



JOB DESCRIPTION FOR GP SPECIALTY TRAINEES

EMERGENCY DEPARTMENT

EAST LANCASHIRE ACUTE NHS TRUST

Job Title:	GP ST1/2
Speciality:	Emergency Medicine
Duration of Post:	4 months and 6 months as part of the GP Specialty Training Programme
Base:	Blackburn Emergency Department, Blackburn Urgent Care Centre, Burnley Urgent Care Centre on a rolling rota.
Responsible to:	Consultants in A&E
Working Hours:	48 hours
On-call:	Full shift

Duties of the Post

GP Specialty Trainees are responsible to the Consultants and the Trust for:

- The initial management and primary care of patients presenting in the Department, however referred. It is expected that such work will be carried out to the highest clinical standards at all times and in accordance with accepted good medical practice and the various clinical policies of the Service.
- Arranging for the follow-up of patients they treat in the Department – including the follow-up of any investigations performed and the taking of appropriate action in accordance with the results of these.
- Transmission of relevant clinical information on patients to other medical, technical and nursing staff either within the Department, within or without the hospital or at any other hospital, regarding patients under care or those referred to other places for further treatment or follow-up.
- To interview relatives of patients, as required.
- Initial management of fractures including reduction and immobilization.
- To work in a team-based approach with the nursing staff and other clinical staff including radiographers and physiotherapists in matters relating to the treatment of patients

- Instruction of FY1s and from time to time medical students, undergoing training within the Department.
- Coding diagnostics and treatment of patients on the information system
- To attend the designated teaching sessions of the department.

In addition to the above, GP STs will be expected to provide reasonable continuity of care - particularly to seriously ill patients.

Clinical Governance

Undertake induction and mandatory training, including completion of the Educational Agreement.

In accordance with the Educational Contract, take part in audit.

Teaching

Where Manchester undergraduates are attached to the unit, the post holder is encouraged to teach them informally, and give them opportunities to clerk patients and present their histories.

Educational content:

The post holder will have a named clinical supervisor who is accountable for the overall educational experience of the job.

The post holder will undertake a 1 week placement with their Educational Supervisor during their placement A&E as well as time for an initial meeting and for the completion of Educational Supervisors reviews.

The post holder will participate in a continuing programme of education in Emergency Medicine within the hospital department. This will be encouraged by various educational methods including self directed learning, tutorials, random case analysis, project work, audit, case studies, computer based learning and clinical practice.

The post holder will be entitled to 30 days study leave per year in accordance with national and local guidelines.

The post holder should record progress in their e-portfolio through regular learning log entries (the Deanery suggests a minimum of 3 entries per week).

The Appraisal and Educational Assessment:

Trainees should be appraised by their clinical supervisor at the beginning of their job, at 8 weeks and at the end of the job to provide educational feedback and suggest ways forward. Details of meetings should be recorded by the clinical supervisor in the educator notes on the trainee's eportfolio. Educational appraisal and assessment should be based on the GP core curriculum.

At the end of the post the clinical supervisor will complete the supervisors report in the trainee's e-

portfolio. **All available evidence relating to the post, should be reviewed before completing the report** – this includes the mandatory tools, relevant ePortfolio log entries, and feedback on performance from staff and colleagues.

The trainee should give feedback to the Training Programme Director on the training post.

Learning Objectives for GPST Emergency Medicine Post

The following learning outcomes or objectives relate specifically to the management of acutely ill people. These learning outcomes are in addition to those detailed in the core statement, ***Being a General Practitioner***, RCGP Curriculum 2010, Statement 1 Being a GP, revised 30 May 2012.

<http://www.rcgp-curriculum.org.uk/pdf/RCGP-Curriculum-1-Being-a-GP.pdf>

The core statement and this statement, RCGP Curriculum 2010, Statement 3.03 Care of Acutely Ill People, revised 30 May 2012; <http://www.rcgp-curriculum.org.uk/pdf/RCGP-Curriculum-3.03-Acutely-Ill-People.pdf> should be used in conjunction with the other curriculum statements. In order to demonstrate the core competences in the care of acutely ill people you will require knowledge, skills and attitudes in the following areas:

The RCGP areas of competence

Area of competence	Where this may be achieved during the post
<p>1 Primary care management This area of competence is about how you manage your contact with patients, dealing competently with any and all problems that are presented to you. (This area of competence is not limited to dealing with the management of the practice.) This means that as a GP you should:</p>	
<p>1.1 Know the symptoms, signs and presentation of common severe illnesses 1.2 Know the symptoms and signs of severe illnesses that may be also be produced by other less severe illnesses and ensure that effective processes are in place to avoid missing those severe illnesses when not obvious at initial presentation, e.g. viral symptoms in a child should not exclude your recognising possible meningococcal infection 1.3 Know how age, gender, ethnicity and the presence of other conditions may alter the presentation of symptoms and signs of severe illness (this is particularly important for presentations in very young and very old patients) 1.4 Manage patients in the out-of-hours context without access to their normal medical records or previous knowledge of them 1.5 Recognise those illnesses where immediate action is needed to reduce death and/or significant morbidity 1.6 Know when it is safe and appropriate to manage a patient in the community and when the patient needs to be referred to hospital for assessment or admission 1.7 Recognise the signs of death and how to assess for these</p>	<p>All clinical areas</p>

