This statement is part of the curriculum produced by the Royal College of General Practitioners (RCGP) which defines the learning outcomes for the discipline of general practice and describes the skills you require to practise medicine as a general practitioner in the National Health Service (NHS) of the United Kingdom. Although primarily aimed at the start of independent work as a general practitioner, it must also prepare the doctor beyond the training period and provide support for a professional life of development and change.
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KEY MESSAGES

- The management of epilepsy in primary care is a key competence for general practice
- All general practitioners (GPs) should be competent in the management of neurological emergencies
- Many neurological conditions can be managed in primary care. When making referrals, you need to be aware that there is a shortage of neurologists in the UK
- As a GP you play an essential role in the management of chronic neurological disability in the community
Mr Trevor Scott, a 32-year-old manager in a haulage company, presents with a history of a blackout at home, witnessed by his wife. The history given by his wife suggests a generalised tonic-clonic seizure. Trevor recalls that a year previously he had had a blackout while away on business which was un-witnessed but was associated with a period of amnesia and urinary incontinence. Trevor says he will lose his job if he can’t drive and maintains that the event was a stress-related faint.

To help you understand how the GP curriculum can be applied to this case, ask yourself the following questions:

<table>
<thead>
<tr>
<th>Primary care management</th>
<th>How will I manage this problem in general practice?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Person-centred care</td>
<td>What explanation of the problem will I give Mr Scott?</td>
</tr>
<tr>
<td>Specific problem-solving skills</td>
<td>What examination will I perform and what tests does he need?</td>
</tr>
<tr>
<td>A comprehensive approach</td>
<td>What precautions in his everyday life should I suggest?</td>
</tr>
<tr>
<td>Community orientation</td>
<td>What will I tell Mr Scott about driving?</td>
</tr>
<tr>
<td>A holistic approach</td>
<td>What will I suggest he tells his work and the DVLA about his medical condition?</td>
</tr>
<tr>
<td>Contextual features</td>
<td>What should I be saying to the DVLA? (see also Web Resources below and case illustrations in statements 3.16 Care of People with Eye Problems and 3.17 Care of People with Metabolic Problems)</td>
</tr>
<tr>
<td>Attitudinal features</td>
<td>If he continues to drive, what should I do?</td>
</tr>
<tr>
<td>Scientific features</td>
<td>What is the evidence about starting treatment for seizures?</td>
</tr>
</tbody>
</table>
LEARNING OUTCOMES

The following learning outcomes or objectives relate specifically to the management of neurological problems. These learning outcomes are in addition to those detailed in the core statement, *Being a General Practitioner*. The core statement and this statement should be used in conjunction with the other curriculum statements. In order to demonstrate the core competences in the area of neurological problems you will require knowledge, skills and attitudes in the following areas:

The RCGP areas of competence

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:

1.1 Be able to demonstrate how you manage primary contact with patients who have a neurological problem, including headache, dizziness, tremor, numbness and tingling, weakness, abnormal movements, blackouts and loss of consciousness, and coma

1.2 Know the epidemiology of common and/or important neurological conditions such as epilepsy, headache and facial pain syndromes, brain infections, neurological causes of vertigo, spinal cord disease, spinal root compression/irritation, peripheral neuropathies, multiple sclerosis, motor neurone disease, Parkinson’s disease and common and/or important movement disorders, brain tumours, and common and/or important inherited and congenital conditions

1.3 Co-ordinate care with other primary care health professionals to enable chronic disease management and rehabilitation

1.4 Know the indications for referral to a neurologist for chronic conditions that require ongoing specialist management and conditions that require early treatment to avoid permanent deficit
2 Person-centred care

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:

2.1 Communicate prognosis, including any uncertainties, truthfully and sensitively to patients with disabling neurological conditions such as Parkinson’s disease and multiple sclerosis

2.2 Demonstrate empathy and compassion towards patients with disabling neurological conditions

2.3 Understand the importance of continuity of care for patients with chronic neurological conditions

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:

