GP Specialty Training Programme

PSYCHIATRY

Relevant Sections of the RCGP Curriculum

- 2.02 Patient safety and quality of care
- 2.03 The GP in the wider professional environment
- 2.04 Enhancing professional knowledge
- 3.10 Care of people with mental health problems
- 3.14 Care of people who misuse drugs and alcohol

Learning Needs

To help identify learning needs in relation to the GP Curriculum the GPStR we recommend that you review the document below and highlight those areas where you feel less, this should be completed before the initial meeting of the GPStR with their Clinical Supervisor. 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 record this as a placement planning meeting in your ePortfolio.

Assessments and Reviews

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

- A placement planning 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
- Suggested CEPS Mental state examination
- 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.

GP Specialty Training Programme Learning Objectives & Assessment in Psychiatry

What the GPStR can learn (adapted from AKT content guide)

MENTAL HEALTH PROBLEMS

Symptoms and signs

- o Acute psychosis including hallucinations and delusions, thought disorders
- Addictive and dependent behaviour such as alcohol and drugs
- o Affective disorders including depression and mania, suicidal behaviour
- Anxiety and panic attacks
- o Delirium
- o Obsessive compulsive behaviour

Investigations

- Assessment tools for mental health problems such as depression and postnatal depression screening scales, dementia screening, suicide risk assessment and risk of self-harm
- Monitoring of treatments such as lithium, clozapine
- o Relevant physical investigations such as blood tests and relevant neurological investigations

Specific conditions

- Abuse including child, sexual, elder, domestic violence, emotional including non-accidental injury
- Acute mental health problems including acute psychoses, acute organic reactions, the suicidal patient, psychological crises and the application of the Mental Health Act as applicable to all the UK Home countries
- Anxiety including generalised anxiety and panic disorders, phobias, obsessive compulsive disorder, situational anxiety and adjustment reactions
- Behaviour problems such as attention deficit /hyperactivity disorder, enuresis, encopresis, school refusal
- Cultural and societal aspects of mental health including work, spiritual and religious beliefs and practices
- Deliberate self harm including overdoses. Suicidal thought disorders
- Eating disorders including morbid obesity, anorexia and bulimia nervosa, body dysmorphia
- Electroconvulsive therapy indications and side effects
- Mental health disorders associated with physical health disorders e.g. psychosis associated with steroid therapy, depression associated with Parkinson's disease, diabetes and other chronic diseases
- Mental health disorders due to illicit drug use
- Mood (affective) problems such as depression including features of a major depression such as psychotic and biological symptoms; bipolar disorder, assessment of suicidal risk; detection of masked depression
- Medically unexplained physical symptoms, including somatisation, conversion and dissociative disorders
- Organic reactions— (acute and chronic) such as delirium with underlying causes such as infection, adverse reactions to drugs
- Personality disorders including borderline, antisocial, narcissistic
- Post-traumatic stress disorder
- Pregnancy associated disorders such as antenatal and postnatal depression, puerperal psychosis
- Psychological problems including psycho-social problems and those associated with particular life stages such as childhood, adolescence and older people
- Relationship with substance misuse and dependence including alcohol and drugs of misuse and other habit disorders such as gambling

- Self help and psychological therapies such as cognitive behavioural therapy, eye movement desensitisation and reprogramming, counselling, psychotherapy, psychoanalysis, aversion, flooding and desensitisation therapies
- Severe behavioural disturbance including psychotic disorders such as schizophrenia, acute paranoia and acute mania
- Sleep disorders including insomnia, sleep walking

ALCOHOL AND SUBSTANCE MISUSE PROBLEMS

- Effective primary care treatments for alcohol and substance misuse disorders
- Evidence-based screening, brief interventions for alcohol misuse
- Knowledge of safeguarding procedures for children and vulnerable adults and how these must shape clinical decisions and behaviour
- Knowledge of the barriers to care for people who misuse alcohol or drugs
- Knowledge of the dangers of drink/drug driving and the Dr's responsibilities in relation to advising and reporting on this
- Knowledge of the different forms of harmful alcohol and drug use and how this may present (e.g. calculation of units, safe levels of alcohol intake, excessive use, binges, risk-taking behaviours or dependency)
- Legal aspects relating to alcohol and substance misuse and opiate substitution prescribing
- Principles of harm reduction and health promotion for people who misuse drugs and alcohol
- Role of wider primary healthcare team including pharmacists, specialist services, the voluntary and criminal justice sectors
- Screening for blood-borne viruses and indications for immunisation
- Signs and symptoms of drug/alcohol misuse, as well as the signs and symptoms of withdrawal
- The short- and long-term sequelae of alcohol and drug misuse, including physical, mental and social harms and the impact on children, families and work life