The Royal Australian College of General Practitioners Training Program

Curriculum

THE ROYAL AUSTRALIAN COLLEGE

OF

GENERAL PRACTITIONERS

TRAINING PROGRAM

THE CORE CURRICULUM

"A document which includes the core knowledge, skills & learning experiences needed for competent unsupervised General Practice"

1997

National Office, 1 Palmerston Crescent, South Melbourne, Victoria 3205.

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HOW TO USE THIS CORE CURRICULUM

This Core Curriculum is intended to act as a guide or reference for those involved in implementing and undertaking the RACGP Training Program. Whilst it is composed of several parts it should be seen as a complete outline of training. The way in which one will use it will vary. Rather than prescribe ways in which various individuals or groups could use it this section aims to provide a sensible way to walk through the document. How you use it will then be up to you.

STEP 1. ***Familiarise yourself with the document*** by having a flip through it. Start at the Table of Contents page, noting that there is an Introductory Statement followed by Core Curriculum Statements, which are arranged under five broad headings.

Become familiar with the format and layout. Note that each Core Curriculum Statement is set out in a consistent format for ready identification of Learning Objectives, Content, Teaching Learning Approaches etc. If you have never used a curriculum document before don't feel daunted, you will get the hang of it.

STEP 2. ***Read the Introductory Section.*** It gives you a broad understanding of the framework and philosophy behind the curriculum development, plus standard information about prerequisites, assessment, resources and evaluation, etc. It is important to read this section prior to using the curriculum, if you wish to understand its underlying assumptions.

Essentially each Core Curriculum Statement provides information and guidance on WHAT should be taught and learnt, HOW it should be taught and learnt, and WHO should be involved in the teaching and learning process.

STEP 3. ***Look through a couple of the Core Curriculum Statements.*** Note that each has a Table of Contents page for ease of reference. The individual statements provide you with all of the information you will require about the particular area.

If you want to know what areas are covered refer to the individual ***Contents*** section. *Refer also 3.3 Content in the Introduction to the Core Curriculum.*

If you want to know the level of experience expected in a particular area refer to the ***Learning Objectives.*** They provide you with information about the depth and breath required. They should also give an clear indication of the type of behaviour desired as a learning outcome.

For example if the Learning Objective says "demonstrate an understanding of,' the Registrar is expected to be able do this by talking or writing about it. If the learning objective states 'demonstrate and ability to' the Registrar is expected to be able to perform a skilled procedure or process. If it states 'critically analyse' the Registrar is expected to knowledgeably explain or discuss it.

Learning Objectives therefore help to clarify the type of knowledge, skills and attitudes desired. *Refer also to 3.2 Learning Objectives in the Introduction to the Core Curriculum*

If you wanted to find out what the ***assessment*** requirements are in a particular area you would initially *refer to the 3.6 Feedback and Assessment Methods Section in the*

Introduction to the Core Curriculum, which outlines the overall assessment requirements. Then refer to the Feedback and Assessment Methods section of the particular Core Curriculum Statement (if there is one) which outlines the particular or additional assessment requirements. You should also *refer to the Log Book* which outlines in a condensed version, the overall assessment.

STEP 4. ***Put it into practice.*** Whilst the Core Curriculum Statements are separate entities in themselves, they are also part of the whole Training Program and are not intended to be taught separately. They are therefore cross referenced to the other relevant statements.

For example, if you were trying to plan a workshop on death and dying, you might refer initially to the Chronic Conditions Core Curriculum Statement. You will also need to refer to the Aged Care and Mental Health Core Curriculum Statements, which outline issues related to palliative and respite care. If it is death related to a specific group, you may also need to refer to the Men's Health, Women's Health, Aboriginal Health, or Children And Young Peoples Health Core Curriculum Statements. If you wanted to know about high risk groups, you would refer to the National Health Goals and Targets Statement. *Information about which Curriculum Statements to also refer is listed in italics at the end of the Content list in each Core Curriculum Statement.*

Step 5. ***Teaching it.*** If you want information about what would be the most appropriate teaching strategies to use to conduct this workshop, you would refer to the Teaching and Learning Approaches section in the particular Core Curriculum Statement. This section provides guidance on appropriate strategies. If you wanted more detail about these approaches you could *Refer to the forthcoming Resource Kit for Planning Educational Events.*

Clearly some of the Learning Objectives are of a practical nature and are best taught on a one to one basis. These strategies are also outlined in the Teaching and Learning Approaches section, plus clearly outlined in the Log Book.

OPTIONS. ***Using a separate statement.*** If you choose to photocopy any of the statements separately you will need to include *Notes to Accompany Specific Core Curriculum Statements in the Introduction,* plus a copy of *Conceptual Basis of General Practice and Critical Thinking and Research Core Curriculum Statements*

Conceptual Basis of General Practice and Critical Thinking and Research. These two statements relate to the intellectual and philosophical foundations of this Core Curriculum. They should therefore be read in conjunction with all of the Core Curriculum Statements and born in mind when undertaking any of the sections of this Core Curriculum.

Particular posts For information about particular skills posts *Refer to the annual RACGP Training Program Handbook.*

This Core Curriculum is a 'living' document which will evolve and change with time and experience. As the users of this document you are invited to provide feedback about the positive and negative aspects of using it and feed this information back to the National Education Development Officer at the National Office, to enable changes to be made in the future.

Good luck.

ACKNOWLEDGMENTS

Many people have enthusiastically contributed to the development of this Core Curriculum. They include Medical Educators, GP Supervisors, GP Registrars, State Directors, Medical Specialists, Consumer representatives, other Health Professionals and University academic staff. Collectively, they have responded to the needs through their energetic support, providing comments and suggestions, and by giving unstintingly of their time and expertise. Their hard work is gratefully acknowledged.

The members of Core Curriculum Working Parties, Reference Groups and the writers who prepared the Core Curriculum Statements, are listed in the Acknowledgments section of each statement.

There are some RACGP Training Program staff who have been involved throughout the development of this Core Curriculum and deserve special mention. The National Medical Educator, Suzanne McKenzie, worked tirelessly to provide the Curriculum Development Project Officers with advice and guidance on medical content and the form and presentation of curriculum statements. The Curriculum Development Project Officers, Susan Garside, Di Schaefer and Janie Smith, in their individual portfolio areas, coordinated, planned and facilitated working party meetings, established reference panels, wrote the draft statements, and acted as the communication link for all those involved in the development. National Office staff, Lisa Shiel and Joocy Lam, willingly supported the project with their time and superb administrative skills.

Margaret Kiley (Co-ordinator), Gerry Mullins and Ray Peterson from the Advisory Centre for Education, University of Adelaide, evaluated both the process used in developing the curriculum, and the documents and resources themselves. They have worked cohesively with all involved in the project and have provided valuable formative evaluation advice. They produced a report during 1996 on the evaluation of the development and initial approaches to implementation.

This entire process was overseen by the Curriculum Committee who provided guidance, leadership and advice through the Program Management Group in steering the overall project. Their names appear at the end of the Introduction section of this document.

The documents are user friendly and a reasonably clear and coherent expression of the core knowledge and skills which Registrars should possess for competent unsupervised General Practice. Undoubtedly there are things we will want to refine, and some important issues remain unresolved, however it is important that they be allowed to evolve over time. I sincerely thank all those concerned in development of this Core Curriculum.

Dr Rod Wellard
Director of Education

BACKGROUND

In recent years the RACGP Training Program has had an increasing emphasis placed on documenting a formal curriculum which outlines the learning objectives, content, learning activities and other training requirements.

At a Rural Training Day in February 1994 there was strong support for the development of a Core Curriculum as an integrated part of the Training Program. A Curriculum Standing Committee of the Program Management Group was formed and took responsibility for overseeing the preparation of the first national *Training Program Handbook*, which provided an overview of the components of the curriculum. At a Core Curriculum Conference in October 1995 a wide range of stakeholders strongly affirmed the need to develop a Core Curriculum. They agreed on a framework for Core Curriculum development, identified core priority areas, and endorsed processes and strategies for further development. Their recommendations were endorsed by the Curriculum Standing Committee and Program Management Group and funds were allocated within the Training Program budget to proceed.

Curriculum Development Project Officers were appointed and allocated a portfolio of curriculum areas early in 1996. Their brief was to facilitate curriculum development through a broad consultative process, using the agreed framework and guidelines. A team from the Advisory Centre for University Education, University of Adelaide, was engaged to evaluate the development process, the curriculum outcomes, and initial stages of implementation.

Various combinations of curriculum development groups, consultants/writers, working parties and reference panels were used. There was broad involvement of Medical Educators, GP Supervisors, Registrars, Consumer representatives, General Practitioners (GPs) and other Health Professionals in the process. The draft statements were sent to other stakeholders for comment, including Joint Consultative Committees, State Directors, Rural Health Training Units, and relevant medical specialists. Their feedback was incorporated in the final draft statements. There was a parallel development of the core and advanced rural skills curriculum. The Core Curriculum was cross-referenced with the Advanced Rural Skills Curriculum Statements in Adult Internal Medicine, Child and Adolescent Health, Emergency Medicine, Aboriginal Health and Mental Health. These form a separate set of documents.

In December 1996 a second Core Curriculum Conference was held with representation from all of the major stakeholders outlined above. The outcome of this conference was acceptance in principle of the Core Curriculum Statements and national and statewide implementation plans were developed. These plans outline strategies and approaches for implementation, assessment, management, resourcing and evaluation.

This Core Curriculum document is the outcome of this work.

The Need For a Core Curriculum

The need for a postgraduate vocational training program for GPs has been universally identified for many years by the medical profession, academics and those responsible for setting and maintaining standards. Vocational training programs for GPs exist in Canada, the United States, the United Kingdom, and several other countries. In Australia, the RACGP Training Program has provided this training since its inception in 1973. The program has changed considerably during this time in response to expectations that it provide evidence of graduate competence,

clearly state its goals and objectives, place more emphasis on formal assessment, more closely reflect national health priorities and needs, address rural training needs more effectively, and respond more positively to workforce issues.[1]

It is also increasingly recognised that vocational training for general practice is part of a continuum which forms a bridge between undergraduate, postgraduate and continuing medical education. The primary purpose of undergraduate education is to provide graduates with a broad range of knowledge and skills for competent undifferentiated medical practice. Undergraduate education is therefore a foundation for subsequent vocational training in a specialist field.

General Practice is the largest field of medical practice, and because of its fundamental importance in providing healthcare within the community there is universal agreement about the need for comprehensive vocational training which has a strong emphasis on self-directed learning, the development toward critical self-reflection, lifelong learning and the maintenance of professional practice standards.

There has also been an increasing emphasis on being accountable to the community, government and the profession by documenting the knowledge, skills and attitudes necessary for competent unsupervised General Practice. Not only does the identification of the Core Curriculum serve this purpose, it also provides the essential framework for teaching by GP Supervisors and Medical Educators, and an information base for Registrars to use in their planning and selection of relevant training experiences.

The Core Curriculum is also a substantial reflection of the unique attributes and characteristics of the discipline of General Practice, and a way for education providers to integrate vocational training with education and training at all levels. The Core Curriculum framework described below is a representation of the way in which the dimensions of General Practice combine in a unique way.

Curriculum Definitions

Curriculum: The broad definition of *curriculum* employed by the RACGP Training Program is *the sum of the planned learning experiences which Registrars are expected to have.* It includes the rationale, learning objectives, content, learning activities, teaching and assessment approaches and the program structure and the sequence in which these occur.

Core Curriculum: A description of the core knowledge, skills and learning experiences required for competent unsupervised General Practice.

Curriculum Statements: Descriptions of particular parts or areas of the curriculum of the Training Program.

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1 Wellard, R.F. *Pressures to Change the Training of General Practitioners in Australia.* Changing Medical Education and Practice. WHO. December, 1995.

ACKNOWLEDGMENTS

The Royal Australian College of General Practitioners Training Program would like to acknowledge and thank the following members of the Curriculum Committee for their time, energy and expertise in the development and steering of this Core Curriculum. *In alphabetical order.*

Curriculum Committee

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Introduction to the Core Curriculum

1. The Core Curriculum Framework
2. Identified Core Curriculum Priority Areas
3. Notes to Accompany Specific Core Curriculum Statements

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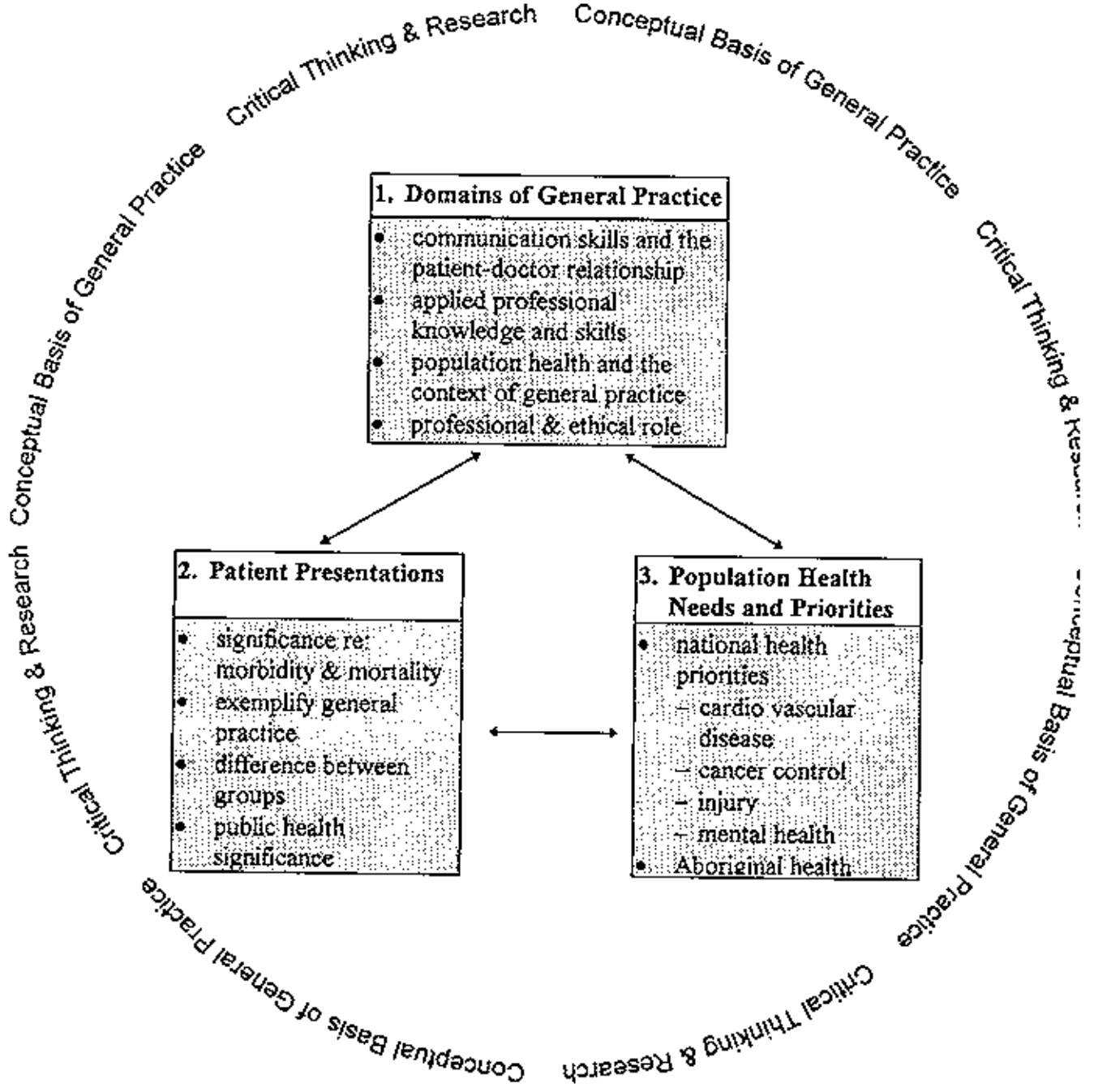
1. THE CORE CURRICULUM FRAMEWORK

The framework used for development of the Core Curriculum consists of three inter-related dimensions:

1. the domains of General Practice
2. patient presentations, and
3. population health needs and priorities (Figure 1)

which are encompassed by the philosophical foundation of General Practice i.e. Conceptual Basis of General Practice and Critical Thinking and Research.



Core Curriculum Framework
Figure 1

The three dimensions in the framework apply in the following ways:

1.1 The Domains of General Practice

These five domains collectively reflect the critical areas of General Practice. They encompass the knowledge, skills and attitudes appropriate for competent General Practice. It is envisaged that all teaching and supervision in the Training Program will actively address each domain, to enable Registrars to achieve the learning objectives.

