

EXAMINATION FOR MEMBERSHIP OF THE ROYAL COLLEGE OF GENERAL PRACTITIONERS - MRCGP [INT] SOUTH ASIA

SYLLABUS FOR THE EXAMINATION

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The purpose of the MRCGP [INT] Examination

The MRCGP [INT] Examination aims to test the wide-ranging knowledge, competencies, clinical and communication skills, and professional attributes considered appropriate by the College for a doctor intending to undertake unsupervised practice while reflecting the emerging agendas in postgraduate medical education, training and certification.

The examination is designed and administered in accordance with internationally accepted best practice, as are its marking, standard-setting and quality control procedures. The Panel of Examiners also affirm their commitment to the principles of fairness and equal opportunity, particularly in the areas of ethnicity and gender.

The Examination syllabus

A detailed examination syllabus has two main aims. The first is to set out, for the benefit of candidates, a description of the breadth and depth of the knowledge and attributes expected of them. The syllabus thus provides a template onto which a programme of preparation and revision can be constructed.

The second aim is to provide a frame of reference for examiners as they set papers, devise marking schedules and undertake development of the examination.

A syllabus is *not* the same as a curriculum, which refers to a structured educational programme designed to prepare learners for a professional role and/or examination. Neither is it a content matrix or test specification, which are primarily tools used by test designers to ensure that the examination tests widely and with appropriate weighting across the syllabus.

While this syllabus is as comprehensive as the College considers to be helpful, it should not be taken as an exhaustive or exclusive list of the topics which may be tested. The absence of any relevant topic from the syllabus should not be taken as a guarantee that it will not be included in the Examination. Topics set out in the syllabus will be widely sampled in every sitting of the examination, but not all topics will be tested on every occasion.

No attempt has been made in the syllabus to attach a weighting (or relative importance) to its various items. There are several reasons for this, the chief being that the ability to prioritise is a core skill of the general practitioner, practised by examiner and candidate alike. Another is that there is less agreement than might be expected about the weighting of particular items by different interest groups. For example: risk management tends to be rated extremely important by patients, but less so by academic doctors. On the other hand, doctors consider the ability to work with colleagues to be more important than do patients.

The MRCGP [INT] syllabus will inevitably tend to become out of date as the content and context of general practice evolve. Moreover, the syllabus will reflect continuing developments in the curriculum of vocational training and in assessment methodology and policy. The College therefore intends to update it on a regular, probably annual,

basis. Candidates should ensure that they refer to the version current at the time of application.

Some parts of the syllabus, because they do not lend themselves to assessment by the Examination's existing array of test methodologies, are not currently examined, e.g. some practical or clinical skills, the effective management of time and workload, personal qualities such as courtesy or punctuality. Candidates should note that the MRCGP [INT] Examination has a policy of continuous improvement, and, subject to adequate notice being given, reserves the right to adapt its format and methods, or to develop new modules, in order better to assess the competencies set out in the syllabus or to articulate with changing statutory and administrative requirements.

A number of important themes, e.g. doctor-patient communication or evidence-based practice inevitably cross the arbitrary boundaries of categorisation used in this document. A certain amount of apparent duplication of items in different sections is therefore unavoidable; we hope readers will be tolerant of this and will take it as indicating the importance attached to the recurring theme.

Origins of the MRCGP [INT] Examination syllabus

In devising this syllabus, the College and its Panel of Examiners have been guided by the General Medical Council's seminal document *Good Medical Practice* (2014). This set out four broad domains:

- Knowledge skills and performance
- Safety and quality
- communication, partnership and teamwork
- Maintaining trust

The GMC has also, in *Duties of a Doctor*, set out the framework of professional responsibilities within which doctors operate and which should inform assessment processes including the MRCGP [INT] Examination.

The MRCGP [INT] Examination also reflects the broader principles set out in *The European Definition of General Practice / Family Medicine*, published by WONCA Europe in 2002. In particular, this document lists in a context-independent form eleven central characteristics which define the discipline of primary care, and clusters them into six core competencies as follows:

- (1) Primary care management
 - a) managing primary contact with patients
 - b) co-ordinating care with other professionals
- (2) Person-centred care
 - c) adopting a person-centred approach
 - d) developing the consultation and the doctor/patient relationship
 - e) providing longitudinal care
- (3) Specific problem-solving skills
 - f) using knowledge of the community prevalence of illness
 - g) managing undifferentiated or serious conditions appropriately
- (4) Comprehensive approach
 - h) managing acute and chronic problems simultaneously
 - i) applying health promotion and disease prevention strategies

- (5) Community orientation
 - j) reconciling the needs of individuals and communities
- (6) Holistic modelling
 - k) using bio-psycho-social, cultural and existential dimensions

The content of the MRCGP [INT] Examination

The MRCGP [INT] Examination aims to assess competence in the following areas:

- (1) Good medical practice and care
- (2) Generalist skills
- (3) The doctor-patient relationship, communication and consulting skills
- (4) Professional, ethical and legal obligations
- (5) Population, preventive and societal issues
- (6) Information management and technology
- (7) Risk management and patient safety
- (8) Monitoring of quality of performance, audit and clinical governance
- (9) Continuing Professional Development, learning and teaching
- (10) Working with colleagues
- (11) Organisational, administrative and regulatory framework
- (12) Financial probity and business management and

In the following sections of the syllabus, each of these areas is further described and, where appropriate, subdivided into its component attributes.

