleural effusion.

PEOPLE AT THE END OF LIFE

Knowledge and Skills Self-Assessment Guide

Investigations





How this might be tested in MRCGP

AKT



- Management of end of life symptoms (e.g., pain, breathlessness, nausea and vomiting)
- End of life planning (e.g., advanced care planning)
- Death administration.

SCA

- A man with metastatic bowel cancer wants to discuss his ongoing care
- Phone call: District nurse requests medication to control nausea in a dying patient
- A Muslim woman seeks reassurance that her husband's end of life care arrangements will comply with his religious traditions, which she describes when asked.



WPBA



- Log entry reflecting on organising home oxygen for a patient with end-stage COPD
- Consultation Observation Tool (COT) about DNACPR
- Log entry about chairing the practice palliative care meeting.

LEARNING OPPORTUNITIES (Examples)

Core Content

Communication and Consultation

- o Breaking bad news in an acute setting
- End of life care discussions with patients, relatives and carers, taking into account the patient's preferences, cultural background and spiritual needs
- Developing relationships to facilitate personcentred care

Prescribing

- Controlled and anticipatory drugs
- Deprescribing
- Interactions and adverse reactions

Co-morbidity

- Multiple pathology
- Psychosocial issues

Teamworking

 Across health and social care, community and secondary care, working with a wide range of specialties.

Medico-legal/ Ethics

- Assessing capacity
- Consent and confidentiality
- Respecting patient autonomy
- o DNACPR.

Primary Care



- Daily practice including routine and urgent/ unscheduled care
- Attending MDT meetings for patients approaching end of life
- Managing end of life care in the home, home visits
- Building relationships with care givers
- Death administration.

Acute Care



- Urgent symptom control (e.g., vomiting, pain)
- Assessing and managing acute complications (e.g., spinal cord compression, haemorrhage)
- The care of dying patients in the hospital.

Multidisciplinary Team



- District nurse
- Palliative care teams
- Hospital day care or hospital at home services
- Charitable sector organisations
- Social care services.

Other Specialties

- Oncology and palliative care
- Mental health and psychological support services
- Hospice services.