The five domains are:

1.1.1. Communication Skills and the Patient-Doctor Relationship

The nature of the relationship between patient and doctor, and its therapeutic potential; consultation models; patient-centredness, and the communication skills and attitudes needed to foster effective whole person care; individualistic and opportunistic health education and promotion.

1.1.2. Applied Professional Knowledge and Skills

Knowledge of significant medical conditions; approaches to undifferentiated problems, information gathering, physical examination skills, procedural skills, and clinical decision-making; continuity and integration of care; cost-effective investigations and treatment and rational prescribing; critical appraisal of professional knowledge and skills.

1.1.3. Population Health and the Context of General Practice

Demographics, epidemiology, public health problems, and the health needs of special groups; population-based preventive strategies; socio-political and cultural aspects, and the influence of family, work and significant others on health; advocacy role; community resources.

1.1.4. Professional and Ethical Role

Special duty of care; maintenance of professional standards; contemporary ethical principles; reflective skills and professional self-appraisal; lifelong learning and continuous professional improvement; role as a teacher, leader and change agent; research, evaluation and audit skills; professional networks; maintaining well-being of self and family.

1.1.5. Organisational and Legal Dimensions

Availability and accessibility arrangements; safety netting, screening and recall systems; patient and practice related information technology and management; medical records and legal responsibilities, reporting, certification and confidentiality; practice management.

1.2 Patient Presentations

General Practitioners' work mostly involves providing advice to individual patients in the treatment and management of medical conditions. Indeed, GPs manage the majority of presentations requiring medical treatment in the community. Therefore, the second main dimension of the framework is *presenting conditions* or *the reasons for encounter.*

Within this dimension the *criteria used to determine the content of the Core Curriculum include:*

- problems which significantly contribute to morbidity and mortality
- common presentations which exemplify General Practice
- presentations requiring special skills
- health problems which present differently with different groups
- presentations with a public health significance
- health problems which have been shown to be preventable.

1.3 Population Health Needs and Priorities

The RACGP has a responsibility to train GPs who are able to provide high quality primary health care services relevant to individual and community needs. Consequently, the third dimension of the Core Curriculum framework is *health needs and priorities in the population.* This includes:

- national health goals and targets
  - ⇒ reducing health inequalities
  - ⇒ improved access and participation
  - ⇒ intersectoral action
  - ⇒ healthy lifestyles - reduced smoking and alcohol consumption, increased physical activity, improved diet, reduced cholesterol, obesity and blood pressure, and

- a focus on the four priority areas in mortality and morbidity
  - ⇒ cardio-vascular health
  - ⇒ cancer control
  - ⇒ injury prevention and control
  - ⇒ mental health

- Aboriginal health

- HIV / AIDS

2. IDENTIFIED CORE CURRICULUM PRIORITY AREAS

The Core Curriculum framework described above formed the basis for identifying the following Core Curriculum priority areas.

2.1 Intellectual and Philosophical Foundations

- Conceptual Basis of General Practice
- Critical Thinking and Research

2.2 Acute and Chronic Presentations

- Acute and Traumatic Conditions
- Chronic Conditions
- Mental Health

2.3 Gender

- Women's Health
- Men's Health

2.4 Age

- Health of Children and Young People
- Aged Care

2.5 Groups with Special Needs

- Aboriginal Health
- Ethnic Health

It was also recognised that there were other themes which transcended a number of these areas. Specific attention has been initially given to cross-referencing the theme of HIV/AIDS.

3. NOTES TO ACCOMPANY SPECIFIC CORE CURRICULUM STATEMENTS

Each Core Curriculum Statement has been prepared in accordance with a set of guidelines to ensure that critical areas are covered and layout is consistent. There are some differences between the statements which reflect the particular needs of the core areas, the different approaches used and the depth of coverage proposed by the development groups.

It should be noted that the first two Core Curriculum Statements:

1. The Conceptual Basis of General Practice, and
2. Critical Thinking and Research

primarily emphasise the intellectual skills and philosophical principles which are essential to an understanding of General Practice as an academic and professional discipline.

The following notes provide an outline of the information included under each of the headings used in each of the Core Curriculum Statements.

3.1 RATIONALE

Each Core Curriculum Statement has an explanation and justification for its status as a Core Curriculum area. This is based on evidence about its significance for General Practice, eg. because of its importance in terms of national health goals and targets, or reasons for encounter data.

3.2 LEARNING OBJECTIVES

The *Domains of General Practice* are used to classify the learning objectives in each of the Core Curriculum Statements. For each area there are objectives which relate to the domains, and the degree of emphasis on particular domains will vary.

3.3 CONTENT

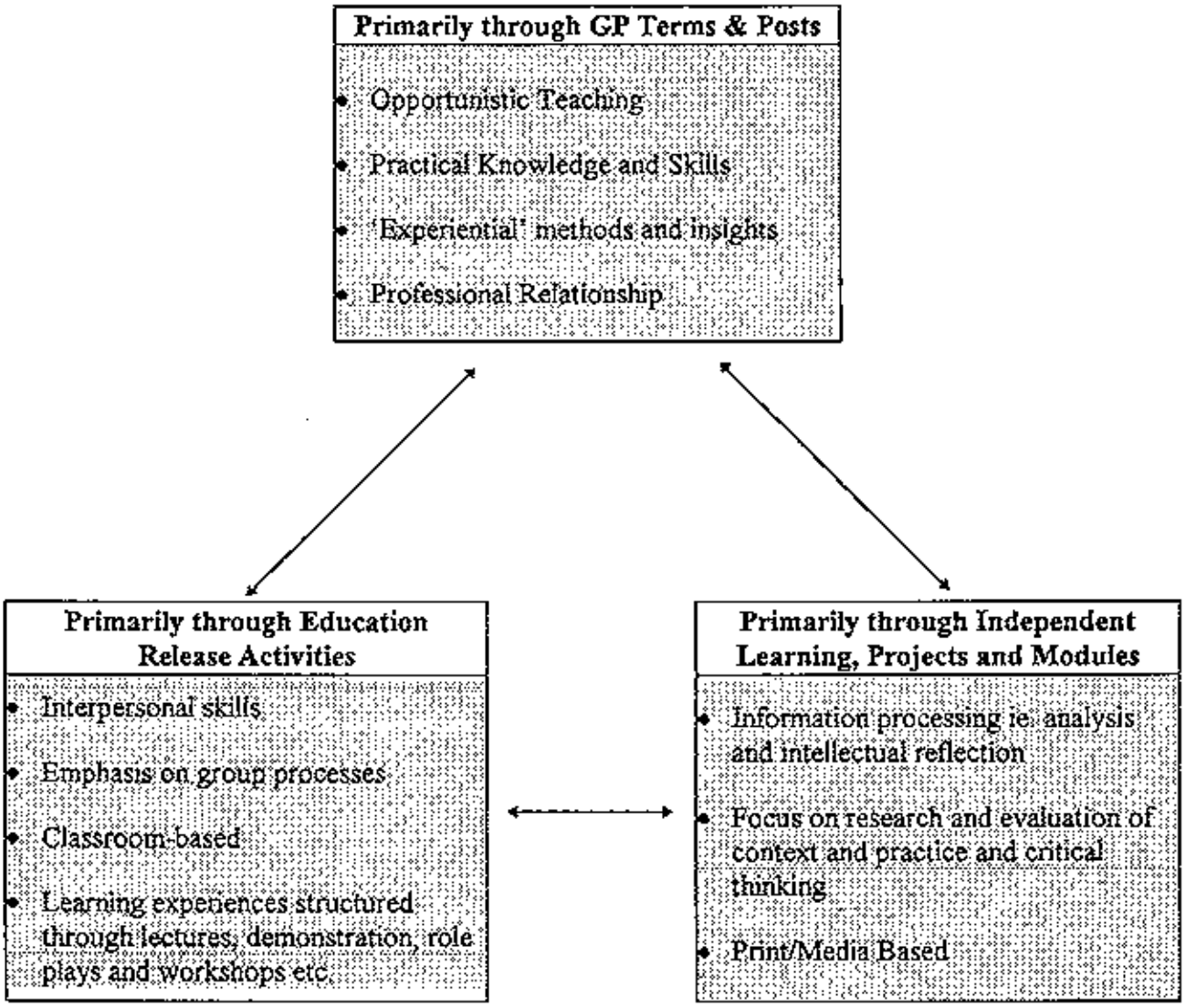
Content has been outlined for each of the areas and can be found in the specific Core Curriculum statements. The content outlines the areas to be covered in the training in order to meet the learning objectives. Content is organised in topics or themes, and the organisation in each statement reflects the needs and approaches of that particular area. Some of the content identified in one area may also be covered in another; these have been cross referenced.