1 – Good medical practice and care

- **1.1** Being able to recognise and manage medical conditions in the following broad categories:
 - Common
 - Preventable
 - Treatable
 - Potentially catastrophic, i.e. life-threatening or disabling
 - Uncommon but serious
 - Atypical or non-diagnosable
 - Untreatable(See Appendix 1)
- **1.2** Elucidating and evaluating a patient's condition, based on information gathering (history and symptoms) and, when necessary, clinical examination (interpreting signs) and appropriate procedural skills and/or special tests (See Appendix 2)
- **1.3** Knowing, evaluating, and being guided by, the appropriate evidence base (See Appendix 3)
- **1.4** Demonstrating the ability to make competent clinical decisions (diagnosis) and selection of appropriate investigation and/or treatment and knowing when no investigation or treatment is indicated
- **1.5** Employing sound skill-based clinical judgement to assess the seriousness of an illness in order to prioritise care
- **1.6** Respecting the autonomy of patients as partners in medical decision-making
- **1.7** Recognising and working within the limits of one's professional competence, showing a willingness to consult with colleagues, and where appropriate delegating or referring care to those who are recognised as competent
- **1.8** Performing consistently well and with a commitment to improving one's competence
- **1.9** Practising ethically, honestly and with integrity, so that patients can safely entrust their lives and well-being to the doctor
- **1.10** Accepting the responsibility of being available and accessible to patients
- **1.11** Having a knowledge of, and assisting patients to access, additional sources of information e.g. alternative and complementary health care, local and national support groups, voluntary and self-help organisations

2 – Generalist skills

N.B. While many of the following attributes are required of specialists as well as generalists, in general practice they assume sufficient prominence to merit stating in their own right. The ability to integrate the various skills is more important than the possession of any individual one.

- **2.1** Treating the patient as a unique person/ patient centred care
- **2.2** Being an advocate for the individual patient
- **2.3** Providing longitudinal or continuous care
- **2.4** Simultaneously managing both acute and ongoing problems
- **2.5** Integrating information on physical, psychological, social and cultural factors which impact on patients
- **2.6** Demonstrating an appropriately focused assessment of a patients' condition based on the history, clinical signs and examination
- **2.7** Demonstrating the appropriate use of equipment routinely used in general practice and a familiarity with the breadth of tests offered in primary and secondary care
- **2.8** Emphasising where appropriate the self-limiting or relatively benign natural history of a problem and the importance of patients developing personal coping strategies
- **2.9** Demonstrate the ability to identify/ suspect early presentation of serious conditions (red flag presentations) and arrange appropriate management plans
- **2.10** Managing uncertainty, unpredictability and paradox by displaying an ability to evaluate undifferentiated and complex problems
- **2.11** Managing conflict, e.g. those which may arise when making decisions about the use of resources, when the needs or expectations of the individual patient and the needs of a population of patients cannot both be fully met
- **2.12** Demonstrating awareness of individual and family psycho-dynamics and their interaction with health and illness
- **2.13** Balancing conflicting interests when having a dual responsibility, such as a contractual obligation to a third party and an obligation to patients
- **2.14** Showing a flexibility of approach according to the different needs of a wide variety of patients irrespective of their age, gender, cultural, religious or ethnic background, sexual orientation or any other special needs
- **2.15** Practicing medicine which is wherever possible evidence based, with individuals and populations
- **2.16** Balancing clinical judgement against evidence-based practice as determined by individual patient needs
- **2.17** Co-ordinating and integrating care by flexibly adopting the various roles (clinician, family physician etc) of a GP in the course of ordinary practice
- **2.18** Recognising the GP's frontline role, both by facilitating patients' access to specialised care and by protecting them from unnecessary interventions
- **2.19** Managing time and workload effectively, and setting realistic goals
- **2.20** Maintaining comprehensive written and/or computerised records
- **2.21** Being able to recognise and meet the doctor's needs as a person including self and family care ('housekeeping')
- **2.22** Recognising and working within the limits of one's professional competence
- **2.23** Being able to work effectively in a team, either as a member or leader, accepting the principles of collective responsibility, and to consult colleagues when appropriate

