



MRCGP [INT] South Asia

MRCGP [INT] South Asia Curriculum

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INTRODUCTION AND BACKGROUND 1,2,3,4

South Asia hosts one quarter of the global population. Yet about half the population lives below the poverty line and has limited access to health care. South Asian countries are faced with a quadruple burden of diseases including communicable and non-communicable diseases with increasing incidence of mental health problems and accidents / injuries.

The General Practitioners (Family Physicians) of South Asia are the front line of coping with the care of this quadruple burden of disease in the community. Several countries in the region have well-established postgraduate qualifications in general practice/family medicine, leading on from a period of vocational training – Nepal had the MD (GP) qualification; Pakistan the FCPS (FM) qualification; and Sri Lanka has DFM, MD Family Medicine and the MCGP qualification – but the annual numbers of candidates graduating in each country are very small. For general practitioners in most other countries there is no opportunity for formal vocational training leading to higher qualification in their chosen specialty of family medicine/general practice resulting in many general practitioners going directly into practice after completion of their undergraduate training without any further training at all in the necessary skills required for Primary Care. This inevitably results in substandard care for the community.

The need for raising the standard of General Practice has been strongly felt by the leading Family Medicine leaders of South Asia (Bangladesh, India, Pakistan, Nepal and Sri Lanka, and Afghanistan) resulting in collaboration with the Royal College of General Practitioners UK who have the vision of supporting the development and accreditation of international exams for general practitioners contextual to the countries in which they are held while having the same rigorous standards for general practice as that required by the MRCGP UK which is a licensing assessment taken on completion of three years vocational training. This resulted in establishment of MRCGP [INT] South Asia accreditation exam in 2003. However this accreditation was not supported by a curriculum encompassing training needs (only a syllabus). This resulted in a high failure rate (**57.82%**) of candidates sitting the exam and an urgently emerging need for a curriculum

both by the examiners and candidates to help them be well prepared as general practitioners.

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1. Zaidi AKM, Awasthi S, DeSilva HJ. Burden of infectious diseases in South Asia. *BMJ* 2004;328:811-15
 2. Gupta I, Guin P. Communicable diseases in the South East Asia region of the World Health Organization: towards a more effective response. *Bull world Health Organ* 2010;88:199-205
 3. Lopez AD, Mathers CD, Ezzati M, Jamison DT, Murray CJL. Global burden of disease and risk factors. Published April 2006 ISBN 0-8213-6262-3: 241-----
 4. Trivedi JK, Sareen H, Dhyani M. Rapid urbanization-its impact on mental health: a south Asian perspective. *Indian J Psychiatry* 2008;50(3):161-65

GOAL

The MRCGP [INT] South Asia curriculum goal is to produce trained family physicians who demonstrate the appropriate competencies in knowledge, skills and professional attributes to provide quality primary health care to the population they serve.

OBJECTIVES

The objectives are divided in the domains of Knowledge, Psychomotor skills and professionalism.

Knowledge:

1. Detect and treat common ambulatory, communicable, non-communicable, diseases including mental health across all age groups in their region of practice using evidence based medicine.
2. Understand the importance of providing continuity of care and treatment feasible in the existing socio-economic and cultural context
3. Attain appropriate knowledge regarding patient education health promotion and disease prevention
4. Demonstrate appropriate knowledge regarding safe and cost effective prescribing
5. Demonstrate knowledge regarding appropriate and cost effective investigations in primary care
6. Demonstrate knowledge of evidence based medicine in patient care.
7. Demonstrate knowledge regarding appropriate patient referral.
8. Awareness of ethical principles and features of good doctor. (Reference GMC Document “Standard for Curricula and Assessment Systems”)

Skills:

The candidate should demonstrate appropriate:

1. History taking and clinical examination skills across all age groups Use of common instruments in primary care.
2. Patient centered consultation, problem solving skills and shared care
3. Counseling skills in context to commonly encountered ambulatory problems

4. Prioritization of various health issues in patients.
5. Communication skills with patient families and other health care professionals.
6. Principles of preventive health and screening across all age groups.

