

2 - SEP 2014



Royal College of
General Practitioners

[REDACTED]
Honorary Secretary

Dr Karen Henderson
HM Coroner for Surrey
HM Coroner's Court
Station Approach
Woking+
Surrey
GU22 7AP

27 August 2014

Dear Dr Henderson

Inquest into the death of Miss Clare Serena Anke Cooper – RCGP response

Thank you for your letter of 25 July addressed to [REDACTED] which has been passed to me. As Honorary Secretary of the College Council, I am the College Officer responsible for responding to Coroners' Regulation 28 Reports.

I was very sorry to hear of the death of Miss Cooper and the series of events leading up to it. I set out below a brief description of the remit of the Royal College of General Practitioners and provide some detailed comments on the specific concerns you raise in your report.

The role of the College

The Royal College of General Practitioners is a registered charity under Royal Charter and is the largest membership organisation in the United Kingdom solely for GPs. Founded in 1952, it has over 50,000 members who are committed to improving patient care, developing their own skills and promoting general practice as a discipline. We are an independent professional body with enormous expertise in patient-centred generalist clinical care. Through our General Practice Foundation, established by the RCGP in 2009, we also maintain close links with other professionals working in General Practice, such as practice managers, practice nurses and physician assistants.

As well as running the postgraduate Membership examination (MRCGP) which is now required for doctors to qualify as GPs, the College also provides continuing professional development (CPD) for its members, and these continuing programmes are also available to non-members of the College. However, not all GPs are members of the College, and older GPs may never have joined. The General Medical Council holds the register of all who are considered able to practise as GPs, and it is to the GMC that revalidated doctors will be notified.

Similarly, it is not for us to comment on the performance of any individual GP and the information set out below is solely to show you what we provide in the context of training and advice to our Members.

RCGP Education and Training

Currently all doctors wishing to follow a career in general practice in the UK are required to undergo a 3 year programme of vocational training for general practice, based on the College's GP Curriculum.

(The curriculum forms the foundation for GP training and assessment across the UK, prior to taking the College's Membership Examination (MRCGP) and continues to be relevant to GPs throughout their career, including preparation for revalidation) <http://www.rcgp.org.uk/gp-training-and-exams/gp-curriculum-overview.aspx> The GP Curriculum sets out College expectations of the standard of care that a general practitioner should provide and I will use references to the GP Curriculum as a basis for my response.

Comments on Coroner's concerns on the general practitioner care provided to Miss Clare Cooper

The underlying principle for a general practitioner's management of any patient should be one of "holistic care". This is set out in the section of the GP Curriculum entitled "the Consultation in Practice" where the following advice is set out:

"As a GP you should:

6.4 Understand that consultations have a clinical, a psychological and a social component, with the relevance of each component varying from consultation to consultation (the 'trixial' model)"

I give below detailed comments on the first six matters of concern you list in this particular case,, ie those which directly relate to general practitioner care, setting aside your listed concerns 7 to 10 on which advice from hospital medicine will be more appropriate.

1. Poor GP documentation The College believes that sound recording systems and well organised record-systems are fundamental to good general practice and communications with fellow healthcare professionals outside the practice. This expectation is set out in the section of the GP Curriculum on "Being A GP":.

<http://www.rcgp.org.uk/gp-training-and-exams/~media/Files/GP-training-and-exams/Curriculum-2012/RCGP-Curriculum-1-Being-a-GP.ashx>

... "As a GP you should....

1.2.3 Develop the clinical skills you need in history-taking, physical examination and the use of ancillary tests for diagnosis"

and

"1.5.2 Develop your organisational skills for record-keeping, information management, teamwork, running a practice and auditing the quality of care"

And again is highlighted in the section "The Consultation in General Practice" where the GP is enjoined under criterion 1.6 to "Effectively use patient records (electronic or paper) during the consultation to facilitate high-quality patient care" and in 1.10 to "keep accurate, legible and contemporaneous records"

The qualities required of the GP in information gathering and recording and its importance for good patient care are further spelled out under the section "Patient Safety and the Quality of Care" of the GP Curriculum:

<http://www.rcgp.org.uk/gp-training-and-exams/~media/Files/GP-training-and-exams/Curriculum-2012/RCGP-Curriculum-2-02-Patient-Safety-and-Quality-Of-Care.ashx> refers:

... "As a GP, you should....