3 – The doctor-patient relationship, communication and consulting skills

- **3.1** Respecting patients as competent and equal partners with different areas of expertise
- **3.2** Establishing effective rapport with the patient
- **3.3** Showing an interest in patients, being attentive to their problems, treating them politely, considerately, and demonstrating active listening skills and assurance of confidentiality
- **3.4** Demonstrating communication and consultation skills and showing familiarity with well-recognised consultation techniques e.g. breaking bad news
- **3.5** Respecting patients' perception of the experience of their illness (health beliefs); their social circumstances, religious beliefs, culture, habits, behaviour, attitude to risk, values and preferences
- **3.6** Understanding the role of patients' ideas, values, concerns and expectations in their understanding of their problems
- **3.7** Responding to patients' verbal and non-verbal cues to any underlying concerns
- **3.8** Being able to elicit patients' emotional issues with appropriate response and ability to deal with patients' difficult emotions, e.g. denial, anger, fear
- **3.9** Showing empathy appropriately and being nonjudgmental during patient encounters
- **3.10** Incorporating patients' expectations, preferences and choices in formulating an appropriate management plan
- **3.11** Shared decision-making with patients, enabling them to make informed choices
- **3.12** Making links between emotional and physical symptoms, or between physical, psychological and social issues
- **3.13** Communicating and articulating with patients effectively, clearly, fluently and framing content at an appropriate level, wherever the consultation takes place, including by telephone or in writing
- **3.14** Involving patients' significant others such as their next of kin, carer or family when appropriate, in a consultation
- **3.15** Sensitively minimising any potentially embarrassing physical or psychological exposure by respecting patients' dignity, privacy and modesty
- **3.16** Explaining to the patient the purpose and nature of an examination and offering a chaperone when appropriate
- **3.17** Ensure privacy during examination, utilize appropriate examination techniques in order to minimize discomfort
- **3.18** Where appropriate, facilitating changes in patients' lifestyle and behaviour with follow up care
- **3.19** Having an understanding of individual and family life cycles and dynamics to provide effective opportunistic health care for patient and family
- **3.20** Demonstrating an awareness of the doctor as a therapeutic agent, the impact of transference and counter-transference, the danger of dependency, and displaying an insight into the psychological processes affecting the patient, the doctor and the relationship between them
- **3.21** Understanding the need for longer consultations in situations which are associated with a range of better outcomes and arranging for those

4 – Professional, ethical and legal obligations

- **4.1** Demonstrating appropriate professional values and attitudes, including compassion, trustworthiness, accountability, respect for the dignity, privacy and rights of patients and providing equity of care
- **4.2** Adhering to contemporary ethical principles
- **4.3** Observing and keeping up to date with the laws and statutory codes related to general practice
- **4.4** Respecting the principle of confidentiality and if breaching it without the patient's consent, only to do so with a justifiable reason
- **4.5** Demonstrating a commitment to maintaining professional integrity, standards and responsibility
- **4.6** Ensuring that whenever possible the patient has understood what treatment or investigation is proposed and what may result, and has given informed consent before it is carried out
- **4.7** Understanding guidelines for the treatment of underage individuals with or without the consent of those with parental responsibility
- **4.8** Demonstrating an awareness of issues relating to clinical responsibility, e.g. with regard to drug treatment or patients attending complementary practitioners
- **4.9** Acknowledging the good principle of offering.
- **4.10** Making appropriate use of available sources of advice on legal and ethical issues at individual, professional, local and national levels
- **4.11** Following guidance on doctors' obligation to protect patients from a colleague's poor performance, health or conduct
- **4.12** Respecting a patient's right to a second opinion
- **4.13** Adopting safe practice and methods in the working environment relating to biological, chemical, physical or psychological hazards, which conform to health and safety legislation
- **4.14** Engage in CPD activities and updating the knowledge in order to provide optimal patient care

5 – Population, preventive and societal issues

- **5.1** Demonstrating an awareness of the doctor's role in society as an advocate of good health
- **5.2** Understanding the concept of public interest
- **5.3** Understanding current ideas concerning the relative rights and responsibilities of Government, the medical profession and the public
- **5.4** Understanding the concepts of health and normality, the characteristics of healthy people, the qualitative measurement of health, and models of health and disease
- **5.5** Demonstrating an understanding of demographic and epidemiological issues and the health needs of special groups, and the way in which these factors modify people's use of the health care services
- **5.6** Demonstrate an awareness of the physiological differences between races and the difficulties associated with generalizing population characteristics and guidelines across ethnic groups
- **5.7** Recognizing the impact of adverse environmental factors on health, including poverty, unemployment, poor housing, malnutrition, occupational hazards and pollution
- **5.8** Possessing a working knowledge of population-based preventive strategies including immunization, health screening and population screening.
- **5.9** Understanding the acceptable criteria for screening for disease, and applying the concepts of primary, secondary and tertiary prevention
- **5.10** Having a working knowledge of screening ~~and recall systems~~
- **5.11** Recognizing and using opportunities for individual disease prevention and promoting the positive aspects of a healthy lifestyle