Professional attributes

The candidate should demonstrate:

1. Respect and empathy towards patient families and colleagues
2. Application of ethical principles for finding solutions to common dilemmas seen in primary care.
3. Appropriate verbal and non-verbal professional skills.
4. Respect for patient confidentiality and privacy in all aspects of clinical care.
5. Honesty and integrity in all aspects of patient care.

CURRICULAR CONTENT

Focus of the curriculum is on achieving the required knowledge, psychomotor skills and professional attributes for becoming a patient centered, safe and competent family doctor.

Medical Knowledge:

The following broad categories should be considered when acquiring knowledge for:

1. Common day to day problems
2. Potentially preventable conditions
3. Less common but life-threatening or disabling conditions

Neurological problems:

- Headaches including tension, vascular such as migraine and raised intracranial pressure, space occupying lesions and red flags of headache
- Vertigo including vertebro-basilar, labyrinthine or cerebellar problems
- Seizures
- Strokes and transient ischaemic attacks
- Speech disorders

- Degenerative disorders including multiple sclerosis, Parkinson's disease, motor neuron disease and encephalopathies
- Sensory and/or motor disturbances including neuropathies and neuralgias such as face pain
- Infections such as meningitis or encephalitis
- Conditions causing acute and chronic cognitive deficits.
- Common principles of rehabilitation for neurological diseases

Psychiatric disorders:

- Mood disorders,
- Anxiety disorders
- Somatisation disorder
- Substance abuse
- Sleep disorders
- Common psychotic disorders
- Communication problems including autistic spectrum disorder
- Behaviour problems such as attention deficit hyperactivity disorder, enuresis, encopresis, school problems
- Family, social and cultural context of psychiatric illness
- Learning difficulties and mental disability
- Association of psychiatric disorders with other medical conditions

Eye problems:

- Causes of red eye
- Visual Loss
- Painful eye
- Common eyelid problems

Ear, nose and throat problems:

- Common nasal conditions

- Otolgia and Otorrhea
- Hearing disorders
- Common oral conditions
- Sinus problems
- Hoarseness and stridor
- Vertigo and balance disorders

Endocrine

- Diabetes type I and II
- Thyroid and parathyroid disorders
- Reproductive Endocrinology
- Lipid disorders
- Weight disorders diabetes Insipidus
- Common pituitary conditions
- Adrenal disorders

Cardiovascular problems:

- Risk factors assessment for cardiovascular disease
- Hypertension primary, secondary and hypertensive crisis
- Ischaemic heart disease
- Cardiac failure
- Arrythmias
- Valvular heart disease
- Peripheral vascular disease
- Common pericardial disorders
- Common cardiac investigations including ECG

Respiratory problems:

- Obstructive and restrictive lung disease
- Causes of cough and hemoptysis

- Common chest infections including pneumonia
- Tuberculosis,
- Occupational lung disease
- Acute and chronic respiratory failure
- Causes of acute respiratory distress
- Common pulmonary investigations

Gastrointestinal problems

- Acute gastroenteritis
- Causes of dyspepsia
- Upper and Lower GI bleed
- Upper and lower GI motility disorders
- Acute and chronic abdominal pain due to medical and surgical causes
- Hepato biliary tract disorders
- Common ano-rectal conditions
- Malabsorption
- Common GI investigations

Musculo-skeletal problems:

- Common joint disorders
- Common muscular disorders
- Acute and chronic musculoskeletal injuries seen in primary care
- Common musculo-skeletal investigations

Dermatological problems:

- Common skin infections including viral, bacterial and fungal.
- Causes of generalised or localized pruritus.
- Rashes including dermatoses, eczema, acne
- Common skin tumours
- Nail and/or hair disorders including alopecia

- Dermatological manifestation of systemic illness

Men's health:

- Urinary problems
- Testicular problems
- Sexual dysfunction

Women's health:

