

PSYCHIATRY Care of People with Mental Health Problems

GP Curriculum

As this forms part of a GP Specialty Training Programme it is important that Trainees (GPStRs) work towards the learning objectives of the RCGP GP Curriculum throughout the post.

Main sections covered	3.10
Supplementary sections that may be covered	3.11,3.14

Learning Needs

To help identify learning needs in relation to the GP Curriculum the GPStR should complete the self-assessment rating scale tool.

This should be completed before the initial meeting of the GPStR with their Clinical Supervisor. It can then be used to help identify areas that require development. 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 note that it may not be possible to cover all of the GP Curriculum learning objectives within this post. The GP Educational Supervisor will be able to assist the GPStR in identifying ways to cover these potential gaps as part of the overall GP Specialty Programme.

Assessments and Reviews

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

- An initial induction 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
- DOP assessments – as appropriate
- 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.

Study Leave

Any study leave must be congruent with learning outcomes of the GP Curriculum and approved by the GP Educational Supervisor. The GPStR is recommended to use up their study leave entitlement within the 6month post and spend as much time as possible in general practice with their Educational Supervisor. This may include their 6 monthly Educational Supervisor review. It is the responsibility of the GPStR to book any study leave with the relevant hospital department.

GP Specialty Training Programme: Learning Objectives & Assessment in Psychiatry

What the GPStR can learn	Assessment Modality		
	CbD	Mini-CEX	DOPS
<u>Appreciation of important issues identified:</u>			
1. Importance of Good Communication – Across primary-secondary care interface, with wider team and other agencies	✓		
2. Importance of Co-morbidity (QOF comment)	✓		
<u>Specific Knowledge:</u>			
1. Mental Health Act – Changes, Accredited Medical Practitioner, Role of Mental Welfare Commission	✓		
2. Medico-legal issues – Adults with Incapacity, Fitness to Drive (mental health)	✓		
3. Therapeutics – Anti-psychotics, Depot, Lithium, Monitoring Requirements, Side Effects, Risk Profile, ECT, 'Emergency Sedation'	✓		
4. Specific Treatments – Psychotherapy, CBT, Anger Management, Relaxation Techniques	✓		
5. Awareness of Classification systems used – ICD 10/DSM 4	✓		
6. Awareness of prevalence mental illness expected in primary care	✓		
7. Awareness of theories - Freud, Jung, Laing, Balint	✓		
<u>Specific Skills – Acute Assessment and Management:</u>			
1. Mental State Assessment – History and Examination including Broader History (SH - alcohol, drugs. Personal History – childhood. FH)		✓	
2. Assessing suicide risk and self harmers		✓	
3. Management of Aggression	✓		
4. Writing Care Plans		✓	
5. How decide who to admit	✓		

What the GPStR can learn	Assessment Modality		
	CbD	Mini-CEX	DOPS
<p><u>Appreciation of Roles of Others:</u></p> <ol style="list-style-type: none"> 1. Non-medical – Police, Social Workers, Solicitors 2. CPNs including those in OOH service 3. Sub-specialties within psychiatry 4. Clinical psychology – roles and limits 	<p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p>		
<p><u>DRUG AND ALCOHOL TRAINING</u></p> <p><u>Awareness of Issues:</u></p> <ol style="list-style-type: none"> 1. Scale of problem in the UK 2. Overlap of medical, psychosocial and forensic issues 3. Impact on others of an individuals mental illness 4. Legal – work, driving <p><u>Awareness of Role of Psychiatrists:</u></p> <ol style="list-style-type: none"> 1. Acutely ill – who needs admitted and where (medics or psychiatry) 2. Therapeutics – Detoxification, Medical Therapies (Naltrexone, Methadone), Success rates 3. Theory – motivational principles <p><u>Awareness of Services Available and what offer:</u></p> <ol style="list-style-type: none"> 1. Day Units 2. Organisations – AA, Local Organisations Social Care 3. Community Addiction Teams 	<p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p>		
<p><u>LEARNING DISABILITIES</u></p> <p>Awareness of common problems/issues and strategies for tackling these. Important as most care is community based.</p>	<p>✓</p>		

How the GPStR can learn

LEARNING OPPORTUNITIES IN HOSPITAL SETTING

- 1. Seeing patients** - Emergency referrals and elective admissions
- 2. Ward duties including Multidisciplinary Team meeting**
- 3. Clinics including specialist clinics** e.g. LD, Drug and Alcohol, Old Age, Psychiatry
- 4. Case Based Discussion**
- 5. Formal Teaching Sessions**

GP Specialty Training Programme



Psychiatry

Educational Plan from to

Trainee: email:

Clinical Supervisor: email:

Educational Supervisor: email:

Learning Needs Identified:

How will these be addressed?

Assessment Planner

Assessment	Focus of assessment	When?
CbD 1		
CbD 2		
CbD 3		
Mini-CEX 1		
Mini-CEX 2		
Mini-CEX3		
Additional		

Signed & agreed

Trainee:		Date:
Clinical Supervisor:		Date: