

# GP Specialty Training Programme

# SURGERY & ORTHOPAEDICS

## 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	10.2, 15.2, 15.9
Supplementary sections that may be covered	11

## 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 SURGERY & ORTHOPAEDICS

What the GPStR can learn	Assessment Modality		
	CbD	Mini-CEX	DOPS
<b>Specific Knowledge:</b> <b>UROLOGY</b>			
1. Prostate disorders – including BPH, Use of IPSS (International Prostate Scoring System) and PSA counselling	✓	✓	
2. Testicular Lumps	✓	✓	
3. Vasectomy counselling	✓	✓	
4. Psychosexual Counselling - Simple strategies, What available	✓	✓	
5. Infertility including interpretation of semen analysis	✓	✓	
<b>GENERAL SURGERY</b>			
1. Surgical Emergencies – Acute Abdominal Pain, Vascular Emergencies	✓	✓	
2. General Outpatient Referrals – cases that GPs commonly refer and their management. ‘Lumps and Bumps’ including herniae, Upper and Lower GI symptoms (see Medicine – GI section)	✓	✓	
3. Breast lumps and mastalgia	✓	✓	✓
4. Post Operative Care	✓		
<b>GUM</b> See Obstetrics and Gynaecology Post Handbook			
<b>ORTHOPAEDICS</b>			
1. Osteoarthritis – when to refer for physiotherapy and when should consider referral for joint replacement	✓		
2. Back Pain - Awareness of red flags and what is available locally in back pain services	✓	✓	
3. Fracture management – An understanding of natural process of healing	✓		
4. Osteoporosis	✓		
5. Appropriate use of investigations including MRI, DEXA, Bone Scan -> Who to X Ray and Why, WHO NOT TO X RAY	✓		

	CbD	Mini-CEX	DOPS
<p><b><u>Specific Skills/Procedures:</u></b>  <b>Able to perform SURGERY</b></p> <p>5. Minor ops – to be able to perform:</p> <ul style="list-style-type: none"> <li>– Cryotherapy</li> <li>– Curettage/shave excision</li> <li>– Cauterisation</li> <li>– Incision and drainage of abscess</li> <li>– Aspiration of effusion</li> <li>– Excision of skin lesions</li> <li>– Suturing of skin wound</li> </ul>			<p style="text-align: center;">✓</p> <p style="text-align: center;">✓</p> <p style="text-align: center;">✓</p> <p style="text-align: center;">✓</p> <p style="text-align: center;">✓</p> <p style="text-align: center;">✓</p> <p style="text-align: center;">✓</p>
<p><b>ORTHOPAEDICS</b></p> <p>1. Correct examination technique including discriminating tests eg hip, knee, back, shoulders</p> <p>6. Joint injection – large joints as documented – knee, shoulder, golfer and tennis elbow</p> <p>1. DEXA scan interpretation. Should also be able to explain procedure.</p>		<p style="text-align: center;">✓</p> <p style="text-align: center;">✓</p>	<p style="text-align: center;">✓</p>
<p><b><u>Appreciation of the roles of others:</u></b></p> <p>1. <b>Specialist physiotherapy and Occupational therapy</b></p> <p>2. <b>Pain Management services</b> – to become familiar with pain management principles and different strategies employed</p>	<p style="text-align: center;">✓</p> <p style="text-align: center;">✓</p>		

## How the GPStR can learn

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

1. **General Outpatient Clinics** – Seeing types of patients commonly referred by GPs
2. **Specialised Clinics** eg Breast, Infertility, Testicular USS clinic, Knee, Back
3. **Fracture clinic** – To help develop understanding natural process of healing
4. **Seeing Emergency Referrals/Attendances**
5. **Case Based Discussion** e.g. Follow a patient with fractured neck of femur from admission to discharge
6. **Review referrals** – Could look at some of own referral from 1<sup>st</sup> six months as GP Trainee. Allows to gain better understanding of referral options – Who to refer to and when to refer e.g. Osteoarthritis – when to refer for physiotherapy and when should consider referral for joint replacement
7. **Involvement in Multi-disciplinary meetings and discharge planning**
8. **Tutorials and One-to-one teaching** – Correct examination technique including what are the discriminating tests
9. **Theatre experience** – It is anticipated that theatre experience would be minimal, enabling the trainee to understand and explain what involved in common operations only.
10. **Spend time or teaching session with AHPs**

# GP Specialty Training Programme

SURGERY &  
ORTHOPAEDICS

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>