Whilst each specific Curriculum Statement contain the core content, some statements may exceed that requirement. In the implementation of the Core Curriculum there will a process of constant revision and updating of the content area. This will ensure that the content adequately reflects the training/learning needs in terms of the domains of General Practice, individual patient presentations, and population health needs and priorities, as they relate to each specific Core Curriculum area.

The remaining Core Curriculum statements are more focused on the application of practical knowledge and skills, and reflect a mix of categories broadly based on presenting conditions, eg. acute or chronic conditions; gender and age distinguishing characteristics; and groups with special health-related needs.

3.4 TEACHING AND LEARNING APPROACHES

This framework emphasises three inter-related teaching and learning dimensions which form an integral part of the Training Program (Figure 2).



Teaching and Learning Framework
Figure 2

Registrars are expected to be responsible for their own learning and should ideally have exposure to, and be involved in, a variety of learning activities. Teaching and learning approaches recognise Registrars as adult learners, and for this reason a combination of interactive methods should be employed.

Methods useful for self-directed learning include:

- self-evaluation, reflection and monitoring
- maintaining records of experiences and reflections in log book
- participating in small peer study group
- individual study with learning packs
- research and individual projects
- CheckuP 2 programs and other computer based programs
- individual study with journal texts
- seeking and following up discussion and advice from colleagues

Methods useful in practice supervision include:

- identification and discussion of learning goals and plans
- informal opportunistic discussion between supervisor and Registrar to review cases, consultation techniques and treatment methods
- video and/or audiotape review and feedback
- direct observation and feedback
- ECT visits with oral and written feedback as appropriate
- feedback from specialists, other professionals, practice staff and patients
- medical record review
- demonstrations by GP supervisor
- discussion of teaching/learning experiences using ideas suggested in Manuals, Modules or specific Statements, or identified by Registrar
- discussion and review of log book recordings

Methods useful in educational release programs include:

- small group discussion
- role play
- case study presentation and review
- problem-based tutorials
- critical incident review
- consumer group panel discussions
- use of simulated patient situations
- Registrar presentations
- debate on ethical issues
- guest lecture by "experts"
- use of supplementary resources eg. videos, audiotapes etc.
- one to one teaching

Further information is outlined in the Resource Kit for Planning Educational Activities.

3.5 ASSUMED PRIOR EXPERIENCE

The Core Curriculum has been developed for Registrars who have met the admission requirements into the RACGP Training Program. Applicants are eligible for enrolment only if they meet all of the following criteria:

- full and unconditional medical registration in an Australian state or territory
- permanent resident status in Australia
- satisfactory completion of the enrolment process
- intention and ability to meet the requirements of training, including ability to complete the required training units and in the required timeframe
- preparedness to accept the GP terms offered by the Program.

In each specific Core Curriculum Statement, assumptions made about the knowledge, skills, attitudes and previous training are identified.

3.6 FEEDBACK AND ASSESSMENT METHODS

3.6.1 Feedback

Feedback within the context of the Training Program is the relatively continuous process of providing advice, guidance, coaching and instruction to Registrars to enable them to improve their level of competence. Registrars should actively seek feedback from GP Supervisors, staff in the Training Program, other professionals, and patients. Through feedback, continuous reflection and self assessment, Registrars can ensure that their learning covers all content areas in the curriculum, enabling them to confidently meet the learning objectives by the end of their training.

GP Supervisors, who are in the best position to provide feedback on the Registrars' day-to-day work, and other staff in the Training Program may use the following methods and activities:

- direct observation of consultations to assist communication and clinical skills, understanding and application of context issues, application of ethical principles and organisational issues
- case discussion to assess context, clinical skills, ethical and legal issues
- patient record reviews to assess clinical and communication skills, organisational and legal issues
- topic discussion to assess the full range of knowledge and attitudes
- clinical practice-based audits
- patient feedback
- critical investigation of community resources
- observation of procedures performed by the Registrars
- community work
- CheckuP 2.

Some specific statements make particular suggestions regarding feedback and assessment methods.

3.6.2 Assessment

Assessment of the Registrar's achievement of the knowledge, skills and learning experiences needed for unsupervised General Practice occurs in two ways:

1. An In-Training Assessment Program
2. The College Examination

3.6.3 In-Training Assessment

In-Training Assessment is the process of gathering evidence about the performance of Registrars in real clinical settings. The purpose is to provide feedback to learners and to make judgments about their progress towards achieving the learning objectives. In-Training Assessment has the potential to improve endpoint examination decisions and to provide feedback about areas which are difficult to examine.

Throughout training the Registrars are required to progressively compile information which demonstrates evidence of their learning and their meeting of the Core Curriculum objectives. This section is intended to be flexible due to the diversity of the work environments of Registrars, and their particular interests.

Log Book

An objective-based Log Book is currently being developed which is intended to assist Registrars to maintain a record of their meeting of the learning objectives of the Training Program. This Log Book will also enable them to

- monitor and reflect upon their progress
- plan future learning experiences
- document meetings with GP Supervisors and Medical Educators
- identify their individual training gaps.

The Log Book is cross-referenced with the portfolio which further substantiates evidence collected.

Portfolio

The Portfolio is a collection of information which provides evidence of completion of Core Curriculum requirements. The following is an outline of some of the possible content of the portfolio which the Registrar could collect throughout the training. This list should not be seen as exhaustive:

- supervisor assessments
- self-rating sheets
- CheckuP 2 Programs completed
- written case studies and reflective overview of changes to case management

- review of literature in a certain area
- project reports
- an article for publication
- notes, materials and records of relevant Core Curriculum activities
- cases presented on grande ward rounds
- evidence of research undertaken in a particular field
- outlines of teaching sessions performed in a particular subject area
- audiovisual / computer programs / information developed
- other information which provides evidence of some mastery in the field and the meeting of the stated objectives, endorsed by the Medical Educator or GP Supervisor.

3.6.4 The College Examination

The College Examination is the formal assessment requirement of the Training Program. It is undertaken towards the end of the training and is closely integrated with the Core Curriculum to reflect the learning objectives.

Seven segments of the College Examination must be satisfactorily completed. These are:

Written Segments

1. Multiple Choice Questions
2. Key Feature Problems
3. Clinical Interpretation

(No General Practice experience is required before undertaking these written segments of the College Examination).

Clinical Segments

1. Patient Consultations
2. Management Interviews
3. Physical Examination
4. General Practice Oral Examination

(One year in General Practice or its approved part-time equivalent [within, and approved by, the Training Program] is required to be completed one month prior to date of examination, before undertaking clinical segments).

Satisfactory completion of the Training Program examination leads to the award of the Fellowship of the RACGP. More information relating to the College examination can be found in the Annual RACGP Training Program Handbook and the College Examination: A Handbook for Candidates and Examiners.

Registrars enrolling in 1997

The current College Examination will be redeveloped throughout 1997. Those Registrars who enrol in the RACGP Training Program in 1997 will sit this redeveloped examination. The current General Practice knowledge, skills and attitudes that are currently assessed will still form the basis for this redeveloped examination.

There will be changes to the eligibility and time requirements for these GP Registrars enrolling in the College Examination. These changes will also involve Registrars in the Rural Training Stream. Those Registrars enrolling in 1997, who are granted recognition of prior learning, will be eligible to enrol in the current College Examination once they have completed all present requirements.

Details of eligibility, time requirements, the redeveloped examination and individual segment requirements will be widely promulgated and trialed prior to their introduction.

3.7 TIME AND LEARNING RESOURCES

3.7.1 Duration

The Core Curriculum spans the entire Training Program. However, where relevant, specific time requirements are identified in the specific Core Curriculum statements. This covers the entire time spent in the Training Program by the Registrar, that is, in their self-directed learning; in their time in General Practice with their GP supervisor, training adviser, external clinical teacher and GP mentor; and whilst in educational release time with the Medical Educators and other Training Program staff.

