



The Royal Australian
College of General
Practitioners

The RACGP Curriculum for Australian General Practice 2011



**The Royal Australian College of General Practitioners
Curriculum for Australian General Practice 2011**

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Foreword

The RACGP Curriculum for Australian General Practice 2011 builds on the strengths of the previous 2007 curriculum and *The RACGP Training Program Curriculum 1998*. It is a truly collective effort which codifies countless hours of general practice experience into a solid professional foundation for the high quality education and training of our future general practitioners.

In February 2011, The Royal Australian College of General Practitioners Council identified the need to renew the curriculum for Australian general practice training.

The Council recognised that the previous curriculum was robust and sound, but would need to be updated to include the newer, contemporary core competencies that are necessary for practising within an evolving general practice environment. The rise of e-health, the requirements of leadership and management, quality and safety concerns and the increasing role of teaching and research in general practice within the context of multidisciplinary primary care, all present educational and training challenges. Updating the general practice curriculum is the first step on the path to incorporating these skills into the lifelong learning of GPs.

Curricula are very much the domain of educators, and so the next step will be the development of curriculum learning supports for general practice registrars and teaching guides for educators to help meet training requirements. For this reason, an updated edition of *The RACGP Curriculum Companion* will be published. The College will seek input from registrars and general practice educators around Australia to assist in the production of these valuable resources.

Future planned curriculum developments will include online interactive tools to assist learners and educators. This will ensure that the collective wisdom and professional expertise of generations of GPs are passed on effectively and efficiently.

Curriculum renewal is an ongoing process because of the changing environment of medicine and general practice. Continual feedback is encouraged and we welcome feedback through the RACGP website. Ongoing maintenance of *The RACGP Curriculum for Australian General Practice* will be facilitated by the RACGP National Standing Committee for Education.

The 2011 curriculum is the beginning of a renewal process that will provide continuing and relevant support to learners and educators to assist GPs in acquiring the necessary skills, knowledge and attitudes to provide high quality general practice care, training and research within the modern world that is Australian general practice.

We recognise that our future achievements depend upon our past successes, and this contemporary curriculum could not have been achieved without the endless commitment of contributors to this, and past, curricula. For this, we thank all of those involved, but I suspect that their reward is the knowledge that our profession's body of learning will provide a sound basis for high quality general practice care to the Australian community.

And this is the reason that we spend our lives learning.



Claire Jackson

Professor Claire Jackson
RACGP President



Contents

Acknowledgments

2011 curriculum reviewers	i
Curriculum definition, purpose and development	ii
Guide to using the curriculum	vi
Context of Australian general practice	viii
Learning life of general practitioners	xi
The five domains of general practice	xii
The star of general practice and development of a new curriculum framework	xvii
Curriculum feedback	xviii
	xx

General curriculum statement chapters

Common training outcomes	21
Philosophy and foundation of general practice	33

Specific curriculum statement chapters

People and their populations

Aboriginal and Torres Strait Islander health	51
Aged care	61
Children and young people's health	77
Disability	95
Doctors' health	109
Genetics	123
Men's health	135
Multicultural health	149
Population health and public health	167
Rural general practice	181
Women's health	197

Presentations

Acute serious illness and trauma	211
Chronic conditions	227
Dermatology	249
Drug and alcohol medicine	265
Eye and ear medicine	279
Mental health	293
Musculoskeletal medicine	313
Occupational medicine	331
Oncology	343
Palliative care	355
Pain management	369
Sexual health	383
Sports medicine	397

Processes of general practice

Critical thinking and research	409
Undifferentiated conditions	423
E-health	439
Multidisciplinary care	451
Integrative medicine	467
Quality and safety	481
Practice management	497
Procedural skills	513
Quality use of medicines	527
Teaching, mentoring and leadership in general practice	549

Acknowledgments

The Royal Australian College of General Practitioners (RACGP) wishes to acknowledge that the *Curriculum for Australian General Practice 2011* builds on the strengths of the previous 2007 curriculum and *The RACGP Training Program Curriculum 1998*.

The RACGP Council recognised that the 2007 curriculum is robust and sound. Acknowledgment for their work can be found on the College website at:

- www.racgp.org.au/Content/NavigationMenu/educationandtraining/curriculum/20070115Workinggroupschairpersons.pdf
- www.racgp.org.au/Content/NavigationMenu/educationandtraining/curriculum/200610NSCCurriculumReview.pdf
- www.racgp.org.au/Content/NavigationMenu/educationandtraining/curriculum/200610Writinggroup.pdf

The RACGP wishes to thank the following people for their time, energy, efforts and expertise in the development of the 2011 curriculum.

