

# RCGP Curriculum

## Supercondensed Curriculum Guide

### NEUROLOGY

#### Role of the GP

- Recognise that neurological conditions are common causes of serious disability and have a major impact on health and social services
- Adopt approaches to assess, diagnose and manage common neurological conditions, including non-specific presentations such as headache, which can present diagnostic challenges and may have serious consequences if misdiagnosed.
- Diagnose and manage acute neurological emergencies
- Take a holistic approach to supporting patients with chronic neurological conditions and help to coordinate care in the community, with access to specialist clinical networks.

#### Knowledge and Skills Self-Assessment Guide

##### Symptoms and Signs



- Cognitive impairment such as memory loss, delirium, and dementia
- Collapse
- Disturbance of smell and taste
- Dizziness
- Features differentiating between upper and lower motor neuron function
- Memory problems
- Movement disturbances such as athetosis, chorea, tremor
- Neuralgic and neuropathic pain
- Nystagmus and symptoms/signs of cerebellar and vestibular dysfunction
- Seizures and convulsions
- Sensory and motor symptoms: weakness (e.g., foot drop), spasticity, paraesthesia
- Signs of raised intracranial pressure
- Speech and language deficits
- Tremor
- Visual problems such as diplopia, ptosis, pupillary abnormalities, and visual field defects.

#### Knowledge and Skills Self-Assessment Guide

##### Common and Important Conditions



- Acute confusional states or coma with underlying causes such as metabolic, infective, or drug-induced
- Autonomic neuropathies such as diabetic, drug induced, metabolic, multi-system atrophy
- Causes of and risk factors for recurrent falls
- Cerebellar disorders including tumours
- Demyelination such as multiple sclerosis
- Complex regional pain syndrome
- Cranial nerve disease e.g., Bell's palsy, trigeminal neuralgia, bulbar palsy
- Dementia e.g., Alzheimer's, vascular, Lewy body, Pick's disease, normal pressure hydrocephalus, other causes of memory loss and confusion.

# NEUROLOGY

## Knowledge and Skills Self-Assessment Guide

### Common and Important Conditions (continued)



- Epilepsy including generalised and focal seizures, febrile convulsions, and other causes of seizures (such as hypoglycaemia, alcohol, and drugs) especially in the presence of Learning Disability.
- Falls, their causes and risk factors
- Head injuries with or without loss of consciousness, concussion and more serious cranial or intracranial injuries, and relevant long-term care with brain injuries including secondary epilepsy and behavioural problems
- Headaches including tension, migraine, cluster, raised intracranial pressure including idiopathic intracranial hypertension
- Infections such as meningitis, encephalitis, arachnoiditis
- Intracranial haemorrhage including subarachnoid, subdural, and extradural, and thrombosis such as sinus thrombosis (including due to covid or covid vaccination), congenital aneurysms
- Motor neurone disease including progressive bulbar palsy and muscular atrophy
- Movement disorders including Restless legs syndrome, tremor and gait problems including athetosis, chorea, tardive dyskinesia, dystonia, tics. Underlying causes such as Sydenham's chorea, Huntington's disease, drug-induced, parkinsonism
- Multiple sclerosis and other demyelinating disorders such as transverse myelitis
- Muscle disorders such as muscular dystrophy, myasthenia gravis and associated syndromes
- Parkinson's disease and parkinsonism secondary to other causes such as drugs
- Sensory and/or motor disturbances (peripheral nerve problems) including mono- and poly- neuropathies such as nerve compression and palsies, Guillain-Barré syndrome, loss of smell due to covid
- Speech disorders including stroke, cerebellar disease, cerebral palsy, motor neurone disease
- Spinal cord disorders such as root and cord compression, cauda equina syndrome, spinal stenosis, syringomyelia. Metastatic cord compression in at-risk patients
- Spinal injuries causing paralysis and relevant care of tetra- and paraplegic patients including bowel and bladder care, potential complications such as pressure sores, autonomic dysfunction, aids to daily living and mobility
- Stroke including transient ischaemic attacks, with underlying causes such as cardiac arrhythmias, arterial disease, thrombophilia
- Tumours of the brain and peripheral nervous system such as meningiomas, glioblastomas, astrocytomas, neurofibromatosis, secondary metastases.

## Knowledge and Skills Self-Assessment Guide

### Examinations and Procedures



- Assessment of capacity
- Counselling and investigating people with a family history of genetic neurological disease
- Fundoscopy
- Targeted central and peripheral nervous system examination including testing of peripheral nerve and root symptoms and signs (e.g., dermatomes, reflexes, sensory and motor testing) and tests of cranial nerve function
- Tests of cognition and interpretation in relation to memory loss, dementia, delirium, and associated diseases
- Visual assessment (e.g., visual fields).

# INFECTIOUS DISEASES AND TRAVEL HEALTH

## Knowledge and Skills Self-Assessment Guide

### Investigations



- Blood tests (e.g., B12, confusion screen)
- CT/ MRI scan.

## How this might be tested in MRCGP

### AKT



- Red flag neurological symptoms
- Interpretation of neurological symptoms and signs
- Long-term condition management (e.g., Parkinson's disease, epilepsy).

### SCA

- Patient brings a letter from a hospital A&E documenting a witnessed epileptic fit while he was on holiday
- Man with recurrent headaches which are now daily and not responding to simple analgesia
- Women developed a weak and clumsy hand last night, dropping her book, but has no symptoms this morning.



### WPBA



- Case Discussion on organising a social care package for an elderly woman with rapidly deteriorating mobility and frequent falls
- Clinical Examination and Procedural Skills (CEPS) on a focused neurological examination for a man who is concerned that he has a brain tumour although the symptoms are more likely to be migrainous
- Log entry about a man who is diagnosed with motor neurone disease after presenting with dysphagia.

# LEARNING OPPORTUNITIES (Examples)

## Core Content

- **Communication and Consultation**
  - Holistic approach, where appropriate involving relatives and carers
  - Impact of dysarthria and/ or dysphasia on communication
  - Breaking bad news (e.g., motor neurone disease)
  - Sensitive discussion of end-of-life care preferences
- **Prescribing**
  - Avoiding problematic polypharmacy
  - Anticholinergic burden in dementia
  - Advice about epilepsy medication, including interactions, side-effects, contraceptive and pregnancy advice
- **Co-morbidity**
  - Multimorbidity
  - Comorbid anxiety and depression
- **Teamworking**
  - Multidisciplinary team work across health and social care, advocating for patients
- **Prevention**
  - Dementia prevention
- **Medico-legal/ Ethics**
  - Capacity and consent
  - Fitness to drive
  - Lasting power of attorney
  - Advance directives, discussing and recording preferences for end-of-life care and DNACPR
- **Safeguarding**
  - Abuse
  - Vulnerable groups

## Primary Care



- Daily practice and out-of-hours care, assessing common neurological presentations (e.g., tremor, memory concerns)
- Social prescriber (e.g., for advice on disability benefits).

## Acute Care



- Acute confusion
- Stroke
- Falls- assessing for related injuries and the underlying cause
- Seizure
- New presentation of chronic disease (e.g., ataxia in Parkinson's Disease)
- Acute breakdown in care support.

## Community

- Physiotherapy/ occupational therapy supporting community rehabilitation
- Dietician
- Speech and language therapy
- Third sector services (e.g., dementia charities).

## Other Specialties

- Neurology/ neurosurgery
- Neuro-rehabilitation
- Memory clinic/ old age psychiatry
- Neuropsychiatry
- Orthotics/ prosthetics and wheelchairs
- Pain clinic
- Falls clinic
- Stroke consultant.