3.7.2 Staffing

A variety of different staff are employed by the Training Program to ensure that the diversity of training needs of Registrars are met, with most being experienced GPs. The following staff have an integral role to play in the delivery of the Core Curriculum and many fulfil a number of overlapping roles such as:

GP Supervisors

GP Supervisors are experienced GPs and are usually principals in their own Practice.

Responsible for

- assisting Registrars to decide what they need to learn (education and training)
- helping Registrars develop learning goals to suit their needs
- arranging suitable learning experiences for Registrars as outlined in the Core Curriculum Statements
- supervising of those experiences
- role modelling

- providing teaching which assists Registrars to reflect on and learn by their experiences
- observing Registrar's consultations with patients for the purpose of giving advice, guidance and feedback

GP Mentors

GP Mentors are experienced GPs who usually work in the same Practice as the Registrar.

Responsible for

- providing Registrars with guidance, mentorship, advice, support and practical help throughout their subsequent General Practice experience
- role modelling
- facilitating the transition of the Registrar to the role of a competent, confident, unsupervised General Practitioner

Training Advisers

Responsible for

- assisting Registrars to decide what they need to learn (education and training)
- reviewing Registrar's log book and portfolio in the light of Core Curriculum requirements
- helping Registrars develop learning goals to suit their needs
- advising on appropriate learning experiences
- providing career counselling

State Directors

State Directors are experienced GPs and Medical Educators with educational and managerial expertise, based in each state office. They are responsible for overseeing the entire Training Program and ensuring that it is effectively and efficiently managed.

Medical Educators

Medical Educators are experienced General Practitioners with educational expertise, based in each state office.

Responsible for

- ensuring that Registrars are provided with quality learning opportunities to enable them to achieve the learning objectives outlined in each Core Curriculum Statement
- assisting with the assessment of Registrars
- training and support for the GP Supervisors and other field teachers
- support and advice for other resource people
- release program activities
- identifying problems and supporting individual Registrars

- teaching, advising and supporting the Registrars throughout the training
- giving feedback throughout the training

External Clinical Teachers

An External Clinical Teacher is an experienced GP or Medical Educator who visits Registrars in the training Practice to complement the teaching provided in the Practice.

Responsible for

- observing Registrar's consultations with patients for the purpose of providing feedback and discussion, particularly to challenge critical thinking

All staff can access ongoing professional development through formal and/or in-house programs, which may assist them in facilitating this training.

Registrar Liaison Officers

Registrar Liaison Officers are senior Registrars elected by their peers, and employed by the College in each state office.

Responsible for

- maintaining contact with Registrars in the state and representing their views
- discussing any problems or difficulties which may arise.

Support Staff

Responsible for

- providing support as necessary in the areas of educational activities, GP terms, distance learning, library resourcing, administrative support, assessment and evaluation.

Other Health Professionals

Using the expertise of other health professionals, community agencies and consumer groups is of great value in covering certain areas of the Core Curriculum. In addition, training occurs in hospitals and special skills posts under the supervision of staff in these institutions.

3.7.3 Training Resources

The Core Curriculum Statements outline the knowledge, skills and learning experiences required for successful completion of the Training Program.

Manuals and Modules are provided in some individual core areas as supporting and supplementary resources. It is expected that Registrars will find completion of these Modules and Manuals a rewarding and valuable experience in broadening their knowledge and skills relevant to General Practice.

A Core Curriculum Log Book and Portfolio is being developed as a key training resource to provide the means for the Registrars to make informed and systematic choices in fulfilling their learning goals and plans and in the assessment process. Completion of the log book and compiling a portfolio of evidence of training experience by Registrars provide

- a process for reflecting on progress and monitoring
- a set of resources and materials of considerable value for future professional practice, and
- a record of their training experiences which will enable substantiation of Core Curriculum learning objectives and requirements.

Further details can be found in 4.6 Feedback and Assessment Methods.

Infrastructure Resources: The RACGP Training Program endeavours to provide the essential infrastructure, equipment and resources in order to ensure optimal conditions for quality teaching, supervision and learning in relation to this curriculum. Some of the material is found in State offices and some at the National office. This includes:

- a wide range of accessible print and media-based learning resources through the National Resource Centre
- support services and resources for GP supervisors
- access to a computer and relevant software, Internet, e-mail facilities etc.
- audio-visual equipment including video cameras, taperecorders, television and VCR equipment, overhead projectors etc
- classroom space and teaching resources conducive to quality learning.

Resource Kit for Planning Educational Activities

A resource kit has been developed which is designed to assist those implementing the Training Program and planning educational activities.

Other Resources are identified in the individual Core Curriculum statements.

3.7.4 Texts and References

The RACGP National Resource Centre located in the National Office in South Melbourne, operates as a distance library and has an extensive range of educational resources appropriate to the requirements of GPs. It is accessible to Registrars throughout Australia. Its many services and resources include videocassettes, books, audiocassettes, tapes/slides, kits, X-rays, films and access to Australian and overseas databases - Medline, Healthrom, Healthwiz, Micromedix. The Centre also provides literature searching, inter-library loans and journal services. Texts and references referred to in specific Core Curriculum statements are generally available through the RACGP National Resource Centre or the identified supplier.

Registrars need to learn to access these resources in consultation with the staff of the Centre. Increasingly, material appropriate for both doctors and patients is available on the Internet. Registrars should be proficient in accessing such information by the time they complete their training.

3.8 EVALUATION

An evaluation strategy for the Core Curriculum has been developed through the Quality Improvement Unit, which will provide regular information from all main groups involved in implementing the Core Curriculum. Evaluation methods could include: questionnaires, structured interviews, reviews and informal discussions.

Evaluation will provide feedback to program managers at state and national levels. As part of ensuring that the Core Curriculum is seen as a 'living' document, the Core Curriculum Statements, and in particular their content, teaching/learning approaches and assessment methods, will be continually revised and updated in the light of this evaluation.

Intellectual and Philosophical Foundations

The Conceptual Basis of General Practice

Critical Thinking and Research

THE ROYAL AUSTRALIAN COLLEGE

OF

GENERAL PRACTITIONERS

TRAINING PROGRAM

THE CONCEPTUAL BASIS OF GENERAL PRACTICE

CORE CURRICULUM STATEMENT

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TITLE The Conceptual Basis of General Practice

INTRODUCTION

Two of the Core Curriculum Statements provide a description of the intellectual and philosophical foundations of training for General Practice. These statements are:

1. The Conceptual Basis of General Practice, and
2. Critical Thinking and Research.

They contain philosophies, concepts, principles and methods which describe the nature of General Practice. These two statements delineate the intellectual framework for training and critical reflection on practice and, as such, encompass the three main dimensions of the Core Curriculum Framework: (1) the domains of General Practice; (2) patient presentations; and (3) population health needs and priorities.

The intellectual skills involved in identifying principles, interpreting ideas, critical analysis, applying evaluation methods, and reflecting on practice included in these two statements are of a generic nature and permeate all aspects of General Practice. This is reflected in the format of these documents. Rather than subsuming the learning objectives under the domains of General Practice and the content under patient presentations, this Core Curriculum Statement outlines the key concepts which the Registrar is expected to achieve throughout their training.

RATIONALE

General Practice is a unique discipline with its own body of knowledge, methodology, and research and therefore is a subject of study in its own right. The conceptual basis of General Practice Core Curriculum Statement aims to provide a coherent framework of philosophies, concepts, principles and reflective practice which describes the nature of General Practice.

The RACGP defines General Practice as

> *"That component of the health care system which provides initial, continuing, comprehensive and coordinated medical care for all individuals, families and communities and which integrates current biomedical, psychological and social understandings of health."*

General Practice is best understood in terms of the patient-doctor relationship rather than the clinical content. As McWhinney states

> *"Other fields define themselves in terms of content, diseases, organ systems or technologies. Clinicians in other fields form relationships with patients, but in General Practice the relationship is usually prior to content. We know people before we know what their illness will be. It is, of course, possible to define a content of General Practice based on common conditions presenting to General Practitioners at a particular time and place. But strictly speaking, the content for a particular doctor is whatever conditions her patients happen to have."* [1]

[1] McWhinney IR. *The Importance of Being Different.* Paper delivered at the 1996 spring meeting of the Royal College of General Practitioners in Aberdeen, Scotland. p2. 1996.

This Core Curriculum Statement therefore has as its cornerstone the patient-centred approach. It recognises the centrality of the patient-doctor relationship, describes General Practice from a holistic view, and emphasises the importance of context. It is macroscopic rather than reductionist, and recognises that the whole is greater than the sum of the individual parts. It allows GPs flexibility, the ability to adapt to future change, and emphasises their potential as a therapeutic agent in the patient-doctor relationship.

