

GP Specialty Training Programme

Palliative Medicine

Relevant Sections of the RCGP Curriculum

- 1 Being a General Practitioner
- 2.01 The GP consultation in practice
- 2.02 Patient safety and quality of care
- 2.03 The GP in the wider professional environment#
- 2.04 Enhancing professional knowledge
- 3.03 Care of acutely ill people
- 3.09 End of life care

Learning Needs

To help identify learning needs in relation to the GP Curriculum the GPStR we recommend that you review the document below and highlight those areas where you feel less, this should be completed before the initial meeting of the GPStR with their Clinical Supervisor. In this meeting an educational plan for the post can be drawn up that identifies how these learning needs can be addressed and how and when they will be assessed, please record this as a placement planning meeting in your ePortfolio.

Assessments and Reviews

During this 6 month post it is the responsibility of the GPStR to arrange the following with their Clinical Supervisor:

- A placement planning meeting reviewing the learning objectives and producing an educational plan (within the first 3 weeks of the post)
- 3 CBD assessments
- 3 mini-CEX assessments
- An end of post meeting to discuss your progress and entering the Clinical Supervisor's Report on the e-Portfolio

Please note that this is the minimum requirement for assessments and your Clinical Supervisor may feel that more are required in order for you to meet the required competency areas.

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Learning Objectives & Assessment in Palliative Medicine

What the GPStR can learn (adapted from AKT content guide)

- Approaches to supporting carers and bereavement, including awareness of different religious and cultural beliefs and practices
- Current guidelines for best practice community care for terminally ill patients: Gold Standards Framework and integrated care pathways including holistic assessment and recognition of end-stage disease
- Emergencies in palliative care such as severe pain, spinal cord compression, haemorrhage, hypercalcaemia, superior vena cava compression
- Ethical issues in palliative and end-of-life care using current GMC guidance: autonomy (consent, confidentiality, breaking bad news, 'best interests'), beneficence and non-maleficence (principle of 'double effect', withdrawing treatment), equity ('ordinary vs. extraordinary means), euthanasia, advance care planning
- Therapeutics (as detailed in the BNF) for palliative care for cancer and other long term conditions including symptomatic relief of pain; gastrointestinal symptoms (e.g. nausea and vomiting, oral symptoms such as ulceration, constipation, diarrhoea, hiccough); respiratory symptoms (e.g. breathlessness, excessive secretions, cough); cachexia, anorexia and fatigue; skin (e.g. itch) and psychological problems (e.g. insomnia, anxiety, depression, restlessness)
- Consultation skills – please see 2.01 The GP consultation in practice
- End-of-life care is often symptom based and will have overlap with other specialities. We would particularly recommend reviewing the medicine learning outcomes.