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Acute serious illness and trauma

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Genetics

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Teaching, mentoring and leadership in general practice

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Integrative medicine

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Men's health

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Mental health

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Multicultural health

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Curriculum Renewal Working Group

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Oncology

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Curriculum definition, purpose and development

The *RACGP Curriculum for Australian General Practice 2011* ('the curriculum') details what vocational general practitioners need to learn throughout their general practice learning life. The curriculum details the knowledge, skills and attitudes that GPs require for:

- competent, unsupervised general practice
- meeting their community's healthcare needs
- supporting current national health priorities and the future goals of the Australian healthcare system.

The curriculum emphasises self directed learning, the development of critical self reflection and lifelong learning skills, and the maintenance of professional practice standards.

Who is the curriculum for?

The curriculum is an essential reference for general practice registrars, general practice supervisors, medical educators, regional training providers and anyone involved in the implementation of the training of future GPs. For this reason, the curriculum also details learning objectives for medical students and prevocational doctors. The acquisition of these skills may also be of interest to many medical specialists.

Curriculum development

The 2011 curriculum was developed by updating on the already significant achievements of the 2007 curriculum and the 1998 training program curriculum. Development of the 2011 curriculum took into account:

- the discipline of general practice as a medical specialty
- what GPs need to know ('the domains of general practice')
- the lifelong learning needs of GPs (from medical student through to prevocational doctor, vocational training and continuing professional development)
- the reasons most people seek the services of a GP ('common patient presentations')
- the evolving general practice environment since the last edition of the curriculum.

Using this framework, new curriculum statements were developed and existing statements revised, detailing the training and educational outcomes that relate to various populations, presentations and processes in Australian general practice.

How has the curriculum changed since 2007?

The *RACGP Curriculum for Australian General Practice 2011* incorporates new educational and training needs that have risen out of the evolving Australian general practice environment such as:

- the increasing focus on competency based training in a move away from a traditional apprenticeship based model
- the incorporation of identified contemporary competencies that need to be added to the GP's traditional skill set, especially management, teaching, research, quality and safety, teamwork, e-health and leadership

- the incorporation of updated information on the general practice environment, such as Australian general practice statistics, new RACGP initiatives and policies and changing Australian Government policies
- the incorporation of feedback and comments received since publication of the 2007 curriculum
- reformatting of the curriculum content. This was required to increase accessibility, utility and user-friendliness, especially for general practice registrars, general practice supervisors, regional training providers and general practice educational providers.

Implementation of the curriculum update

The RACGP Council appointed a Curriculum Review Working Group to systematically update the 2007 curriculum content to meet these aims. The RACGP Council recognised that the 2007 curriculum content was sound and robust, and that the main task was one of updating and not rewriting.

The Curriculum Review Working Group reviewed each of the statements with respect to embedding these concepts throughout the curriculum. Each statement was then reviewed by expert reviewers prior to Censor-in-Chief approval.

In addition, specific measures for each of the identified newer contemporary core competencies were incorporated into the curriculum and underwent expert general practice review prior to final RACGP Council review.

Introduction of training outcomes

The 2011 curriculum introduces a new section entitled, 'Training outcomes'. This section replaces the description of skills in the previous curriculum inline with the trend toward outcome based training.

A training outcome is a specific focus on a particular attribute (skill, knowledge or attitude) expected of learners at the end of general practice training. This reformatting clarifies specific expected competencies by the completion of general practice vocational training.

Most of these training outcomes were listed in the 2007 curriculum, apart from a small number of outcomes associated with the above identified newer contemporary core competencies.

Each training outcome now has an associated code, as detailed in the section 'Guide to using the curriculum'. The new format of the 2011 curriculum is designed to enable and facilitate discussion and incorporation of specific educational requirements into training programs.

The numbering of competencies and learning objectives will also assist in the mapping of the curriculum to training programs.



Guide to using the curriculum

Curriculum background

The background to the curriculum provides the basis for the content, structure and development of the curriculum. The key areas of the 2011 curriculum are:

- Definition, purpose and development
- Context of Australian general practice
- Learning life of general practitioners
- The five domains of general practice
- The 'star of general practice' and development of a new curriculum framework.

Curriculum statement areas

General curriculum statement chapters

There are two general curriculum statements:

- Common learning outcomes defines common training outcomes and learning objectives for general practice relevant to consulting with patients in unsupervised general practice
- Philosophy and foundation of general practice includes the philosophy, concepts and principles that define the roles of GPs and the discipline of general practice.

Specific curriculum statement chapters

The specific curriculum statement chapters are arranged into three major sections:

- People and their populations
- Presentations
- Processes of general practice.

A full list of the statement chapters appears at the end of this section.

Key features of each curriculum statement

Each statement is divided into the following key areas:

- Definition
- Curriculum in practice
- Rationale and general practice context
- Training outcomes of the five domains of general practice
- Learning objectives across the GP professional life.

Definition

Defines the role of a particular area of health within the general practice setting.

Curriculum in practice

This section provides case studies that illustrate how the curriculum statement area relates to general practice. These may be used for teaching and discussion in conjunction with the curriculum.