3.1 Know the functional anatomy of the nervous system relevant to diagnosis

3.2 Perform and understand the limitations of a screening neurological examination

3.3 Demonstrate a structured, logical approach to the diagnosis of ‘difficult’ symptoms with multiple causes, e.g. headache, dizziness

3.4 Demonstrate an understanding of the relevance to management and effective use of special investigations such as EEG, CT, MRI and nerve conduction studies

3.5 Understand principles of treatment for common conditions that are managed largely in primary care including epilepsy, headaches, vertigo, neuropathic pain, mononeuropathies, essential tremor and Parkinson’s disease

3.6 Manage the acute presentation of meningitis and meningococcal septicaemia and people presenting with collapse, loss of consciousness or coma

3.7 Know the indications for referral of people with other neurological emergencies, e.g. spinal cord compression, cauda equina
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, health promotion and disease prevention in the general practice setting.

This means that as a GP you should:

4.1 Offer health education and accident prevention advice for people with epilepsy and other chronic neurological disorders
4.2 Offer vaccination for meningococcal disease where relevant
4.3 Advise on the avoidance of triggers and prophylaxis for migraine
4.4 Offer counselling about investigating people with a family history of genetic neurological disease
4.5 Counsel patients appropriately regarding epilepsy medication including drug interactions, side effects and contraceptive and pregnancy advice

5 Community orientation

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:

5.1 Know the current medical standards of fitness to drive for neurological conditions
5.2 Understand the sources of help and support that are available in the local community for people with neurological disabilities

6 A holistic approach

This area of competence is about your ability to understand and respect the values, culture, family structure and beliefs of your patients, and understand 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 Recognise that neurological conditions often affect patients during their working lives and consequently have a large impact on the family’s social and economic well-being
6.2 Recognise the stigma associated with neurological disease and disability, and how this may differ in different communities and cultures
The three essential features (EFs) below are concerned with the features of you as a doctor which may influence your ability to apply the core competences to real life in the work setting.

**EF1 Contextual features**

This essential feature is about understanding your own context as a doctor and how it may influence the quality of your care. Important factors are the environment in which you work, including your working conditions, community, culture, financial and regulatory frameworks.

Examples of this are:

- EF1.1 Being able to apply the national policy documents and patient information about many neurological disorders
- EF1.2 Being conversant with the Mental Capacity Act (and its equivalents in other UK countries) and its local application

**EF2 Attitudinal features**

This essential feature is about your professional capabilities, values, feelings and ethics and the impact these may have on your patient care.

Examples of this are:

- EF2.1 Ensuring that a patient’s neurological disability does not prejudice your attitude towards, or the information communicated to, the patient
- EF2.2 Being able to describe the ethical principles which you apply when treating an ‘incompetent’ patient (e.g. an unconscious patient) and when treating a patient who is unable to communicate (e.g. because of aphasia (partially or totally unable to communicate) or anarthria (total loss of speech))

**EF3 Scientific features**

This essential feature is about the need to adopt a critical and evidence-based approach to your work, maintaining this through lifelong learning and a commitment to quality improvement.

Examples of this are:

- EF3.1 Knowing the key national guidelines (e.g. NICE guidelines) that influence healthcare provision for neurological problems
- EF3.2 Understanding how to access up-to-date information on the management of neurological conditions
LEARNING STRATEGIES

Work-based learning – in primary care

In general practice, patients present with various neurological problems at varying stages of the natural history. As a GP specialty trainee, critical professional discourse with your trainer will aid you in developing ‘heuristics’, i.e. strategies for problem-solving in the cases you see. Supervised practice will also give you greater confidence.

Following up cases during your training period allows you to observe for yourself the natural history of neurological diseases and how they develop. Such clinical experience during training will be supported by your GP trainer and experienced members of the primary healthcare team such as the physiotherapist, occupational therapist and district nurse.

Some areas offer a specialist neurology outpatient service, based in primary care. This is a good opportunity for you to observe practice and be involved in the formal and informal conversations between GPs and specialists.

