

**PE1408/B**

RCGP Scotland Letter of 13 December 2011

**What are your views on the issues raised in the petition and during the discussion of the petition?**

General Practitioners are required to keep up-to-date by their regulatory body, the General Medical Council (GMC) through a process of continuing professional development. Personal development needs are identified through the process of appraisal where practitioners choose clinical areas they wish to develop or update for the benefit of patient care.

As generalists in healthcare, GPs recognise the limitations of their skills and experience and know when and where to enlist help, support and advice from colleagues and organisations disseminating evidenced-based information that is useful to them in providing day to day care for their patients. To this end, practitioners often refer to recognised clinical databases and information networks such as the National Institute for Health and Clinical Excellence (NICE) and the Scottish Intercollegiate Guidance Network (SIGN). At present we are not aware that either organisation has plans to develop updated guidelines on Vitamin B12 deficiency. SPICe has not updated its guidance since 2003.

We would welcome an opportunity to have access to updated guidance on this clinical topic that has been based on the best available evidence and rigorously appraised in an open and transparent way.

**Can you provide information on the types of training that is available to general practitioners in relation to the diagnosis and treatment of Vitamin B12 deficiency and Pernicious Anaemia?**

GP educators around the UK are regularly contacted by a whole range of patients and patient groups expressing their desire for specific conditions to be covered in greater depth in GP Specialty training programmes.

The General Medical Council approved GP training curriculum is predicated on clinical generalism and holistic care. The link [www.rcgp-curriculum.org.uk](http://www.rcgp-curriculum.org.uk) demonstrates the breadth and depth of coverage of clinical conditions that need to be achieved in the mandatory 3 year GP Specialty training programme.

At the current time, the 3 year programme is completed after trainee doctors have satisfactorily completed a 2 year Foundation programme after graduating from a University medical school (normally a 5 year degree course). Within the 3 year programme 18 months is spent in hospital based clinical posts and 18 months in approved GP training practices under the supervision of a GP Educational Supervisor. GP Specialty registrars are required to demonstrate

coverage of the curriculum in the electronic portfolio, pass external examinations held by the RCGP and undertake mandatory workplace based assessment throughout their training programme. This intensive programme requires demonstration of a range of clinical and consulting skills as well as good knowledge of a wider range of clinical topics than any other specialty.

It is not possible, therefore, within this GMC approved and intensive curriculum and assessment framework, to cover in depth every potential clinical problem and scenario. Generic and transferrable skills are, therefore, the key to delivering a capable and competent trainee to the level of Certificate of Completion of Training.

General Practitioners in training are encouraged to assess the latest evidence on the management of all conditions using recognised information networks such as NICE and SIGN, which disseminate agreed national guidelines, and use this information to inform their clinical decision making and shape their own clinical judgment. A useful summary or differential diagnosis and management, available to trainees and established GPs is available as a Clinical Knowledge Summary (CKS) on the NHS Evidence website at:

[http://www.cks.nhs.uk/anaemia\\_b12\\_and\\_folate\\_deficiency/management/scenario\\_diagnosis/diagnosis/symptoms#-483750](http://www.cks.nhs.uk/anaemia_b12_and_folate_deficiency/management/scenario_diagnosis/diagnosis/symptoms#-483750)

This article also contains links to further detailed clinical information, should that be required.

Following completion of training, all GPs are annually appraised in terms of their performance and personal education and development plans. Within these plans practitioners are expected to identify areas of clinical development relevant to their practice and to enhance specific skills. This education process does not carry specific NHS funding and relies on self funding by GPs as individuals or groups. The RCGP provides a range of learning resources as do other reputable education organisations, including those listed above.

I hope this explanation helps to contextualise your concerns in relation to overall GP education and training.

Yours sincerely

Dr John Duncan  
Deputy Chair (Policy), RCGP Scotland