The articulation and understanding of the discipline of General Practice gives a sense of identity and enhances the recognition of the value of GPs, both now and in future health care systems.

Additionally, this approach encourages and promotes a natural curiosity and a questioning attitude, and provides a basis for the development of reflective practice and research. These ideas are further developed in the Critical Thinking and Research Core Curriculum Statement.

This statement draws together the current defining concepts of General Practice and encourages further exploration of the discipline. This series of concepts has its own language and it is important that all GP Supervisors, Medical Educators, and Registrars use a shared vocabulary and have a common understanding of these concepts.

LEARNING OBJECTIVES / KEY CONCEPTS

The major objective is to enable Registrars to integrate key concepts and principles of General Practice into their role as professional practitioners. Nine key concepts have been identified, each of which has a number of underlying principles. These form an inter-related set of ideas which encompass the Curriculum Framework. Registrars are encouraged to reflect on how they might apply these concepts and principles within the domains of General Practice and patient presentations outlined in each Core Curriculum priority area.

The key concepts are:

1. The Patient-Doctor Relationship in General Practice
2. The General Practice Consultation
3. The Defining Characteristics of General Practice
4. The Origin, Traditions and Philosophy of General Practice
5. The Personal Aspects of Being a General Practitioner: Self-Care
6. The Professional Aspects of Being a General Practitioner
7. The Social Functions of General Practice
8. Health Service Policy and Politics of General Practice
9. Issues Affecting the Future of General Practice
10. Change Management.

1. The Patient-Doctor Relationship in General Practice

The Registrar will be able to

- reflect on and explore the nature of the relationship between the patient and the doctor

- develop an awareness and understanding of the therapeutic potential of the patient-doctor relationship
- understand the importance of, and use a holistic, patient-centred approach to care which is based on the patients' needs and priorities
- recognise and understand the significant differences between patient-centred and disease-centred medicine
- identify the importance of providing continuity of care in the patient-doctor relationship
- acknowledge the patient as a partner and recognise their autonomy
- acknowledge the person of the doctor as an integral factor of the process

2. *The General Practice Consultation*

The Registrar will be able to

- adopt a holistic primary health care approach which incorporates and considers the patient's lifestyle, work, physical and spiritual needs, relationships and environment
- develop a capacity to use appropriately and have a critical awareness of consultation models including the Stott and Davis model, Roger Neighbour's model, the Murtagh model, the Pendleton model
- develop an approach which includes social justice and equity issues
- develop an understanding that prevention is far more effective than cure, and utilise opportunistic health education and promotion
- develop effective communication skills that both reflect and foster the patient-doctor relationship including active listening and empathy, and which enable appropriate responses, eg. with the angry patient, providing reassurance, breaking bad news, dealing with bad outcomes, saying no

3. *The Defining Characteristics of General Practice*

The Registrar will be able to

- recognise the importance of the context in which the practice is conducted in relation to the individual, the family, their culture, the community and society
- identify the GP's role and responsibility with regard to patients, families and the community
- understand the concept of a Primary Health Care approach to General Practice which includes:
  - ⇒ holistic health care including a patient's physical, mental, social, environmental and spiritual well-being

⇒ prevention of illness
⇒ health promotion
⇒ health education
⇒ social justice and equity

- understand the importance of acknowledging the patient as a partner in the consultation and management process

- demonstrate an understanding of the epidemiological principles in General Practice and its relationship to:
  ⇒ undifferentiated illness
  ⇒ low prevalence of serious illness
  ⇒ patterns of disease in the community
  ⇒ predictive value of diagnostic tests

- recognise time as an important tool in problem definition and management

- demonstrate an understanding of the importance of teamwork and a multidisciplinary approach to the effectiveness of General Practice

- understand and utilise when appropriate the gate-keeper role of the GP

- develop a sound knowledge of local community agencies and self-help groups which may assist and support the patient and family

- demonstrate an ability to develop a comprehensive approach to patient care, which considers the severity of problems, effects on function and co-morbidity

- demonstrate knowledge of life cycle and transitions

- demonstrate an understanding of contemporary concepts of health and well-being

- outline the importance of the GP's public health role including
  ⇒ a population approach to the local community
  ⇒ environmental health
  ⇒ community education
  ⇒ community advocacy and change agent role

4. ***The Origin, Traditions and Philosophy of General Practice***

The Registrar will be able to

- describe how the profession developed in response to historical, social, political and economic circumstances

- demonstrate an understanding about how recognition of the patient as a unique individual modifies the ways in which information is elicited and hypotheses made about the nature of patient problems and their management

5. ***The Personal Aspects of Being a General Practitioner: Self-Care***

The Registrar will be able to

- appreciate the issues involved in the maintenance of well-being, self-care and their family which include:
  - ⇒ self-worth
  - ⇒ self-nurturing
  - ⇒ debriefing
  - ⇒ personal integrity
  - ⇒ maintaining enthusiasm
  - ⇒ dealing with personal crises
  - ⇒ dealing with peer crisis
  - ⇒ dealing with mistakes or failures
  - ⇒ drug dependency
  - ⇒ burnout
  - ⇒ therapeutic and practical limitations
- be aware of the importance of having their own GP and access to debriefing services
- continually reassess and acknowledge their own values, attitudes, limitations and know when to refer
- develop and acknowledge the importance of establishing and maintaining professional and peer support networks
- identify and support colleagues who may be suffering from burnout, drug dependency, personal crisis, or in need of debriefing
- find a reasonable balance between managing the demands of a busy practice to their personal and family life.

  ⇒ *Refer to Mental Health Core Curriculum Statement*

6. ***The Professional Aspects of Being a General Practitioner***

The Registrar will be able to

- demonstrate an understanding and a personal commitment to the extent of their responsibility for the patient
- be responsible and accountable for professional conduct
- demonstrate an ability to act as an advocate for the patient as the need arises
- demonstrate a willingness to care for unselected patients
- demonstrate a willingness to appropriately approach ethical dilemmas and seek support and guidance from colleagues

- recognise the importance of confidentiality, both personally, and for all members of the practice staff
- develop the skills to respond appropriately to complaints and litigation
- understand the patient as a consumer of health services
- demonstrate the importance of being a personal and professional role model
- identify boundary issues with patients, particularly those with mental illness
- identify the educational role of the GP
- recognise the importance of self-audit, reflecting on practice and lifelong learning and the importance of contributing professionally to a GP professional organisation

7. *The Social Functions of General Practice*

The Registrar will be able to

- conceptualise the GP as part of society and the community in which they are working
- develop an understanding of the patient's perceptions of health and illness
- recognise the range of illness behaviour
- display sensitivity to cultural and gender differences outlining their effect on patterns of illness and mortality
- demonstrate an understanding of the effect of the social environment on illness, morbidity and mortality
- outline the importance of establishing and maintaining the relationship between the GP and other health care providers in the community
- demonstrate an ability to act as a teacher for individual patients, other health care providers and the community

8. *Health Service Policy and Politics of General Practice*

The Registrar will be able to

- outline the role of the GP in the health care system within Australia
- understand national policies and goals, and how General Practice can contribute towards achieving them
- demonstrate an understanding of funding issues relating to General Practice including the current and alternative funding models

- demonstrate an awareness of the role, function and access to the Divisions of General Practice
- demonstrate an awareness of the political and workforce issues of General Practice and the need for adequate representation and organisations
- understand the role of the media and government in health care and medical practice

9. *Issues Affecting the Future of General Practice*

The Registrar will be able to

- demonstrate an ability to access and utilise information technology in General Practice
- identify and respond appropriately to change in societal attitudes and expectations of the GP
- demonstrate an understanding of the issues of health care delivery and strategies for GP reform
- understand the need for GPs to be proactive in policy development for health care services
- demonstrate an understanding of litigation and how it may affect General Practice

10. *Change Management*

The Registrar will be able to

- develop an understanding of the influence of change on their personal and professional lives
- develop skills in analysing and developing strategies to adapt to change and to influence the change process

TEACHING / LEARNING APPROACHES

There are a variety of suitable teaching and learning approaches recommended as part of this statement. A key strategy is to place clinical problems in a personal, family and life context. All of the specific Core Curriculum Statements incorporate learning activities that encompass the key concepts and principles of General Practice, and these should be introduced early in the Training Program.