Rationale and general practice context

This section documents how the statement area relates to the context of Australian general practice. It focuses the learning and training outcomes to meet the specific general practice needs of the Australian community.

Training outcomes of the five domains of general practice

The specific outcomes of general practice training are described in this section. It focuses on the attributes (skills, knowledge and attitudes) expected of learners at the end of each stage of training across the five domains of general practice.

Training outcomes numbering

The training outcomes are numbered for easy referencing and mapping across the broad range of general practice training, learning and assessment programs and processes.

Each training outcome code/number consists of:

- a unique three letter code which identifies the statement area that the specific training outcome comes from
- followed by a 'T' to indicate that the specific curriculum code refers to a 'training outcome'
- this is followed by the domain number (see *the five domains of general practice*)
- which is followed by the curriculum item number.

For example:

DETR1.2 identifies the second training outcome of the first domain (ie. communication) in the *Dermatology* statement.

Learning objectives across the GP professional life

This section describes the objectives of education and training for each stage of the GP's learning life. The objectives in this section are stated in measurable outcomes for the educational benefit of learners and teachers. This enables lesson planning and assessing learning outcomes across the general practice learning life.

Note that each learning objective level assumes a previously attained learning (as detailed in the previous level). For example, the vocational registrar level assumes that the previous learning objectives of the prevocational doctor and the medical student have been attained.

Learning objectives numbering

The learning objectives are numbered for easy referencing and mapping across the broad range of general practice training, learning and assessment programs and processes.

Each learning objective code/number consists of:

- a unique three letter code which identifies the statement area that the specific training outcome comes from
- followed by an 'L' to indicate that the specific curriculum code refers to a 'learning objective'
- this is followed by 'M', 'P', 'V' or 'C' to indicate the learning life level of the objective (M = medical student, P = prevocational, V = vocational registrar, C = continuing professional development)
- which is followed by the domain number (see *the five domains of general practice*) and dimensions
- followed by the curriculum item number.

For example:

DERLM1.2 identifies the second learning objective at the medical student level for the first domain (ie. communication) in the *Dermatology* statement.

Curriculum statement by area

Statement chapter name	Code/abbreviation
General curriculum statement chapters	
Common training outcomes	CTO
Philosophy and foundation of general practice	PHI
Specific curriculum statement chapters People and their populations	
Aboriginal and Torres Strait Islander health	
Aged care	AGE
Children and young people's health	CYP
Disability	DIS
Doctors' health	DOC
Genetics	GEN
Men's health	MEN
Multicultural health	MCH
Population health and public health	POP
Rural general practice	RUR
Women's health	WOM
Presentations	
Acute serious illness and trauma	ACU
Chronic conditions	CHR
Dermatology	DER
Drug and alcohol medicine	DRU
Eye and ear medicine	EAE
Mental health	MHE
Musculoskeletal medicine	MSK
Occupational medicine	OCC
Oncology	ONC
Pain management	PAI
Palliative care	PAL
Sexual health	SEH
Sports medicine	SPO
Processes of general practice	
Critical thinking and research	CTR
Undifferentiated conditions	UND
E-health	EHE
Integrative medicine	INT
Multidisciplinary care	MDC
Practice management	PMA
Procedural skills	PRO
Quality and safety	QAS
Quality use of medicine	QUM
Teaching, mentoring and leadership in general practice	TML

Context of Australian general practice

General practice has a core set of clinical characteristics and practices unique within medicine. These characteristics and practices are defined by the general practice curriculum developed and maintained by the RACGP and reflected in the standards set for clinical practice and the award of FRACGP.

General practice training is intended to equip graduates with core clinical skills and the ability to assess and address their learning needs over a professional lifetime. General practitioners encounter a wide range of clinical presentations according to social, demographic, cultural and epidemiological circumstances. In addition, GPs may need to develop, maintain and expand their skills as supervisors/teachers, mentors, researchers and leaders. These factors combine to form unique local practice characteristics, regional clinical trends and national characteristics.

Definition of general practice

The term 'general practice' is not consistently used in international literature. The terms 'family medical practitioner', 'family physician' and 'family doctor' are also used to describe the primary care medical practitioner.

In Australia, The Royal Australian College of General Practitioners defines general practice as:

'General practice provides person centred, continuing, comprehensive and coordinated whole person healthcare to individuals and families in their communities'.¹

General practice involves the ability to take responsible action on any medical problem the patient presents, whether or not it forms part of an ongoing patient-doctor relationship. In managing the patient, the clinician, called 'general practitioner' in Australia, may make appropriate referral to other doctors, healthcare professionals and community services.

General practice as a specialty in Australia

In Australia, general practice is recognised as a specialty by a range of criteria, including by statute. Key events have led to the recognition of general practice as a specialty in Australia.