- 1.8 Know what you are required to do legally and appropriately following your diagnosis of sudden death of a patient, both expected and unexpected
- 1.9 Be able to make complex ethical decisions and show sensitivity to a patient's wishes in the planning of care
- 1.10 Provide clear leadership, demonstrating an understanding of the team approach to care of the acutely ill and the roles of the practice staff in managing patients and relatives
- 1.11 Co-ordinate care with other professionals in primary care and with other specialists
- 1.12 Take responsibility for a decision to admit an acutely ill person and not be unduly influenced by others, such as secondary care doctors who have not assessed the patient
- 1.13 Be aware of the need to maintain safety for individuals at all times (see also statement 2.02 *Patient Safety and Quality of Care*)
- 1.14 Be aware of the organisational need to ensure processes and procedures are in place to ensure patient safety (i.e. clinical governance, quality control and management processes)
- 1.15 Understand the ways in which patients can access urgent care in general practice during the day (in hours)
- 1.16 Understand the roles of different members of the primary care team in managing patients who present, or request help, urgently during the day
- 1.17 Understand the roles of different organisations and professionals who provide unscheduled care for patients both in and out of hours
- 1.18 Understand how the management of patients with chronic conditions in general practice influences the presentation of these patients to urgent and unscheduled care and their admission to secondary care services
- 1.19 Know how to diagnose and manage cardiovascular emergencies including interpreting an ECG and performing CPR
- 1.20 Know how to manage acute respiratory problems, such as asthma
- 1.21 Know how to manage acute arterial bleeding
- 1.22 Know the arrangements for providing unscheduled and emergency care, both in and out of hours in the locality in which you are working
- 1.23 Know the administrative and operating processes for any out-of-hours organisation in which you will be working, and ensure you have this knowledge (e.g. by appropriate induction) before working there. This includes understanding:
- 1.23.1 The appropriate information technology (IT)

<p>1.23.2 The process for recording and transmitting information about patients and the outcomes of any contact with them</p> <p>1.23.3 The communication systems within and without any out- of-hours organisation</p> <p>1.23.4 The process for organising and booking any working sessions or shifts you will be having with the out-of-hours organisation</p> <p>1.24 Know the requirements for effective continuity of care in the out-of-hours (OOH) setting and understand your responsibility to provide appropriate documentation and records of any patient contact, which must be handed over to the next professional who will be involved with that patient</p> <p>1.25 Understand the information that OOH providers use to audit and map the service that they provide (e.g. the RCGP Out-of-Hours Toolkit)</p> <p>1.26 Know the process by which you can give effective feedback to the out-of-hours organisation in which you have worked and trained, and ensure that you give this</p> <p>1.27 Understand the importance of analysing significant and untoward events relating to acutely ill patients that you, the OOH provider or the training practice may be involved in, both in and out-of-hours, and ensure that you are actively involved for the benefit of both the team and the organisation, and for your own, personal development</p>	
<p>2 Person-centred care</p> <p>This area of competence is about understanding and relating to the context of your patients as individuals, and developing the ability to work in partnership with them. This means that as a GP you should:</p>	
<p>2.1 Understand the ways in which the acute illness itself and the emotions caused by it can affect the communication between the doctor and the patient</p> <p>2.2 Understand how to acknowledge and maintain patients’ autonomy when they are acutely ill and in situations where the doctor and others may need to make significant decisions on behalf of the patient</p> <p>2.3 Understand how continuity of care for an individual patient undergoing an episode of acute illness can be maintained in all contexts</p> <p>2.4 Understand how the needs of others close to the patient (e.g. family members, carers) can be addressed appropriately</p> <p>2.5 Understand the ethical and professional guidance relating to managing conflicts of interest between patients who are acutely ill and relatives, carers and other healthcare professionals</p> <p>2.6 Understand the ways in which different individuals place emphasis on different symptoms and the significance of their acute illness</p>	<p style="text-align: center;">All clinical areas</p>