- Breast problems
- Vaginal discharge
- Common menstrual disorders
- Common causes of pelvic pain
- Abnormal vaginal bleeding
- Menopause
- Urinary problems including stress and/or urge incontinence
- Common female malignancies
- Ante natal, natal and post-natal care and disorders
- Breast feeding issues
- Domestic violence

Paediatrics:

- Common gastro intestinal and respiratory disorders
- Normal and abnormal growth and development
- Common neonatal problems
- Pediatric nutrition
- Malnutrition and failure to thrive
- Seizure disorders
- Common infectious diseases of childhood including exanthemas
- Common hematologic disorders
- Recognition and basic management of childhood physical and mental disability

- Child immunisation
- Child abuse
- Recognition and basic management of common inherited and congenital abnormalities of various organ systems
- UTI and nephrotic syndrome
- Congenital heart diseases

Common Infectious diseases

- Acute febrile illness
- Enteric fever
- Malaria
- Dengue fever
- Hepatitis
- Tuberculosis
- Sexually transmitted infections
- Other common regional endemic infections affecting children and adults.
- Pyrexia of unknown origin.

Hematology:

- Common anemias
- Platelet disorders
- Bleeding disorders
- Hematologic malignancies
- Common hematological investigations

Renal problems:

- Urinary tract infections
- Renal calculi
- Causes of hematuria
- Incontinence

- Renal failure
- Common renal investigations

Common emergencies in family practice:

- Basic stabilization and management of the following:
- Common cardiac and respiratory problems(Acute chest pain, Acute asthma etc)
- Acute allergic reaction
- Basic wound management
- Common musculoskeletal problems (fractures, sprains, strains etc)
- Common GI conditions including acute abdomen
- Head injuries
- Poisoning by common drugs and toxins
- Burns, bites and stings

Elderly health:

- Common neurological problem (eg: delirium dementia etc)
- Falls
- Common musculoskeletal problems (eg: Osteoporosis)
- Common urinary problems
- Drugs and ageing

Pharmaco-therapeutics:

- Principles of cost effective and rational prescribing,
- Patient safety in prescribing
- Drug indication and contraindications,
- Iatrogenic drug effects

Practical skills:

Proficient use of the following:

- Autoscore

- Ophthalmoscope
- Sphygmomanometer
- Stethoscope
- Foetal stethoscope and/or 'Sonicaid'
- Reflex hammer
- Thermometer
- Tuning fork.
- Visual acuity and colour tests
- Proctoscope
- Vaginal speculum
- Peak flow meter

Research & Evaluation Methods:

(The knowledge and skills required for evidence-based practice)

Understanding and application of the following:

- Basic concepts used in evidence-based medicine example: specificity, sensitivity and others
- Basic statistical concepts example: prevalence and incidence

TEACHING / LEARNING STRATEGIES:

Since this curriculum encompasses all candidates across South Asia it has to reflect the dynamism in this strategies use for teaching and learning

It is advisable that all registered candidates obtain 20 CME credit hours through accredited family medicine organization of their country or CME/CPD programmes accredited by the South Asia MRCGP [INT] board. (*1 credit hours = 2 hours CME*).

The following teaching learning strategies may be used for CME hours.

Applied Knowledge:

1. Tutorials, lectures direct contact
2. Self-study CME
3. Application of knowledge in actual practice.

Skills

1. Workshops
2. Work-place learning

(Case-based discussions, log books with supervisors review, joint clinics with the supervisor where feasible. We hope to have board approved regional supervisors for potential candidates for formative assessments particularly in the area of professionalism.)