- In 1978, the National Specialist Qualification Advisory Committee stated that 'general practice is a specific and defined discipline in medicine'
- In 1989, general practice was established as a specialty with the introduction of the vocational register of recognised GPs²
- In 1999, the Australian Medical Council (AMC) developed a model to assess recognition of medical specialties and recognised general practice as one of the then, 17 medical specialties in Australia.³
- In 1989, changes led to the establishment of a separate listing of GPs who met the RACGP training, experience and assessment requirements:
 - Fellows of the RACGP are specialists as they have met the RACGP requirements for entry into the specialty of general practice
 - recognised GPs are specialists as they have met the RACGP requirements prior to the cut off date in 1995 for vocational registration
 - since 1996, Fellowship of the RACGP (FRACGP) is the minimum standard of entry into unsupervised general practice and the only route to recognised general practice.
- In 2003, the AMC, in line with its national processes for the review and accreditation of specialist education and training programs, accredited the RACGP's education and training program.⁴

Learning life of general practitioners

Examining the steps to becoming a GP qualified for unsupervised practise in Australia helps define training needs at each stage of the path to becoming a competent GP.

Prior to entering general practice vocational training, medical practitioners will already have had many years of training by a range of individuals, organisations and institutions. A uniform general practice curriculum from the earliest stage of medical education helps support trainers. This forms a solid foundation for general practice training.

Learning life stages

In Australia, the stages of the GP's learning life have been identified as:

- medical student
- prevocational doctor
- vocational general practice registrar
- continuing professional development.

Some students may enter this training path at different stages of the learning lifecycle. For example, an international medical graduate may enter at various points in the cycle depending on previous levels of qualifications.

Due to the comprehensive nature of general practice, some of these steps crossover with training pathways to other medical specialties and therefore have competing training priorities.

Medical student

A medical student is defined as a student who is enrolled in a primary medical degree and will undertake a general practice placement.

Medical student teaching in Australia has undergone major change in recent times.

Consistent with the principle of the journey of general practice, medical student teaching now emphasises active learning, learning of key principles and preparation for lifelong learning.¹ In addition, the places where medical students are trained have also changed, with students spending more time in community health settings, doctors' private rooms and private hospitals, small urban and rural hospitals, as well as the more traditional tertiary teaching hospitals.

The content of medical courses has changed with the rise of evidence based medicine, the rapid increase in medical knowledge, new developments in areas such as molecular medicine and genetics, and the incorporation of issues driven by consumers and regulatory bodies.

Medical students have also changed. About half of Australia's medical schools only admit students who have a degree in another discipline, resulting in a more diverse age group than in the past. More than half of medical students are female, medical schools are committed to a higher proportion of rural and indigenous students, and the cultural diversity of students matches the changing ethnic groups within Australia.

In addition, some medical courses are undergraduate, while other courses are postgraduate. The term 'medical student' reflects the vocational nature of the medical course.

Around 30% of Australian medical graduates are currently entering general practice and this is the largest proportion of students entering a medical specialty in Australia.⁵

General practice teaching therefore has an obvious place in undergraduate medical curricula where the medical students are planning to become GPs.

However, these learning requirements need to intersect and overlap with the needs of students planning careers outside of general practice, or for the many students who have not yet decided on their future career paths.

General practice: the foundation discipline

While there will be many undergraduates not planning a career in general practice, there will be many areas of curriculum overlap that will be of mutual benefit for all future graduates, regardless of their final vocation.

There are many skills that are common to all medical specialties, and these generalist skills are the core values of the medical specialty of general practice. General practice training can provide the basic foundation, or at least a significant proportion, of the professional skills required for other medical disciplines, including the patient-doctor relationship, advocacy and decision making and dealing with uncertainty and difficulty in complex situations.

Generalist skills involve a holistic approach to managing the health of individuals – a skill that should ideally cross all medical specialties. Rather than just dealing with diseases, GPs manage health within biomedical, psychological and social contexts based on firm epidemiological foundations. Medical management decisions are patient centred; made jointly between the doctor and the patient while understanding the personal significance of illness.

At the practice level, GPs are required to manage the complex micro-economy of a practice, deploying resources to maximum effect and to work closely with hospital colleagues, practice teams, community services and multidisciplinary teams. Doctors must build partnerships and advocate for patients and their profession, often in difficult and complex situations.

Many of the defined general practice skills, such as those described across the domains of general practice, are mutually necessary training requirements for medical specialties. These include elements in which general practice training departments have considerable expertise, such as communication skills, healthcare ethics and the behavioural sciences (*Figure 1*).

In addition, as general practice is the first point of contact for the majority of people seeking healthcare and often therefore the point of referral, knowledge of general practice is an essential part of the education of all multidisciplinary health team members.