6 – Information management and technology

- **6.1** Keeping clear, accurate, legible and contemporaneous patient records, which report the relevant clinical findings, the decisions made, the information given to patients (including by telephone), details of any drugs or other treatment prescribed (including repeat prescriptions), and advice about follow-up arrangements
- **6.2** Employing written communication skills to make referrals, write reports and issue certification
- **6.3** Ensuring that colleagues are well informed when sharing the care of patients especially to ensure adequate follow-up
- **6.4** Providing all relevant information about a patient's history and current condition when referring a patient to a colleague
- **6.5** Ensuring that patients are informed about the information shared within teams and between those providing their care
- **6.6** Assisting patients who wish to access their clinical records
- **6.7** Having knowledge of, and the means to access, printed and electronic sources of medical data, information and advice
- **6.8** Applying population-based screening and recall systems
- **6.9** Making informed choices about the relative roles of paper-held and electronic data in practice
- **6.10** Making full and appropriate use of available information technology to facilitate clinical practice, audit, chronic disease surveillance
- **6.11** Using, where appropriate, computer links with outside agencies e.g. hospitals
- **6.12** Maintaining an awareness of advances in health informatics, telemetric medicine and computing technology, and their application in improving the delivery of health care

7 – Risk management

- **7.1** Practicing in such a way as to minimize the risk to patients of harm/error or negligence
- **7.2** Fully informing patients/and± their families/care-givers about their diagnosis, treatment and prognosis
- **7.3** Explaining why a treatment is being prescribed, or a management plan proposed, with the anticipated benefits and common potential side effects
- **7.4** Discussing with patients and their families the advantages and disadvantages of alternative courses of action or treatment
- **7.5** Effectively communicating risk by exchanging information, and respecting the preferences, beliefs and opinions of patients about those risks
- **7.6** Providing clear explanations of the nature of clinical evidence and its interpretation
- **7.7** Ensuring appropriate follow up arrangements and ‘safety-netting’
- **7.8** Improving patient safety by critical event reporting, clinical audit, analysis of patients’ complaints or information provided by colleagues
- **7.9** Responding to criticisms or complaints promptly and constructively, and demonstrating an ability to reflect and learn from them
- **7.10** Being aware of the social and legal obligations for notifying outside agencies, for example, regarding safety of medicines and notifiable diseases

8 – Monitoring of quality of performance, audit & clinical governance

- **8.1** Demonstrating a commitment to professional audit and review by peers and local regulatory professional bodies.
- **8.2** Using feedback and comments from patients to identify their needs and wishes, and using them to bring about improvements in service
- **8.3** Participating in, and responding constructively to, appraisals and assessments of professional competence
- **8.4** Demonstrating commitment to the principles of quality assurance, which is 'designed to enshrine high standards of practice and service improvement'
- **8.5** Using information technology where appropriate as a tool for audit and quality control
- **8.6** Understanding and applying the principles and terms used in inferential statistics and evidence-based medicine
(See Appendix 3)
- **8.7** Applying critical appraisal skills, statistical interpretation and the audit cycle to evaluate and improve care
(See Appendix 3)
- **8.8** Demonstrating an awareness for the need of systems for monitoring standards of care

9 – Continuing Professional Development (CPD), learning, teaching and training

- **9.1** Demonstrating a commitment to lifelong learner-centred higher professional education (HPE) and CPD through, for example, personal learning and development plans
- **9.2** Demonstrating a commitment to keeping up to date with evolving knowledge and renewal of practical skills
- **9.3** Fostering skills of self-awareness and self-appraisal necessary to identify one's own strengths, weaknesses and learning needs
- **9.4** Participating willingly and with candour in regular mentoring or appraisal
- **9.5** Offering non-judgmental feedback and advice to colleagues as part of their professional development
- **9.6** Using self-assessment and formal appraisal as a prelude to acquiring explicit competencies and skills
- **9.7** Possessing the skills and commitment to formulate practice development programmes
- **9.8** Undertaking teaching in its widest sense, including the education of patients, doctors in training and colleagues
- **9.9** Ensuring that patients have genuine choice over whether or not to participate in the education of students or doctors in training, and that their care is not thereby jeopardised
- **9.10** Understanding the interdependence of clinical practice, organisation, information management, research, education and professional development