LEARNING RESOURCES

- Recommended list of books, websites, journals, learning videos

Recommended reading List:

Clinical:

- British National Formulary
- Oxford Handbook for General Practitioners
- Oxford Textbook of Medicine; Oxford University Press
- Practical General Practice: Guidelines for Effective Clinical Management by Alex Khot MA MB BChir DCH and Andrew Polmear MA MSC FRCP FRCGP (Jan 13, 2011)
- Oxford Handbooks - Clinical Medicine; Oxford University Press
- ABC of Dermatology. PK Buxton BMJ Publishing
- Child Surveillance Handbook. Hall et al Radcliffe Medical Press
- Textbook of Medicine Kumar and Clark
- NICE and SIGN guidelines

The Consultation/ Communication Skills

- The Inner Consultation. Neighbour R Klumer
- Skills For Communicating With Patients. Dr. Jonathan Silverman, Suzanne M. Kurtz, Juliet Draper

Clinical Examination

- Macleod's Clinical Examination: With STUDENT CONSULT Online Access by Graham Douglas BSc(Hons) MBChB FRCP(Ed), Fiona Nicol BSc(Hons) MB BS FRCGP FRCP(Ed) and Colin Robertson BA(Hons) MBChB FRCP(Ed) FRCS(Ed) FSAScot (30 Jun 2013)
- Bedside Techniques: Methods Of Clinical Examination (2013) by Inayatullah, ISBN (9789694949208), Paramount Publishing Enterprise

Evidence based:

Clinical Evidence. BMJ publications and www.clinicalevidence.org

An Introduction to Medical Statistics. Martin Bland; Oxford University Press

Journals / other publications

- British Journal of General Practice
- British Medical journal

Recommended links and websites:

- MRCGP www.mrcgpintsouthasia.org
- Google www.google.co.uk Most highly recommended search engine
- RCGP www.rcgp.com Loads of information, links
- Doctors.net www.doctors.net.uk Free E mail, search facilities (GMC not required)
- Bandolier www.jr2.ox.ac.uk Evidence-based medical reports
- UK practice www.ukpractice.net Medical information and educational material

ASSESSMENT

1. MRCGP [INT] South Asia exit examination (AKT and OSCE)

Applied Knowledge Test (AKT): 200 single best answer questions based on a blue print to be administered at the end of one year eligibility fulfillment.

Objective Structured Clinical Exam (OSCE): 14 stations OSCE depicting common general practice situation to assess clinical and communication skills. Candidates only eligible to sit the OSCE if they clear AKT.

Eligibility CRITERIA

The eligibility criteria for acceptance into the programme would be completion of one year internship and

Either:

1. **Certification of completion of a structured two years training course or a two year diploma in Family Medicine** inclusive of experience in Family Medicine/General Practice and accredited by the South Asia Region MRCGP [INT] Board.

Or:

2. **Certification of completion of an accredited one year training programme / diploma in Family Medicine with an additional two years clinical experience.** This should consist of either two years in FM or a minimum of one year in FM with a further year in a speciality/-ies allied to Family Medicine/General Practice that are certified by the local accrediting organisation and approved by the regional MRCGP [INT] Board.

Or

3. **Minimum of five years clinical experience of which a minimum of three years should be in Family Medicine/General Practice** and the other years in speciality/-ies allied to Family Medicine/General Practice certified by the local accrediting organisation and approved by the regional MRCGP [INT] Board.

Note that:

- Internship / house job experience is not counted.
- Specialties acceptable to the Board include Internal Medicine, Paediatrics, Psychiatry, Obstetrics and Gynaecology, Accident & Emergency / Emergency Medicine. Up to 6 months of surgical training / clinical experience will be accredited.
- The candidates are required to submit experience certificates (translated in English language by registered translating agency) as a proof of eligibility to sit the exam.
- Part time equivalents of the required clinical experience will be accepted by the MRCGP [INT] Board provided they are approved by local accrediting organisations.
- In case of private practice, candidates are required to submit a reference letter issued by any Assistant Professor or above rank person of any academic organisation OR registered regional Family Medicine organisation on their

letterhead mentioning the complete address of your clinic and the duration of the family medicine / general practice clinical experience.

It is strongly recommended but not mandatory that all candidates attend one of the MRCGP [INT] South Asia preparation courses which are organised and run by the various accreditation organisations.

REFERENCES

1. SYLLABUS FOR THE EXAMINATIONS OF MRCGP [INT] South Asia 2010
2. RESIDENCY PROGRAM IN FAMILY MEDICINE Revised in December 2010

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