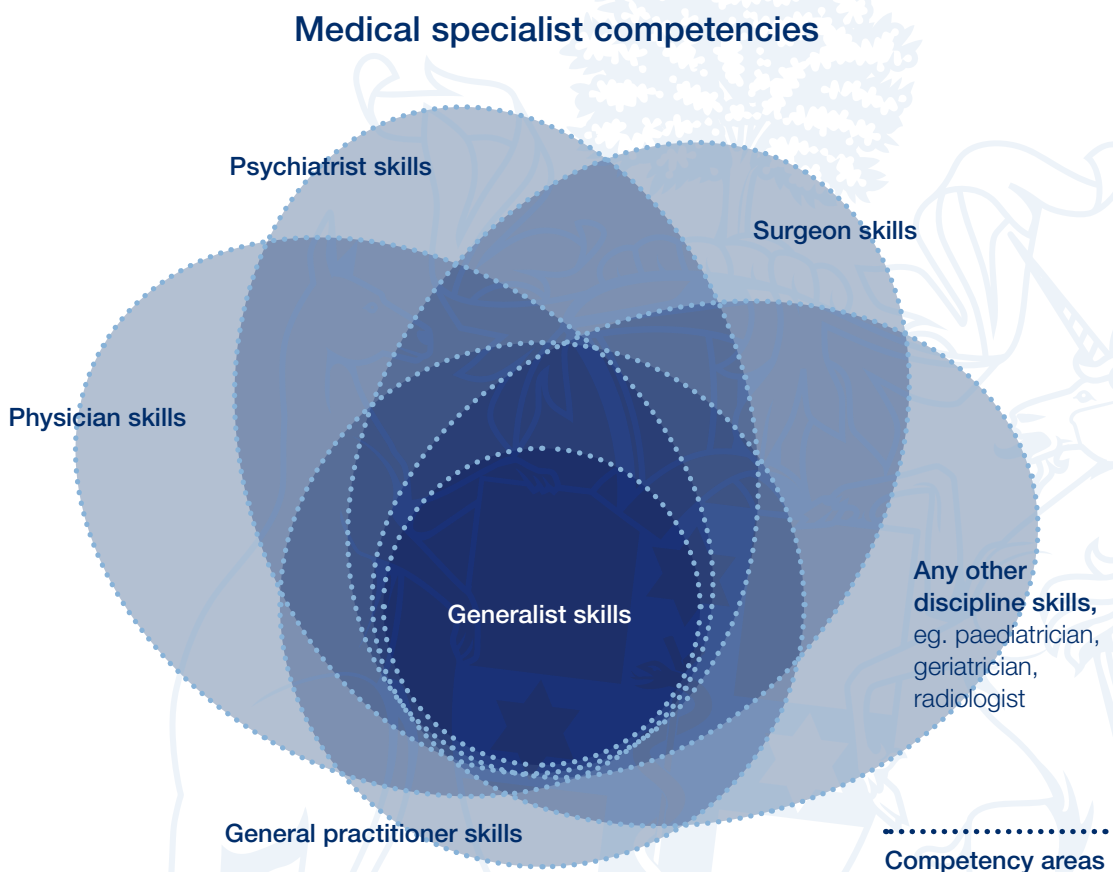


Figure 1. Generalist training common to all medical specialties sits within the discipline of general practice training and provides the foundation for many medical specialties

This helps to develop better links between primary care, hospitals and community based care, given that quality of healthcare is increasingly concerned with continuity, co-operation and communication between different health services as medical practice moves to a multidisciplinary approach.⁶

The prevocational doctor

Prevocational doctors are defined as junior doctors who are undertaking supervised work in a hospital, but who have not yet enrolled in a specialty training program.

Junior doctors undertaking postgraduate work while working in hospitals may enter specialist training paths at various times. General practice education training needs to recognise the multiple priorities and demands that affect prevocational doctors, as some may have chosen a future career in areas other than general practice.

In Australia, the curriculum and learning needs of prevocational doctors are areas of much debate and work. The *Australian Curriculum Framework for Junior Doctors* developed by the Confederation of Postgraduate Medical Education Councils,⁶ provides a common level of skills for junior doctors in Australia. Most of these skills sit well within the generalist skills required for general practice, although many junior doctors will start to acquire additional skills and competencies in preparation for entering other vocational training programs beyond those listed in the curriculum. This will usually involve self directed learning and mentoring as the prevocational doctor takes the step toward vocational training.

The vocational doctor

Completion of vocational training and the FRACGP equip medical practitioners with the core competencies required for unsupervised practise in Australia. A vocational general practice registrar can also be in training for Fellowship in Advanced Rural General Practice (FARGP). (See the *Rural general practice* curriculum statement.)

For many GPs, the qualification of FRACGP or FARGP is only one more step in their learning life.

Continuing professional development

After qualifying as a vocational GP, and as part of professional learning life requirements, all GPs need to ensure ongoing professional development and continuing quality assurance activities in order to maintain core general practice competencies.

