

Orthopaedics post

GP Curriculum statements – 3.20

Care of People with Musculoskeletal Problems

Learning Outcomes that could be delivered in Secondary care

1. Manage common and important Musculoskeletal conditions in adults and children including emergency care.
2. Define the mechanism of injury when considering diagnosis.
3. Demonstrate the complete examination of the neck, back, shoulder, elbow wrist, hand, hip, knee & ankle.
4. Define the indications for plain radiography, ultrasound, CT & MRI scans including the use of tools such as the 'Ottawa Rules'.
5. Describe the indications for, and demonstrate the skills for joint injections and aspirations appropriate for general practice e.g. shoulder & knee joints & injections for tennis & golfer's elbow.
6. Describe the principals of treatment for common musculoskeletal conditions including the use & monitoring of NSAIDs & disease-modifying drugs.
7. Describe the systems of care for rheumatological conditions including the roles of primary & secondary care, shared care arrangements, multidisciplinary teams & patient involvement.
8. Describe the physical, psychological & social impact of Musculoskeletal conditions on individuals & their carers. Include the role of occupation in causation & the likely effect on prognosis.
9. Describe the roles of allied health care practitioners in the care of patients with musculoskeletal problems.
10. Make timely referrals to the most appropriate healthcare practitioner e.g. GPwSI, physiotherapist, podiatrist, orthopaedic surgeon and rheumatologist.

<http://www.rcgp.org.uk/gp-training-and-exams/~media/Files/GP-training-and-exams/Curriculum-2012/RCGP-Curriculum-3-20-Musculoskeletal-Problems.ashx>

Top Tips

- Take the GP curriculum statement with you to your initial supervisor (who is a Rheumatologist) meeting to enable your clinical supervisor to be aware of your learning needs and find ways to help you achieve those
- Opportunity for experience with care for the elderly - you will be doing regular medical ward rounds for your patients
- Dr Bashford (Ortho-geriatrician) has started and you will spend time working with her.
- Consultants keen to teach – Mr Chowdry, Mr Dwyer, Mr Lwin, Mr Patel
- Attend hand clinic, back pain clinic, wound clinic, fracture clinic and rheumatology clinic – very useful for things seen regularly in GP practice
- Attend Physiotherpat Clinics (see Extended Scope Practitioners)
- Try to spend time on a ward round with the physios – they are good source of knowledge and can give you insight into the concept of rehab potential
- There is now an orthopaedic handbook for Hincingbrooke – ask for it or find it on the p drive
- You will also see the medical handbook written by Dr Borland on the P drive
- Get your study leave and annual leave booked early
- Hospital at night H@N – clerking and ward cover for trauma and orthopaedics and obs and gynae, labour ward cover, no longer any general surgical ward cover. Hand over at 20.30 in the mess
- You can have a Clinic Week in place of the sporadic teaching – you can go to Ortho and Rheumatology clinics
- The trauma practitioner is really helpful and if you have any questions, ask her!
- Night handover to Obs and Gynae is important – make sure it is thorough and accurate.
- From October 2015 there should be a full rota of middle grades to cover at night, which should give more support
- Organise presentations for the morning/trauma meeting to encourage GP relevant teaching
- The plan is for the Orthopaedics Trainee to be released for Clinic Week by the MSK Trainee