<p>2.7 Understand the ways in which patients from different cultures and social backgrounds may interpret and report symptoms of acute illness</p>	
<p>3 Specific problem-solving skills This area of competence is about the context-specific aspects of general practice, dealing with early and undifferentiated illness and the skills you need to tolerate uncertainty, and marginalise danger, without medicalising normality. This means that as a GP you should:</p>	
<p>3.1 Know the main and common differential diagnoses for each presenting symptom of a patient who is acutely ill 3.2 Determine whether urgent action is necessary for patients who are acutely ill to ensure correct and timely treatment and to ensure that patients with similar symptoms for whom urgent treatment is not needed are protected from the potential harm of unnecessary investigations and/or therapeutic interventions 3.3 Communicate sensitively and professionally with seriously, acutely ill patients who may not wish to follow appropriate medical advice 3.4 Communicate effectively with patients, relatives and carers over the telephone in order to accurately assess a patient who is acutely ill 3.5 Use different modes of communication – such as closed and specific questions eliciting a yes/no response – as appropriate to the out-of-hours context and where the patient’s situation requires urgent action 3.6 Understand: 3.6.1 when just giving advice to a patient or their relative/carer is sufficient and appropriate in order to manage the patient and the situation 3.6.2 when further assessment is necessary and when and where that should be carried out 3.6.3 when other healthcare professionals should be involved (e.g. ambulance service, paramedics, community nurses) 3.7 Use timely review of acutely ill patients in order to monitor their condition and determine changes to your initial management plans 3.8 Inform patients and offer appropriate explanations for any new symptoms, signs or changes in an existing condition that patients/carers should report back to you so that no serious conditions are missed (‘safety-netting’) 3.9 Determine whether the older adult patient with an acute presentation needs predominantly social care or medical care, or a combination of both</p>	<p style="text-align: center;">All clinical areas</p>
<p>4 A comprehensive approach This area of competence is about how you as a general practitioner must be able to manage co-morbidity, co-ordinating care of acute illness, chronic illness,</p>	

health promotion and disease prevention in the general practice setting. This means that as a GP you should:	
<p>4.1 Understand where the presentation of an acute illness is related to an underlying chronic illness and recognise that an acute illness may be an acute exacerbation of a chronic disease</p> <p>4.2 Know how the presence of underlying disease or long-term conditions and risk factors (e.g. hypertension, smoking) influences the incidence and presentation of acute illnesses</p> <p>4.3 Know how social and lifestyle factors influence the incidence and presentation of acute illnesses, e.g. delayed presentation – and mental stress – in cultures where it is considered ‘inappropriate’ to have certain illnesses; or acute illness from omitting medication during religious fasting</p> <p>4.4 Identify co-morbid diseases</p> <p>4.5 Describe the modifying effect of chronic or co-morbid disease and its treatment on the presentation of acute illness</p> <p>4.6 Recognise those patients who are likely to need acute care and offer them advice on prevention, effective self-management and when and who to call for help, e. g. the patient who lives alone or has a mental health problem</p>	All clinical areas
<p>5 Community orientation</p> <p>This area of competence is about the physical environment of your practice population, and the need to understand the interrelationship between health and social care, and the tensions that may exist between individual wants and needs and the needs of the wider community. This means that as a GP you should:</p>	
<p>5.1 Know the factors that may determine patient responses to the acute presentation of illness within the community/communities that you will be responsible for, both in and out of hours (e.g. rural/urban, ethnic variation, presence of immigrant communities, mobile population, social demographics)</p> <p>5.2 Know the type of healthcare resources available, both in the community and in secondary care, in order to organise effective care in the most appropriate location for patients who present with urgent healthcare needs</p> <p>5.3 Know which other resources for help and care within the community are accessible to patients, and their relatives or carers, in order to manage the presentation of an urgent situation</p> <p>5.4 Know how to communicate effectively with patients, relatives and carers, who may make inappropriate and frequent demands on the health service, and what strategies to use to allow them to manage their problems more effectively</p>	All clinical areas
<p>6 A holistic approach</p> <p>This area of competence is about your ability to understand and respect the values, culture, family structure and beliefs of your patients, and understand</p>	

the ways in which these will affect the experience and management of illness and health. This means that as a GP you should:

- 6.1 Know how presentations of acute illness are described and recorded by different patients and what this may mean for their understanding of what this means to them, and how it will affect their life in the future
- 6.2 Know how the emotional impact of an acute illness on a patient may not equal the severity of the medical problem (i.e. some individuals may be very upset over minor illnesses and some may have little apparent emotional response to a significant and severe illness)
- 6.3 Be aware of the different beliefs that different patients may have with regard to the cause and meaning of acute illnesses and how this may affect their ability to manage the immediate and longer term consequences of that illness
- 6.4 Demonstrate an awareness of the important technical and pastoral support that a GP needs to provide to patients and carers at times of crisis or bereavement including certification of illness or death
- 6.5 Demonstrate an awareness of cultural and other factors that might affect patient management
- 6.6 Be aware of how different communities respond to and manage episodes of acute illness
- 6.7 Be aware of the varying beliefs that patients have about the need to ask for medical help with regard to similar symptoms

All clinical areas