As part of continuing professional development, many GPs also choose to become general practice educators and supervisors, or to participate in the ongoing development of general practice standards through the RACGP.

General practitioners may also need to develop skills beyond basic vocational requirements. For example, a rural GP may need to maintain a level of obstetric and anaesthetic skills not required by an inner city GP. There may be intercollegiate committees that regulate these activities, and GPs may need to participate in designated ongoing professional development programs. An Australian example is the joint consultative committees that work across medical colleges.⁷

In November 2008, the RACGP Council endorsed the creation of the National Faculty of Specific Interests (NFSI). This new faculty allows the RACGP to formally recognise those GPs with an additional interest and expertise in a specific area of clinical practice. The NFSI is charged with the role of conduit, allowing GPs with an interest in a specific area of general practice the ability to pursue their interest within the College rather than look outside the College for like-minded members and networking or educational opportunities.⁸

In all of these situations, GPs need to self direct their learning requirements and may need to comply with regulatory requirements to be eligible to provide services, such as medical imaging, or to be eligible for medical indemnity cover.

Other GPs may take further formal postgraduate training and the learning professional life of GPs needs to recognise the diversity of ongoing learning activities in which GPs participate.

Principles of the lifelong learning of GPs

Over a GP's professional lifetime each level of learning builds upon the previous learning level and assumes that all previous requirements have been met.

In reality, the path is continuous rather than consisting of discrete steps. Most learning levels will overlap to some extent (*Figure 2*), so that:

- a medical student may have a special interest in women's health and decide to study beyond the undergraduate curriculum
- a first year prevocational doctor may have already decided to develop a special interest in public health, but has decided to train as a vocational GP on their way to their final goal and may already have acquired high level skills in their special interest area.

Adult learning principles and concepts

The RACGP Curriculum for Australian General Practice 2011 is based on the following key adult learning educational concepts and principles that are applied across the GP learning life:

- needs focused training – directed toward meeting the healthcare needs and priorities of the Australian community
- learning as a continuum – integrates vocational training with undergraduate, postgraduate and continuing medical education
- lifelong learning – encourages a commitment to continuous improvement of knowledge and skills throughout a GP's learning life
- experiential learning – emphasises training as a supervised 'real world' clinical experience of consulting with patients who present with common and significant conditions, typical to general practice

Lifelong learning and the GP professional lifecycle

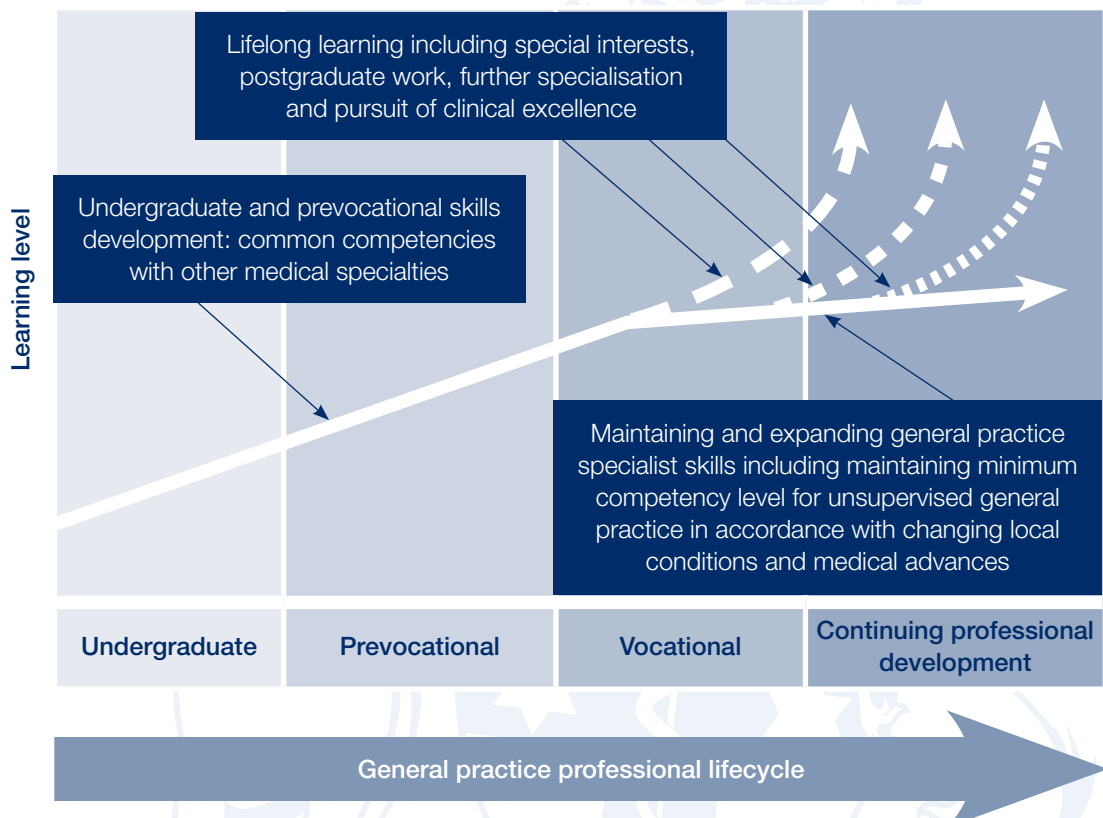


Figure 2. Each level of lifelong learning builds upon the previous level of knowledge