10 – Working with colleagues

- **10.1** Treating colleagues fairly, and not discriminating against them on grounds of gender, race, disability, beliefs or lifestyle
- **10.2** Ensuring that patients are not encouraged to doubt any colleague's knowledge or skills by making unnecessary or unsustainable comments about them
- **10.3** Recognizing and respecting the roles of other members of the extended primary care team and colleagues in the secondary, social and voluntary sectors and working with them to deliver a high quality of care
- **10.4** Maintaining professional relationships with colleagues in the private sector that best serve the interests of patients
- **10.5** Demonstrating an awareness of the contribution of complementary practitioners and the nature of therapies that patients may use or request
- **10.6** Demonstrating a commitment to team collaboration and working in a multi-professional environment
- **10.7** Having an understanding of team dynamics, leadership and where individual responsibility lies for clinical and managerial issues
- **10.8** Developing strategies for communicating effectively internally within the primary health care team and externally with other organisations
- **10.9** Demonstrating a commitment to staff development, education, appraisal and training including the ability to conduct needs assessments
- **10.10** Possessing an awareness of potential employer/employee issues
- **10.11** Working with colleagues in health care services, for example, to develop guidelines and protocols
- **10.12** Having a knowledge of the role of ancillary sources of primary health care, e.g. the private sector, self help groups etc.
- **10.13** Cooperating with any formal enquiry into the treatment of a patient, not withholding any relevant information, and assisting the relevant authorities if an inquest or inquiry is held into a patient's death or disability

11 – Organisational, administrative and regulatory framework

- **11.1** Understanding the duties and responsibilities of being registered as a doctor with the licensing authority
- **11.2** Understanding the importance for both doctors and patients of ensuring adequate insurance or professional indemnity cover
- **11.3** Understanding the regulatory and contractual frameworks under which doctors practise
- **11.4** Understanding and applying the main areas of legislation and social, cultural and ethical issues covering human rights, equal opportunities, disability, employment, data protection, access to medical reports, consumer protection, health and safety, children and child protection, abortion, births, deaths, controlled drugs, driving motor vehicles
- **11.5** Understanding the duties, rights and obligations of the doctor as employer
- **11.6** Applying and understanding social services regulations for certification, benefits and allowances
- **11.7** Demonstrating a critical awareness of socio-political dimensions of health, for example, health care systems, policy and funding
- **11.8** Demonstrating an awareness of standards and guidelines for health care and performance review, including those defined and promulgated by the relevant national bodies
- **11.9** Possessing an awareness of workload issues including activities such as surgeries, clinics, telephone consultations, home visiting, minor surgery, teaching, outside commitments and on-call, including data on consultation and referral rates
- **11.10** Understanding the delivery of an integrated out-of-hours service in line with current regulations and recommendations regarding availability and accessibility
- **11.11** Understanding general practice as an organisation in its various forms (e.g. single-handed, group practice etc) and in a variety of settings (e.g. rural, inner-city, urban, academic)
- **11.12** Understanding the key features of partnership agreements and alternative models of employment in general practice
- **11.13** Knowing the range of career opportunities available to general practitioners, including research, education and assessment
- **11.14** Having an awareness of the significant differences in statutory bodies and legislation between the countries in the region

12 – Financial probity and business management

- **12.1** Ensuring that the doctor's and the practice's fiscal and financial affairs are in good order, ethically sound, and fully compliant with the law and with good accounting practice
- **12.2** Ensuring that any financial arrangements with patients are on a sound footing, honest and open, and causing no conflict of interest
- **12.3** Avoiding inappropriate financial gain or conflict of financial interest in the pursuit of practice
- **12.4** Understanding the business and managerial aspects of practice, such as sources of income and expenditure, use of premises, marketing, and the interpretation of accounts
- **12.5** Demonstrating truthfulness and honesty when completing certificates and other documents
- **12.6** Ensuring that any research undertaken in practice is done to the highest standards, as approved by a local/national research ethical committee, so that the care and safety of patients is paramount.
- **12.7** Providing accurate, objective, honest and unbiased comments in references and including relevant important information, which might have a bearing on a colleague's competence, performance, reliability or conduct

APPENDICES

Appendix 1 – MEDICAL KNOWLEDGE

Within the general context of primary care, the following areas should be considered for each problem or disease

- The natural history of the untreated condition including whether acute or chronic
- An accurate idea of the prevalence and incidence across the ages and any changes over time
- Typical and atypical presentations
- Risk factors
- Diagnostic features
- Recognition of 'alarm' or 'red flag' features
- Treatment including initial, emergency and continuing care
- Prognosis

The problems and diseases listed below are tabulated in groups of presenting conditions classified on the basis of contemporary coding systems reflecting the current range of general practice workload in the region.

Seriously ill patients

- Cardiovascular problems including cardiac arrest, acute coronary syndrome, acute myocardial infarct, acute left ventricular failure, dissecting aneurysms, severe hypertension and life-threatening arrhythmias
- Respiratory problems including acute severe asthma, exacerbation of chronic obstructive pulmonary disease, pulmonary embolus, pneumothorax, pneumonia, epiglottitis, bronchiolitis and respiratory failure
- Central nervous system problems including cerebrovascular problems such as strokes, seizures including febrile convulsions, infections such as meningitis or encephalitis, and signs of other significant intracranial pathology such as tumours
- Gastrointestinal problems including gastroenteritis especially in childhood, haemorrhage, obstruction, perforation, acute abdominal pain and liver failure
- Infectious diseases not covered elsewhere e.g. malaria
- Shocked patients including septicaemia, cardiogenic and anaphylactic shock, haemorrhage and drowning
- Unconscious patients including those with diabetic problems such as hypoglycaemia, hyperglycaemic ketoacidosis and hyperosmolar non-ketotic coma
- Psychiatric problems including acute psychoses, acute organic reactions, the suicidal patient, psychological crises
- Urological problems including torsion of the testis, priapism, paraphimosis, gross haematuria, ureteric colic and acute retention of urine
- Women's problems including severe vaginal bleeding and/or pelvic pain e.g. ectopic pregnancy and emergencies associated with pregnancy e.g. placental abruption or eclampsia

