

GPST POSTS – Neurology and Stroke

Background

Neurology and Stroke services are based on 3 wards at Salford Royal Hospital. The Neurology department provides out-patient service in all the DGH hospitals in Greater Manchester. Neurological problems are very common in General Practice, and evidence suggests that a many of the patients referred to neurological clinics can be managed by General Practitioners with greater confidence in assessing and diagnosing common neurological disorders. This post will provide excellent experience and training in the assessment of common neurological problems seen in general practice, including common themes very relevant to GP training including: chronic disease management, assessment of both acute and chronic problems, pain management and monitoring epilepsy, Parkinsons and headache patients. The post-holders will gain experience in all of these in addition to consolidating/developing their skills in history taking and neurological examination. The post-holders will gain a good knowledge base of both common and less common (but important) neurological conditions.

As Neurology is primarily an out-patient specialty, the post-holder will be based at Salford Royal, but will have the opportunity to attend out-patients clinics in a variety of settings, at Salford Royal Hospital, and in DGHs. The choice of venue is flexible and can be organised for the convenience of the trainee. Some in-patient exposure will be included in the post. The GPST will also have the opportunity to participate in ward referrals on the acute medical units, where the neurologists see new medical admissions with neurological problems, many of whom have common neurological disorders, which can managed in the community by GPs with more confidence and experience with neurological disorders. The post-holder(s) will work alongside the neurology and stroke FY2 and ST3-5 post-holders. There may be the opportunity to participate on the Stroke on-call rota which is heavily supervised by consultant staff and which offers excellent exposure to acute referrals with neurological symptoms, many of whom have common neurological symptoms, rather than stroke, such as headache or migraine and vestibular disorders.

Description of neurology component

The Greater Manchester Neuroscience centre at Salford Royal Hospital provides a regional neurology service for Greater Manchester, as well as serving the local population. In addition, staff provide services for local populations in their DHGs, including Bolton, Wigan, Bury, North Manchester General, Rochdale, Oldham, Tameside, Stockport, Wythenshawe, Withington and Trafford. The post provides an opportunity for GP trainees to acquire knowledge and skills in shared care between the acute and community sectors. There are 29 consultant neurologists and 6 stroke consultants, many with specialist areas of interest. These include dementia, epilepsy, Parkinson's, neuromuscular disorders, headache, neuroimmunology, and Multiple Sclerosis. GPSTs who would like to develop skills in a specialist area will be offered the opportunity to design their training programme accordingly. The greater Manchester Neuroscience Centre has a general neurology ward, an acute stroke ward, a 5 day unit and neuroscience acute rehabilitation wards, to which the GPST will have exposure. The stress of the training will however be towards out-patient activities and the in-patients cases that are more pertinent to common and rare but serious disorders seen in General Practice.

Duties of the Neurology and Stroke GPST post

The precise components of the post will be modified to suit the interests of the trainee. The GPST post-holder will contribute to the day-to-day management of patients admitted to the neurology and stroke wards. He/she will be supervised by the neurology and stroke consultants and the SpRs. Duties (many of which will be shared with the FY2 and ST3-5 post-holders) will include:

1. Assessment of newly admitted patients, including history taking and examination, including neurological examination.
2. Arranging appropriate investigations.
3. Prescribing appropriate drug treatment, including review of analgesia.
4. Working closely with members of the multidisciplinary teams to optimise patient care.
5. Reviewing ward patients on a regular basis.
6. Performing procedures relevant to the patients' needs including venepuncture, blood gases and insertion of IV cannulae.
7. Attendance at multidisciplinary team ward.
8. Attending outpatient clinics and assessing patients, under consultant supervision.
9. Participating in ward referrals assessing patients admitted by GPs for initial assessments
10. Participating in on-call for the Acute Stroke Service.

GPST competencies

The post-holder will acquire competencies relevant to the neurology component of the GP curriculum and become competent in the care of patients presenting with neurological symptoms.

1. Good clinical care

The F1 post-holder will become competent in general and neurological history taking and examination, and in formulating an investigation and management plan. A proportion of the patients will have chronic disabling disease. A key skill will be to gain an understanding and put into context the patients' current problems in relation to the history of their disease including the disease course, and previous therapies. The clinical notes made by the GPST post-holder will be reviewed and feedback provided. The postholder will become competent at good clinical notekeeping, accurate recording of information including conversations with patients and also timely communications.

2. Maintaining good practice

The GPST post-holder will have a variety of learning opportunities. He/she will be encouraged to familiarise him/herself with relevant protocols, and with relevant local and national guidelines, including the relevant NICE guidelines. The post-holder will gain an appreciation of audit and related clinical governance issues and may participate in an audit project. The post holder will attend directorate clinical governance meetings when possible. He/she will be encouraged to attend weekly Neuroradiology meetings (if appropriate depending on his/her time-table).

3. Relationships with patients and communications

Many neurological conditions are chronic, and therefore the GPST post-holder will gain experience in chronic disease management in which patient education/support plays a major role. The post-holder will gain experience in explaining the rationale for investigations and for different drug treatments. A number of patient information leaflets are in use, and the post-holder will have access to these and develop an awareness of the benefit of patient information. There will be opportunities (both inpatient and outpatient) to observe senior colleagues explaining conditions and their treatment to patients.

4. Working with colleagues and in teams

Neurological care is frequently delivered by multidisciplinary teams, including specialist nurses, rehabilitationists, physiotherapists and occupational therapists. The GPST post-holder will develop team-working skills by liaising with team members, attending MDT meetings. As many neurological disorders are complex, the post-holder will liaise with colleagues from a wide variety of different specialities, including neurosurgery and pain.

5. Teaching and training

The GPST post-holder's main teaching responsibilities will be in the supervision of 4th and 5th years medical students.

6. Acute care

While most neurological conditions are non-acute, the post-holder will gain experience in neurological emergencies including suspected stroke and TIA. Most of the acute medical experience, however, will be in patients with acute headache or deterioration in previously diagnosed disorders such as epilepsy and Parkinsons Disease. The GPST post-holder will not be responsible for the day-to-day management of these acutely unwell patients, but will contribute under supervision for their care.