- purpose driven learning – clearly states purposes and curriculum requirements to enable learners to make informed choices about learning pathways
- integrated training – balances and integrates experiential, information based and reflective learning
- adult learning – uses models of learning based on recognition of different learning styles and needs
- self directed learning – expects adult learners to exercise significant autonomy in making choices about their learning
- feedback – requires high quality and regular feedback to learners on their performance as an integral and critical part of teaching and supervision
- assessment – regular assessment of learner achievement of curriculum learning objectives during and at the end of training to determine satisfactory completion of training requirements.

GPs as mentors and teachers

The maintenance of high quality general practice education and training depends on the recruitment and training of medical educators in each generation of GPs.

The nature of this teaching varies from informal settings to strictly regulated training programs with summative examination processes.

In reality, each level is often involved in the education of those in earlier lifecycle stages. For example, a prevocational doctor may educate or mentor medical students, a third year junior doctor may teach procedural skills to a first year junior doctor, and a qualified GP may teach all levels of GPs.

A good clinician does not necessarily make a good teacher, and attention to the levels of training and teaching skills required at each level of the learning life helps to maintain and improve ongoing educational skills levels.

For example, as part of continuing professional development, GPs may consider their role in teaching medical students or general practice registrars and may need to examine their skill requirements.

GPs as leaders

The increasing complexity of primary healthcare and the increased role of multidisciplinary patient care and incorporation of quality improvement measures at the practice level require GPs to acquire the skills necessary to be effective leaders.

General practitioners need to be able to set organisational values and strategic direction within a practice (which is different from management) that involves directing people and resources to achieve organisational goals. It also involves developing multidisciplinary team approaches to quality and safety within the practice.

The acquisition of leadership skills, closely related to the skills required for teaching and mentoring, need to be incorporated at all levels throughout the GP's learning life.

GPs as researchers

'Primary care research is the missing link in the development of high quality, evidence based healthcare for populations'.⁹

General practice research not only improves patient care and enables teachers to contribute to their discipline, but also stimulates intellectual rigor and critical thinking, which is identified in this curriculum as a core competency.

The rise of evidence based medicine and the concurrent need for equipping students with appropriate analytical skills means that skills that were normally only part of the domain of researchers are now commonplace among medical practitioners. In addition, the increasing use of clinical audits as a means to quality improvement in the general practice setting requires the application of basic research skills.

Planning and accountability

A uniform general practice curriculum across the professional learning life provides a transparent process to ensure that, in addition to professional requirements, the community expectations and obligations of GPs are met.

Defining requirements at each level provides a common ground for negotiating medical student curricula with other medical specialties to achieve cross-discipline curricular consistency. Such a process is likely to be iterative as knowledge and fields evolve. However, an explicit process will clarify mutual learning objectives, plan skills development and ultimately ensure that patient care needs are met.






An explicit lifecycle learning approach also provides an open, transparent and robust process by which governments, regulators and other general practice stakeholders and community groups can influence the curriculum process across the entire field of medical education to ensure both professional and societal accountability.

The five domains of general practice

The five domains of general practice represent the critical areas of knowledge, skills and attitudes necessary for competent unsupervised general practice. They are relevant to every general patient consultation.

The RACGP Curriculum for Australian General Practice 2011 bases lifelong teaching and learning on these domains.

The five domains of general practice

-  **Domain 1** – Communication skills and the patient-doctor relationship (eg. communication skills, patient centredness, health promotion, whole person care)
-  **Domain 2** – Applied professional knowledge and skills (eg. physical examination and procedural skills, medical conditions, decision making)
-  **Domain 3** – Population health and the context of general practice (eg. epidemiology, public health, prevention, family influence on health, resources)
-  **Domain 4** – Professional and ethical role (eg. duty of care, standards, self appraisal, teacher role, research, self care, networks)
-  **Domain 5** – Organisational and legal dimensions (eg. information technology, records, reporting, confidentiality, practice management).

The five domains of general practice provide a comprehensive, robust framework for ensuring that the key skill areas of general practice are included in education and training.

The star of general practice and development of a new curriculum framework

Combining the domains of general practice with lifelong learning provides a powerful conceptual framework for positioning the 2011 curriculum in the Australian clinical context in which the knowledge and skills are applied. This can be represented as the 'star of general practice' (Figure 3).

