

# GP Specialty Training Programme

## ONCOLOGY & PALLIATIVE CARE

### 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	12
Supplementary sections that may be covered	

### 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.

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## Learning Objectives & Assessment in ONCOLOGY & PALLIATIVE CARE

What the GPStR can learn	Assessment Modality		
	CbD	Mini-CEX	DOPS
<b><u>Appreciation of Important Issues Identified:</u></b>			
1. Awareness of spiritual elements of care and pastoral care	✓		
2. Ethics - Autonomy and Confidentiality, Collusion/Avoidance and Disclosure	✓		
3. Grief and Bereavement Issues	✓		
4. Housekeeping – Looking after yourself	✓		
5. Legal issues – Advanced directives, Certification – Death Certificate, Cremation	✓		
6. OOH Issues – Continuity, Documentation	✓	✓	
7. Importance of Adaptability to Different Situations eg Expected Deaths – planning, Dealing with late diagnoses	✓		
8. End of Life Issues – withdrawal of treatment	✓		
9. Practical Issues -Welfare/Benefits/SW	✓		
10. Includes Non-Cancer Terminal Illness eg MND, MS	✓		
<b><u>Appreciation of Roles of Others:</u></b>			
1. Hospice	✓		
2. 'Multi-disciplinary Team'	✓		
3. Hospital Staff including Consultants, Specialist Nurses and Radiotherapists	✓		
4. MacMillan Nurses	✓		
5. Social Work department	✓		
6. District Nursing Staff	✓		
7. Family and Friends	✓		
<b><u>Specific Skills:</u></b>			
1. Communication skills – Breaking bad news, Speaking with relatives, Across primary-secondary care interface including with hospice colleagues		✓	
2. Communicating risk eg in drug trials		✓	
What the GPStR can learn	CbD	Mini-CEX	DOPS

<b><u>Specific Knowledge:</u></b>			
<b>REGARDING TREATMENT</b>			
1. Chemotherapy and Radiotherapy – Understand what involved, Management of	✓		
2. Common side effects	✓		
3. Symptom control measures e.g. Nausea/Pain/Constipation/Agitation/Secretions	✓		
4. Non-Pharmacological	✓		
5. When need to admit e.g. hypercalcaemia, haemorrhage, pathological fracture	✓		
<b>BEST PRACTICE</b>			
1. Gold Standard Framework, Liverpool Care Pathway	✓		
2. Cancer DES	✓		
<b>PRACTICAL PROCEDURES</b>			
1. Setting up a syringe driver			✓
2. Dressing wounds & wound care			✓
3. Palliative procedures, aspiration of effusion, drainage of abscesses, pleural tap, drainage of ascites etc.			✓

## How the GPStR can learn

### **LEARNING OPPORTUNITIES IN HOSPITAL SETTING**

1. **Specialist Clinics** – Oncology Outpatients, Pain management
2. **Ward-Based Activities** – Involvement with Patient management including discharge planning
3. **Attend MDT Meetings** – Reflection including SEAs, Case Based Discussion, Debriefing as a Team
4. **Hospice visit**
5. **Case Based Discussion or Case Presentations** eg could present at HDR (Half Day Release) to share learning

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## Educational Plan

from ..... to .....

GPStR:.....

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-CEX 3		
Additional		

### Signed & agreed:

<b>GPStR:</b>		<b>Date:</b>
<b>Clinical Supervisor:</b>		<b>Date:</b>