"Demonstrate an understanding of the connection between good data entry and improved patient health outcomes

1.14 Demonstrate how to use information management and technology (IM&T) to share information and co-ordinate patient care with other health professionals

1.15 Demonstrate an understanding of the need for information recorded in the practice clinical system to be fit for sharing with different health professionals in different organisations

- 1.16 Demonstrate how to use NHS electronic booking systems to tailor healthcare provision to the needs of the individual patient
- 1.17 Demonstrate the use of the practice's computer system to improve the quality and usefulness of the medical record, e.g. through audit
- 1.18 Demonstrate effective use of interagency systems such as pathology links and GP-GP record transfer"....

2. "Lack of evidence of a robust assessment of presenting signs and symptoms ..." The following section of the GP Curriculum provides advice on the diagnosis of metabolic disorders

<http://www.rcgp.org.uk/gp-training-and-exams/~media/Files/GP-training-and-exams/Curriculum-2012/RCGP-Curriculum-3-17-Metabolic-Problems.ashx>

The Key Messages given on page 3 of this section are particularly relevant *in this case*:

- "As a general practitioner(GP)you should have an understanding of how common endocrine or metabolic disorders such as diabetes mellitus, thyroid or reproductive disorders can present. You must also be aware of rarer and important disorders such as Addison's disease, which can be potentially life-threatening if missed
 - Biochemical tests can be diagnostic and often necessary for monitoring metabolic and endocrine diseases.so it is important for GPs to know which tests are useful in a primary care setting and how to interpret these tests and understand their limitations"
3. "Lack of GP routine vital sign monitoring eg heart rate, blood pressure and weight measurement..."
 4. No established system for recognition, assessment and management of electrolyte abnormalities within the GP Practice
 5. Lack of understanding of the underlying causes of hyponatraemia

Guidance on the use of routine tests in general practice is provided on page 6 of the Section on "Primary Care Management"

"As a GP you should.....

1.6 Understand the use and main limitations of tests commonly used in primary care to investigate and monitor metabolic or endocrine disease, e.g. fasting blood glucose, HbA1c, urinalysis for glucose and protein, urine albumin: creatinine ratio, 'near patient testing'(point of care testing)for capillary glucose, lipid profile and thyroid function tests, and uric acid tests"

6. Insufficiently detailed referral letter to EDS.....

Guidance on referral to secondary care is provided in the following sections.

Being a GP

<http://www.rcgp.org.uk/gp-training-and-exams/~media/Files/GP-training-and-exams/Curriculum-2012/RCGP-Curriculum-1-Being-a-GP.ashx>

This section advises the general practitioner at all times to:

"1.3 Co-ordinate care with other professionals in primary care and with other specialists"

And spells this out as follows: "This means that as a GP you should:

1.3.2 Understand the importance of excellent communication with patients and staff for effective teamwork

1.4.2 Understand the processes of referral into secondary care and other care pathways

1.4.3 Manage the interface between primary and secondary care, including unscheduled care, accurate sharing of information on medicines and communication with other professionals

1.5 Make available to your patients the appropriate services within the healthcare system

This means that as a GP you should:

1.5.2 Develop your organisational skills for record-keeping, information management, teamwork, running a practice and auditing the quality of care”

(You will see that in this section, the need for excellent communication based on full, accurate records is again emphasised.)

Guidance on the writing of referral letters is provided in the section “The General Practice Consultation in Practice”

<http://www.gponline.com/rcgp-curriculum/the-general-practice-consultation>

I hope you find these comments helpful.

Yours sincerely

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Honorary Secretary