- Terminally ill patients, including symptomatic and palliative care, and general issues surrounding management including the patient's and family's wishes
- Sudden unexpected death including sudden infant death syndrome, confirmation of death, dealing with relatives, certification and referral to the relevant authorities

Complex and undifferentiated conditions

– including symptoms and ill-defined conditions for which no diagnosis classifiable elsewhere is recorded.

- 'Tiredness all the time' / malaise / fatigue / weakness / lassitude
- 'Funny turns' / dizziness / giddiness / faints / blackouts / ataxia
- Anorexia and/or weight loss
- Weight gain and/or obesity and conditions, which may be associated with obesity
- 'Swelling': localised, mass, lump including single lymph nodes
- Non-specific rashes
- Fever, including pyrexia of unknown origin
- Allergic problems
- Pallor including patients who may be anaemic for any cause
- Confusion, memory loss, poor concentration and forgetfulness
- Frequency of micturition, including metabolic causes

Trauma/Injuries/Toxic effects.

- Abuse: sexual adult, child; non-accidental child, elder
- Wounds (including surgical) and lacerations: management and principles of care
- Fractures, sprains, strains and other significant soft-tissue trauma: recognition and principles of management
- Head injuries including minor, with or without loss of consciousness, concussion and more serious cranial or intracranial injuries
- Internal injuries of the chest, abdomen or pelvis: recognition and principles of management
- Poisoning including by drugs (prescribed, over the counter or non-medicinal), foods, and other chemicals whether deliberately or unintentionally and including adverse effects of prescribed drugs
- Postoperative complications including those related to the procedure, infections and other systems for example, respiratory or circulatory
- Miscellaneous including epistaxis, foreign bodies, burns, bites and stings

Respiratory tract diseases

- Sore throats and colds, upper respiratory tract infections including nasopharyngitis, pharyngitis, tonsillitis, peri-tonsillar abscess, epiglottitis, laryngitis and tracheitis
- Shortness of breath including lower respiratory tract infections, e.g. bronchiolitis, bronchitis and pneumonia (of any cause), bronchiectasis, emphysema, pneumothorax and pulmonary embolus
- Wheezing including asthma, chronic obstructive pulmonary disease
- Cough including haemoptysis
- Stridor
- Hoarseness, change in character of voice (note : it should be part of ENT)
- Lung cancer
- Tuberculosis and sarcoidosis
- Obstructive sleep apnoea
- Respiratory system examination
- Respiratory investigations including interpretation of chest Xray and spirometry
- Use of bronchodilators including technique

Ear, nose and throat problems

- Nasal problems including catarrh, hay fever, 'rhinitis', polyps, epistaxis
- Otagia including otitis externa and media
- Mouth problems including pain such as ulceration, infections such as gingivitis, malignancies, disorders of the salivary glands, and medical problems associated with the dentition
- Sinus problems
- Hearing problems including deafness, tinnitus and associated speech or language disorders
- Hoarseness
- Stridor
- Neck lumps and salivary gland problems

Eye problems

- Red eye including conjunctivitis of various causes, iritis, episcleritis, corneal or dendritic ulcers
- Loss of vision – sudden and gradual – cataracts, retinal problems such as detachment, vascular lesions, atrophy or tumours
- Eye pain such as glaucoma or retrobulbar neuritis
- Eyelid problems such as blepharitis, ectropion, disorders of tears, tumours
- Peri orbital cellulitis and black eye
- Refractive error and squint

Dermatological problems

- Pruritus either generalised or localised
- Rashes including dermatoses, eczema, psoriasis, acne and those associated with internal disease
- Skin tumours including benign lesions such as naevi and various moles and malignant lesions
- Nail and/or hair disorders including alopecia
- Skin infection – bacterial, viral, fungal
- Urticaria, angio-oedema and anaphylaxis