The framework enables educators to train GPs across the diverse and wide range of clinical presentations, which vary according to social, demographic, cultural and epidemiological circumstances.

Even though local practice characteristics, regional clinical trends or national characteristics may vary, this model provides a common ground for the essential discipline of general practice knowledge across the learning life cycle and domains of general practice.

Star of general practice

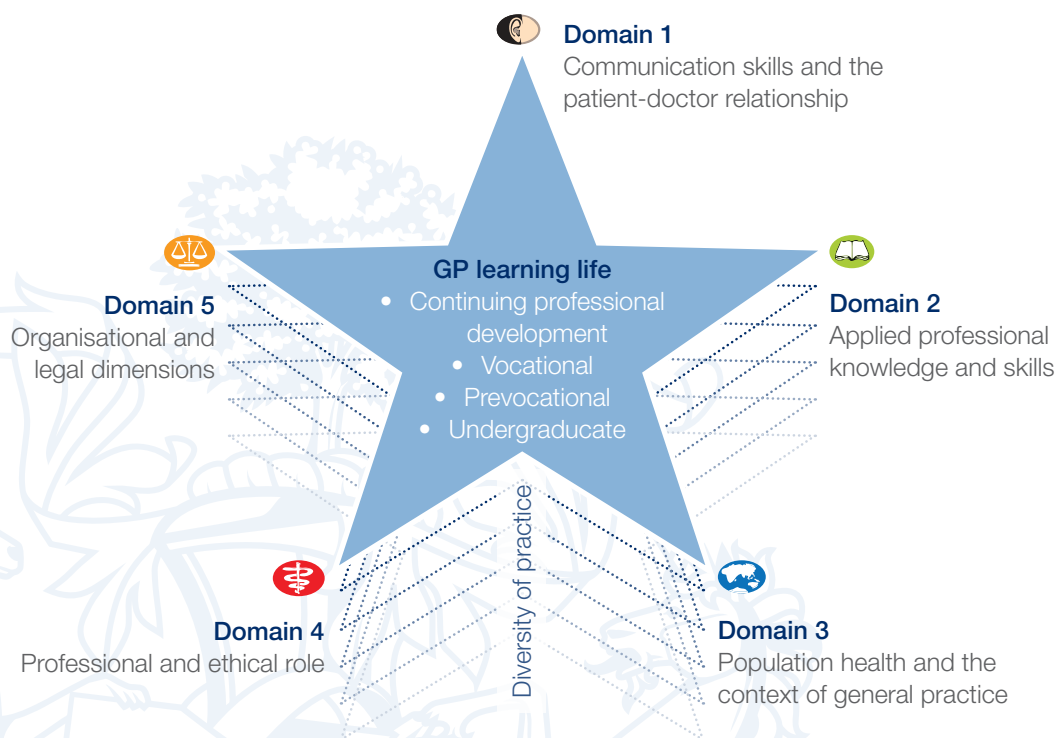


Figure 3. The 'star of general practice' provides a model of the discipline of general practice that meets the training requirements across the GP learning life

References

1. The Royal Australian College of General Practitioners. Definition of general practice. The RACGP; 2011. Available at www.racgp.org.au/whatisgeneralpractice.
2. Mudge P. General practice in Australia. 1st edn. Canberra: Australian Government Department of Health and Ageing; 2000.
3. Australian Medical Council. Guidelines for the recognition of medical specialties and sub-specialties. Canberra: Australian Medical Council; 2002.
4. Australian Medical Council. Accreditation report: the education and training programs of The Royal Australian College of General Practitioners. Canberra: Australian Medical Council; 2003.
5. Australian Medical Workforce Advisory Committee. Career decision making by postgraduate doctors. Sydney: AMWAC; 2005.
6. Confederation of Postgraduate Medical Education Councils. Australian curriculum framework for junior doctors; 2006. Available at www.cpmecc.org.au/Page/acfjd-project.
7. The Royal Australian College of General Practitioners. Joint Consultative Committees; 2011. Available at www.racgp.org.au/jcc.
8. The Royal Australian College of General Practitioners. National Faculty of Specific Interests; 2011. Available at www.racgp.org.au/nfsi.
9. Rosser WW, van Weel C. Research in family/general practice is essential for improving health globally. *Ann Fam Med* 2004;2 Suppl 2:S2-4.



Curriculum feedback

Curriculum renewal is always ongoing due to the rapid pace of change of medicine and the general practice environment, and continued feedback is encouraged and welcomed via this page.

Feedback is welcome from all individuals and organisations to ensure that the Australian public has the opportunity to help shape general practice to meet the needs of the Australian community.

How to submit your comments on The RACGP Curriculum for Australian General Practice 2011

You can contact the curriculum renewal team via email on curriculum@racgp.org.au or post your feedback to:

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1 Palmerston Crescent
South Melbourne, Victoria 3205

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