Many patients with chronic neurological conditions are resident in accommodation provided by voluntary organisations within the community. They usually have an appointed GP and it is important that you gain experience for caring for patients in this environment. This might require working with another practice if your training practice does not look after such a ‘home’.

Work-based learning – in secondary care

Some GP training programmes contain placements of varying length with neurologists and/or general physicians and physicians for elderly people that give exposure to patients with serious neurological problems in the acute setting. However, most specialist care is provided in outpatient or clinic settings. These are ideal places for you to see concentrated groups of patients with neurological problems. They provide opportunities to observe many of the common conditions, as well as treatments for conditions such as migraine, epilepsy, stroke and Parkinson’s disease. Many chronic neurological conditions are also present in patients who are in mental health facilities.

Vocational training programmes should give you the opportunity to attend neurology clinics when working in other hospital posts. You should also consider attending specialist neurology clinics during your general practice-based placements.
Non-work-based learning

Many postgraduate deaneries provide courses on neurological problems. Other providers include universities and the Royal College of General Practitioners (see Web Resources below).

Learning with other healthcare professionals

Neurological problems by their nature are often exemplars of teamwork and the multidisciplinary approach across agencies, so take the opportunity to consider and discuss the different roles with the many professional and non-professional groups who work as a team within both primary and secondary care. Physiotherapists, occupational therapists and district nurses, in particular, have important expertise in the management of neurological disease and rehabilitation. You will also find that specific case conferences are often held to organise and focus efforts in the provision of care.
LEARNING RESOURCES

Examples of relevant texts and resources


Web resources

Driver and Vehicle Licensing Agency (DVLA)
DVLA guidelines for doctors regarding driving licences for patients with neurological disorders.
[www.dft.gov.uk/dvla//medical.aspx](http://www.dft.gov.uk/dvla//medical.aspx)

National clinical guidelines for stroke
The guidelines are published by the Clinical Effectiveness and Evaluation Unit of the Royal College of Physicians (RCP), in collaboration with the Intercollegiate Stroke Working Party. They are available from the RCP website.
[www.rcplondon.ac.uk/resources/stroke-guidelines](http://www.rcplondon.ac.uk/resources/stroke-guidelines)

National Institute for Health and Care Excellence (NICE)
For NICE clinical guidance (CG) on epilepsy, see CG137 – The epilepsies: the diagnosis and management of the epilepsies in adults and children in primary and secondary care.
[http://guidance.nice.org.uk/CG137](http://guidance.nice.org.uk/CG137)
Patient resources
You will find a wealth of useful information about neurological problems (and many other chronic conditions) in resources specifically prepared to inform patients and carers, in sites such as NHS Shared Decision Making (http://sdm.rightcare.nhs.uk), NHS Choices (www.nhs.uk) and Patient.co.uk (www.patient.co.uk).

You may also find helpful material in your local hospital departments or on the websites of neurological disease charities such as:
Epilepsy Society - www.epilepsysociety.org.uk
Multiple Sclerosis Trust - www.mstrust.org.uk
Motor Neurone Disease Association - www.mndassociation.org
Parkinson’s UK - www.parkinsons.org.uk

Royal College of General Practitioners
RCGP resources include an online course on multiple sclerosis
www.elearning.rcgp.org.uk/ms
The Rare Diseases programme of the RCGP includes resources on Motor Neurone Disease
www.rcgp.org.uk/clinical-and-research/clinical-resources/rare-diseases.aspx
ACKNOWLEDGEMENTS

This curriculum statement is based on the original statement 15.7 Neurological Problems in the 2007 version of the RCGP Curriculum. It has drawn on various national guidelines and policies, current research evidence and the expertise and clinical experience of practising general practitioners.

The authors and contributors of this version of the statement are:

Author: Dr Chris Allen
Contributor: Professor Arthur Hibble
Editors: Dr Frances Peck, Dr Charlotte Tulinius
Date of this version: May 2014

The 2007 version of the statement and subsequent updates can be found on the RCGP website. The Royal College of General Practitioners would like to express its thanks to all the individuals and organisations who have contributed so generously to past and present versions of this statement.