Gastrointestinal problems

- Abdominal masses including ascites, intra-abdominal masses or enlarged organs and localised swellings for example, hernias
- Abdominal pain chronic and acute- including cholecystitis, pancreatitis & appendicitis and bowel obstruction including irritable bowel syndrome
- Change in bowel habit
- Constipation
- Diarrhoea including infective, malabsorption, inflammatory bowel disease
- Gastrointestinal haemorrhage
- ‘Indigestion’/ ‘heartburn’/dyspepsia including oesophageal reflux and peptic ulcer disease
- Dysphagia including achalasia, oesophageal malignancy
- Rectal problems including bleeding, pain and masses
- Nausea and/or vomiting and/or diarrhea including gastroenteritis
- Jaundice including hepato-biliary conditions such as hepatitis, malignancy, gall bladder disease and haemolysis for any cause (note: should be under haematology)
- Liver failure and portal hypertension
- Interpretation of liver function tests
- Colorectal cancer and screening
- Examination of abdomen

Musculo-skeletal problems

- Low back pain including mechanical, disc lesions, malignancy, ankylosing spondylitis
- Neck pain including cervical spondylosis, torticollis and ‘whiplash’ injuries, cervical rib
- Joint pain, swelling or stiffness including individual joints such as hip, knee or shoulder
- Systemic conditions including osteoarthritis and osteoporosis, vitamin D deficiency
- Rheumatic conditions such as rheumatoid arthritis, SLE, polymyalgia rheumatica, systemic sclerosis
- Wrist pain including carpal tunnel syndrome, scaphoid fracture
- Sports medicine
- Examination of back shoulder, hip, wrist, knee

- Fibromyalgia

Neurological problems

- Headaches including tension, vascular such as migraine and raised intracranial pressure
- Vertigo including vertebro-basilar, labyrinthine or cerebellar problems
- Seizures
- Strokes and transient ischaemic attacks
- Speech disorders
- Degenerative disorders including multiple sclerosis, motor neurone disease and encephalopathies
- Sensory and/or motor disturbances including neuropathies and neuralgias such as face pain
- Tremor including, Parkinsonism, cerebellar disease
- Restless leg syndrome
- Examination of cranial nerve
- Sensory motor assessment of nervous system

Cardiovascular problems

- Risk factors for coronary heart disease and other thromboembolic diseases such as lipid disorders
- Chest pain including ischemic heart disease and pericarditis
- Cardiac failure including left ventricular dysfunction
- Hypertension
- Palpitations including conduction defects such as atrial fibrillation
- Murmurs including congenital heart disease and acquired valvular problems
- Circulation disorders including arterial problems such as peripheral vascular disease and aneurysms and venous problems such as thromboembolism

Psychiatric disorders

- Communication problems including autistic spectrum disorder
- Behavior problems such as attention deficit hyperactivity disorder, encopresis, school problems
- Problems of particular life stages e.g. childhood, adolescence, old age
- Family, social and cultural context of psychiatric illness
- Depression, including features of a major illness such as biological symptoms, assessment of suicidal risk, detection of masked depression
- Major mental illness including psychotic disorders such as schizophrenia
- Somatisation disorder
- Anxiety including generalised anxiety disorder, situational anxiety and adjustment reactions, phobias, obsessive compulsive disorder
- Substance misuse including alcohol
- Sleep disorders
- Dementias
- Learning difficulties and mental disability

- Co-morbidity: the association of psychiatric disorders with other medical conditions

Children's problems

- Prenatal diagnosis
- Neonatal problems including jaundice and feeding problems
- Delayed development including knowledge of normal developmental milestones
- Failure to thrive
- Childhood infections including exanthemata
- Common diseases of childhood(like pharyngitis, tonsillitis, bronchiolitis, UTI, ear infections etc)
- Coping with childhood physical or learning disability
- Child health surveillance and immunisation
- Non-accidental injury eg (child abuse)
- Congenital abnormality

Urogenital problems

- Urinary tract infections
- Hematuria
- Loin pain
- Dysuria
- Vaginal discharge
- Incontinence
- Renal failure

Sexual health

- Issues of sexual identity and sexual orientation
- Contraception male and female
- Infertility, primary or secondary
- Assisted conception
- Sexually transmitted diseases including safe sex and contact tracing
- Sexual problems including loss of libido, anorgasmia and impotence

Men's health

- Testicular problems including pain e.g. orchitis and swelling e.g. tumours
- Urinary problems including benign prostatic hypertrophy or malignancy

Women's health

- Breast problems including pain or lumps; malignancy
- Pregnancy including pre-conceptual and normal antenatal care, antenatal problems such as bleeding or hyperemesis; postnatal problems
- Abnormal vaginal bleeding including intermenstrual bleeding, post-coital or post-menopausal
- Hormonal problems including the menopause and premenstrual syndrome
- Menstrual problems including pain such as endometriosis or bleeding such as menorrhagia
- Pelvic mass including cysts, fibroids and malignancy
- Pelvic pain including pelvic inflammatory disease
- Urinary problems including stress and/or urge incontinence
- Vaginal discharge and/or pruritus including infections such as bacterial vaginosis, atrophic changes and malignancy
- Domestic violence