The learning activities undertaken by the GP Registrar should emphasise reflection on their General Practice experience. Specific ideas to promote this reflection are:

- thought-provoking reading
- multidisciplinary workshops

- critical analysis of own clinical performance in a supportive environment
- computer-assisted learning packages and other audiovisual resources
- self-directed learning packages
- case-based discussions with GP Supervisors, External Clinical Teachers and Medical Educators
- reflective case commentary, reflective diary, critical incident analysis.

LEARNING RESOURCES

Staffing

The key staff involved in the teaching of this Core Curriculum Statement are GP Supervisors and Medical Educators. It is imperative that staff responsible for teaching have a well-developed understanding of the conceptual basis of General Practice, and develop appropriate teaching skills.

New Medical Educators and/or GP Supervisors may need to undertake appropriate professional development in order to teach this curriculum. Professional development may occur through formal academic programs and/or in-house programs.

Training Resources

The GP Registrar will require access to

- appropriate GP experience
- interactive workshops and/or release programs
- learning packages
- integrated log book
- mentoring / role modelling

Recommended Texts And References

McWhinney I.R. *A Textbook of Family Medicine,* New York: Oxford University Press. 1989.

Stewart M. *et al. Patient-Centred Medicine. Transforming the Clinical Method.* Thousand Oaks: Sage Publications. 1995.

Other Useful Texts and References

The GP Registrar is encouraged to consult with Medical Educators and the National Resource Centre regarding appropriate readings. Suggested readings as reference material may include:

Balint M. *The Doctor, the Patient and the Illness.* 2nd edition. London: Churchill Livingstone 1988.

Consumers' Health Forum of Australia. *Consumer Health Rights: A summary of your health rights and responsibilities.* Canberra: Consumers' Health Forum of Australia Inc. 1994.

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TRAINING PROGRAM

CRITICAL THINKING AND RESEARCH

CORE CURRICULUM STATEMENT

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TITLE Critical Thinking and Research

INTRODUCTION

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RATIONALE

In today's changing society the GP requires well-developed critical thinking skills to successfully adapt to change and maintain high quality practice. Medical information is expanding rapidly, and the GP needs to be able to appraise this information and its relevance to the General Practice context.

As Brookfield states

> *'Trying to identify the assumptions that underlie the ideas, beliefs, values and actions that we (and others) take for granted is central to critical thinking. Once these assumptions are identified, critical thinkers examine their accuracy and validity.'* [1]

Critical thinking requires the development of a questioning attitude and a systematic approach to answering questions, and is relevant to all aspects of General Practice. In particular, the GP needs to be able to integrate the results of this inquiry into clinical practice, apply research methodologies in the wider community, establishing health needs and evaluate the outcomes at both levels.

[1] Brookfield S. *Developing Critical Thinkers: Challenging Adults to Explore Alternative Ways of Thinking and Acting.* San Francisco: Jossey-Bass. 1987.

Thus, the RACGP Training Program has an integral role to play in assisting Registrars to develop the necessary skills to understand research methods and actively use them in General Practice. This includes the ability to critically reflect on their own professional behaviour, the *essence of which is to be open minded.* This Core Curriculum Statement is intended to address these issues.

LEARNING OBJECTIVES

The major objective is to enable and encourage Registrars to integrate key critical thinking and research skills into their role as professional practitioners. The knowledge, skills and values identified in this statement are relevant to all aspects of the Core Curriculum Framework. Thus Registrars are encouraged to reflect on how they personally will apply critical thinking and research knowledge and skills to the domains of General Practice competence, and the management of patient presentations in each of the Core Curriculum priority areas.

The Registrar will be able to

- demonstrate a willingness to undertake critical reflection of their own knowledge, skills and attitudes in order to maintain an accurate view of their professional strengths and limitations
- demonstrate a capacity for rigorous critical thinking and reflection in relation to the domains of General Practice
- demonstrate an ability to think critically about ethical issues arising in General Practice
- demonstrate an understanding of evidence based medicine and patient-centred approach
- interpret and apply the results of recent research in their everyday practice
- access appropriate and contemporary sources of information in response to clinically generated research questions
- demonstrate critical appraisal skills when reviewing bio-medical, psycho-social and other relevant literature using recognised guidelines for assessing validity and reliability
- critically analyse and question the value assumptions of various sources of information and evaluate the implications for their own practice
- demonstrate an understanding of ethical issues that arise in research and evaluation
- demonstrate awareness of the different approaches to research and evaluation and assess their relevance to the study of General Practice
- demonstrate understanding of the main concepts and methods relevant to epidemiology, and the implications for their role as GPs

- assess the strengths and limitations of quantitative and qualitative data-gathering methods including interviews, questionnaires, observational techniques, and medical records audit
- outline the process of needs analysis and its use within a General Practice setting
- outline the methodology to undertake a demographic study of a Practice
- demonstrate an understanding of the basic statistical techniques for description and interpretation of research and evaluation results
- identify community resources and sources of expertise that will enhance the quality of research they may conduct in relation to their own practice
- demonstrate skill in the effective use of information technology
- assess the value and potential of patient and practice management information systems to enable effective audit, evaluation and research into their practice
- communicate and report the results of relevant research to patients, professional peers and the community
- demonstrate an understanding of research linked to National Health Goals and Targets, and that being conducted in local Divisions of General Practice

CONTENT

The statement of content provides guidelines on the topics that should be covered during training. The content is organised under the following headings:

1. Professional Skills
2. Research Skills
3. Investigation and Related Statistical Matters
4. Practice Organisation
5. Clinical Incidents and Making Mistakes
6. Basics of Clinical Epidemiology
7. Evaluation Skills

1. Professional Skills

- critical appraisal of information from different sources eg:
  - ⇒ scientific literature (refereed and non-refereed journals, systematic structured reviews *vs* interest group publications, opinion-based articles)
  - ⇒ evidence based medicine
  - ⇒ consensus statements and guidelines
  - ⇒ personal experience
  - ⇒ special, eg. pharmaceutical industry

- clinical reasoning and decision-making: eg. investigations and cost-effective care
- introduction to Quality Improvement and CME Program

2. *Research Skills*

- formulating a research question
- literature search
- literature review
- needs analysis
- research methods (qualitative, quantitative)
- ethical issues and research
- practical computer skills

3. *Investigation and Related Statistical Matters*

- understanding test performance eg:
  - ⇒ positive and negative predictive value
  - ⇒ sensitivity/specificity
  - ⇒ effect of low background prevalence

4. *Practice Organisation*

- patient information systems
- effecting change in practice

5. *Clinical Incidents and Making Mistakes*

- reflection/analysis
- damage control
- professional integrity/honesty
- risk reduction
- reporting

6. *Basics of Clinical Epidemiology*

- understanding concepts, eg. incidence, prevalence, screening

7. ***Evaluation Skills***

- defining a practice component to be audited
- answering a research or evaluation question eg audit

  ⇒ *Refer to Men's Health, Women's Health, Children and Young People's Health Core Curriculum Statements.*

TEACHING / LEARNING APPROACHES

There are a variety of teaching and learning approaches that lend themselves to the specific content areas in this statement.

- small group discussions (eg. debate on controversial topics in General Practice)
- simulated patient and video program review. Simulated patient encounters are videotaped and reviewed later in the release sessions. Areas to be covered in these sessions include
  - ⇒ patient-centred medicine
  - ⇒ communication skills - two ways approach
  - ⇒ critical analysis of own clinical performance
  - ⇒ generation of research questions
- case-based discussions with GP Supervisors. These would include regular review of patient records and case discussion with the intention of examining
  - ⇒ the diagnostic process
  - ⇒ the use of investigations
  - ⇒ literature relevant to clinical presentations
  - ⇒ management decision-making and negotiation process
  - ⇒ critical analysis of mistakes made in practice
- topic-based discussion in teaching practices
  - ⇒ looking at issues of practice management relevant to the area of critical thinking
  - ⇒ participation in practice meetings
  - ⇒ participation in a project that emphasises critical thinking and research skills
- accessing databases
- journal club activities
- research workshops.

FEEDBACK AND ASSESSMENT METHODS

The Registrar is required to undertake a research and evaluation project which reflects on clinical practice and which makes recommendations to improve patient care eg audit.

If the Registrar has completed a research project at tertiary level, he/she can discuss, with the State Director, the possibility of recognition of prior learning for exemption from the project requirement. However, participation in training is still important because of the need to be able to transfer critical thinking skills to General Practice.