Miscellaneous problems

- Bleeding and bruising problems and other haematological disorders
- Endocrine disorders
- Genetic disorders
- Lymphatic disorders including functional asplenia
- Occupational medicine
- Preventive medicine including screening, opportunistic health promotion especially with regard to smoking, immunisation, harm minimisation and promotion of a healthy lifestyle
- Travel medicine including preventive aspects and treatment of infections contracted abroad e.g. haj pilgrimage
- Tropical medicine (HIV, Malaria, TB, Non communicable diseases)

Serious communicable diseases

- Particularly, but not limited to, infections such as Human Immunodeficiency Virus (HIV), tuberculosis and hepatitis B and C
- Means and control of transmission, awareness of diagnosis, investigation, management, consent for testing, issues of confidentiality and the implications to the patient of a positive result
- Role of Public Health Services

Pharmaco-therapeutics

- Application of the concept of rational prescribing, especially with regard to patient safety
- Awareness of drug contraindications, adverse effects, iatrogenic disorders and potential interactions
- Awareness of the factors affecting dose, drug requirements, compliance and monitoring

- Evaluating independent evidence regarding the appropriateness of treatment

Others

- Medical errors
- Irrational use of antibiotics
- Infection prevention
- Pain management

Appendix 2 – PRACTICAL SKILLS

The ability to perform general clinical examination of organ systems, including digital rectal and vaginal examinations

Proficient use of the following:

- Auroscope
- Ophthalmoscope
- Sphygmomanometer
- Stethoscope
- Foetal stethoscope and/or 'Sonicaid'
- Patella hammer
- Thermometer
- Tuning fork.
- Visual acuity and colour tests
- Proctoscope
- Vaginal speculum
- peak flow meter

Proficiency in the following:

- Cardio-pulmonary resuscitation including use of a defibrillator{ adult and paediatric)
- Controlling a haemorrhage
- Venepuncture
- Giving intravenous, intramuscular, subcutaneous or intradermal injections including via a syringe driver
- Performing and interpreting an electrocardiogram
- Performing basic respiratory function tests
- Administering oxygen safely
- Use of a nebuliser
- Near patient testing e.g. urinalysis
- Removal of ear wax
- Passing a urinary catheter
- Performing a cervical smear
- Collecting other relevant samples including endocervical or per-nasal swabs
- Suturing a wound
- Minor surgical procedures e.g. cryotherapy, joint injection and aspiration, and surgical excisions as appropriate for approved practitioners, and including referral of relevant samples for histology

Appendix 3 – RESEARCH & EVALUATION METHODS
(The knowledge and skills required for evidence-based practice)

Understanding and application of the following:

- Concepts used in evidence-based medicine including: specificity, sensitivity, absolute risk (AR), absolute risk increase (ARI), absolute risk reduction (ARR), hazard ratio (HR), negative predictive value, number needed to harm (NNH), number needed to treat (NNT), odds, odds ratio (OR), positive predictive value (PPV), relative risk (RR), relative risk increase (RRI), relative risk reduction (RRR)
- Basic statistical concepts, including the representativeness of the sample, inclusion and exclusion criteria, bias, prevalence, confidence intervals, probability and correlation coefficients to enable interpretation of results from common statistical tests used for parametric data (e.g. t-tests, analysis of variance, multiple regression) and non-parametric data (e.g. chi squared, Mann-Whitney U)
- Most appropriate research design to examine the hypothesis proposed in prospective and retrospective studies; the limitations and strengths of research methodologies, including case-control, cohort, pilot studies, questionnaire design, quantitative and qualitative studies; use of techniques such as interviews, focus groups, transcripts of narrative material; randomised controlled trials
- Methodology of systematic reviews and meta-analysis, including the potential sources of bias and error in the interpretation of overviews
- Issues relating to research results and conclusions including reliability, validity, generalisability and evaluation of the appropriateness of the study design
- Systematic appraisal of research papers and an ability concisely to summarise the results
- Extent to which results or conclusions of research may be applied in the clinical context, taking into account contemporary views and practice

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Glossary of abbreviations

BMJ	British Medical Journal
BNF	British National Formulary
BRU	Birmingham Research Unit
CPD	Continuing Personal Development
CHI	Commission for Health Improvement
CREST	Clinical Resources Efficiency Support Team (Northern Ireland)
CSB	Clinical Standards Board (Scotland)
DOH	Department of Health
GMC	General Medical Council
GPC	General Practitioners Committee
HSIA	Health Services Improvement Authority (Northern Ireland)
LHCC	Local Health Care Co-operative (Scotland)
LHG	Local Health Group (Wales)
NSF	National Service Frameworks
OPCS	Office of Population Censuses and Surveys
PCG/T	Primary Care Group/Trust (England)
PCO	Primary Care Organisation (PCG/T in England, LHCC in Scotland, LHG in Wales, Fundholding commissioning pilots in Northern Ireland)
PHCT	Primary Health Care Team
RCGP	Royal College of General Practitioners