TIME AND LEARNING RESOURCES

Duration

The concepts of critical thinking and research should be introduced as early as possible in the Training Program.

Staffing

The key staff involved in the teaching of this Core Curriculum Statement are Medical Educators. GP Supervisors also have an important role in encouraging the application of skills in training posts. It is imperative that staff responsible for teaching have a well-developed understanding of critical thinking and research, and develop appropriate teaching skills.

In addition it is recommended that the Assistant Secretary General (Research), Quality Improvement Officers, the research committees and health promotion units in each state and university academic staff with relevant research expertise, be consulted to provide guidance and practical assistance.

New Medical Educators and/or GP Supervisors may need to undertake appropriate professional development in order to teach the content outlined in this Curriculum Statement. This professional development may occur through formal academic or in-house programs.

Training Resources

In addition to the resources listed in the Introduction to the Core Curriculum, Registrars will need access to on-line medical literature search and internet facilities in all states.

Recommended Texts and References

Brookfield S. Developing Critical Thinkers: Challenging Adults to Explore Alternative Ways of Thinking and Acting. San Francisco: Jossey-Bass. 1987.

Howie J. *Research in General Practice.* 2nd edition. London: Chapman and Hall. 1989.

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The Royal Australian College of General Practitioners Training Program would like to acknowledge and thank the following individuals for the time, energy and expertise given in the development of this Core Curriculum Statement. *In alphabetical order.*

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Acute and Chronic Pres[illegible]

Acute and T[illegible]

Chronic Conditions

Mental Health

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ACUTE AND TRAUMATIC CONDITIONS

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TITLE Acute and Traumatic Conditions

RATIONALE

Cardiovascular disease and injury currently rate as two of the three highest causes of morbidity and mortality in Australia[1]. The national health goals and targets aim to

- reduce the incidence of injury in the Australian population and impact on health
- reduce injury-related health inequalities
- improve cardiovascular health by reducing coronary heart disease and its impact on the population by improving the pre-hospital and emergency care of heart attack patients, ensuring minimal delays and the earliest possible treatment

Acute illness and trauma (accidents and injuries) are obvious reasons for seeking medical attention. The immediate care of people suffering in the acute phases of these life-threatening conditions is paramount to their long-term health outcome. In the acute phase of these conditions presentations are usually shared between GPs and emergency facilities, usually within hospitals. This Core Curriculum Statement is therefore intended to provide opportunities for Registrars to develop basic skills for the appropriate management of common acute illness and trauma presentations.

There are no firm boundaries between acute illness & trauma and major trauma / emergency medicine. This Core Curriculum Statement recognises the inevitable overlap. In this instance, the definition of *acute* is intended to include those conditions that require *prompt or immediate* attention.

LEARNING OBJECTIVES

Communication Skills and the Patient-Doctor Relationship

The Registrar will be able to

- develop communication skills which
  - ⇒ reduce patient and relatives' fears and anxieties and reflect empathy
  - ⇒ provide adequate information to enable the patient (or their agent) to make informed decisions
  - ⇒ provide adequate information for safe 'after care' including instructions for medication and immunisation regimes
  - ⇒ provide bereavement counselling or referral for *acute loss* situations
- demonstrate an ethos of patient education in an attempt to reduce the number and frequency of preventable presentations of acute illness and trauma

[1] Commonwealth Department of Human Services and Health. *Better Health Outcomes for Australians - National Health Goals, Targets, and Strategies for Better Health Outcomes into the Next Century.* AGPS. 1994.

- understand the importance of good communication between the GP, other health practitioners and tertiary referral centres

Applied Professional Knowledge and Skills

The Registrar will be able to

- demonstrate appropriate advanced life support skills
- take a detailed history, demonstrating an ability to perform appropriate physical examination
- accurately and efficiently diagnose and manage common and important acute and traumatic conditions
- further develop their knowledge of the common presentations of acute and traumatic conditions
- further develop consultation skills appropriate to the management of acute illness and trauma presentations
- prioritise tasks for the effective management of acute illness and trauma presentations
- demonstrate a range of core practical and procedural skills for the management of acute illness and trauma presentations
- make valid decisions about the appropriateness of referral to a secondary or tertiary centre
- work as part of a multidisciplinary team in the management of patients with acute illness and traumatic presentations
- provide an appropriate level of care, when this entails resuscitation and stabilisation of the patient for transfer
- demonstrate decision-making skills for the effective management of acute illness and trauma presentations
- become more discriminating and analytical regarding the range of information available on acute illness and trauma presentations and management

Population Health and the Context of General Practice

The Registrar will be able to

- demonstrate an understanding of the role of General Practice in the primary care and management of acute illness and trauma

- demonstrate an awareness of the industrial, social and cultural characteristics of the community that will influence General Practice presentations of acute illness and trauma

- access appropriate community services that will be important for continuing care and rehabilitation of patients who have suffered acute illness or trauma

Professional and Ethical Role

The Registrar will be able to

- keep abreast, and take advantage of, changes and advances that will assist in the management of acute illness and trauma presentations

- recognise their own limitations in the care of patients with acute and traumatic presentations and refer appropriately

- develop skills in self-care, and access debriefing services when required

Organisational and Legal Dimensions

The Registrar will be able to

- demonstrate a broad knowledge of the legal and advocacy aspects of General Practice as they relate to the management of patients with acute presentations

- demonstrate an ability to integrate community resources into the care and management of patients with acute illness and trauma presentations

- organise their practice of acute illness and trauma presentations so that patient and practitioner safety is maintained and universal precautions are observed at all times

- ensure the availability of appropriate equipment and drugs for the management of acute and traumatic conditions in any setting

- develop appropriate referral patterns (including a discharge letter +/- a telephone call) to GPs and other services, for the after care of patients managed during hospital placements

- describe the consent procedures in emergency care and the legal responsibilities for the notification of death, autopsy etc.

CONTENT

The selected content is based on the premise that the following presentations of acute illness or trauma will generally require prompt or immediate attention. A problem-based model (or clinical presentations) rather than disease entities has been used.

The Registrar should recognise the condition, take an appropriate history, assess the severity and coordinate the management of the patient. This content provides guidelines on the topics that should be covered during training. It is organised under four main headings. This list should not be seen as exhaustive.

1. Key revision areas
2. Acute illness
3. Acute traumatic conditions
4. Procedural skills

1. Key Revision Areas

Prior to beginning the other areas of content Registrars should revise the following:

- resuscitation - basic life support skills
- shock - physiology, recognition, emergency management
- wound care - principles of management, dressing technique
- injection technique
- pharmacology of antibiotics and local anaesthetic agents
- tetanus immunisation schedules
- universal precautions, principles of infection control
- communication skills
- principles of medical imaging
- pathology - basic and essential investigations

2. Acute Illness

Examples of common and/or important conditions are listed under each presenting problem. **These are *examples only*** and Registrars should add to the lists as appropriate.

- acute airway obstruction
  - ⇒ acute dyspnoea, apnoea, cardiopulmonary oedema, inhaled foreign body, dysrhythmia
  - ⇒ respiratory - asthma, pneumothorax, chronic obstructive airways disease, bronchiolitis, croup
  - ⇒ infection - pneumonia, epiglottitis, quinsy
  - ⇒ anaphylaxis

- acute abdominal pain
  - ⇒ gastrointestinal
  - ⇒ gynaecological
  - ⇒ vascular
  - ⇒ renal

- acute (non-traumatic) blood loss
  - ⇒ upper and lower GIT bleeding
  - ⇒ uterine
  - ⇒ retroperitoneal, eg. aortic aneurysm

- acute chest pain
  - ⇒ angina pectoris
  - ⇒ myocardial infarction/cardiac arrest
  - ⇒ pulmonary embolus
  - ⇒ pneumothorax
  - ⇒ aortic dissection

- apparent vascular volume depletion (non-cardiac)
  - ⇒ dehydration (any cause), sepsis, burns, diarrhoea, traumatic blood loss

- acute headache
  - ⇒ migraine
  - ⇒ subarachnoid haemorrhage

- acute eye problems
  - ⇒ painful conditions - herpes simplex infections
  - ⇒ glaucoma, scleritis, the red eye
  - ⇒ visual loss
  - ⇒ retinal artery thrombosis
  - ⇒ amaurosis fugax
  - ⇒ retinal detachment

- acute altered mental state
  - ⇒ acute headache
  - ⇒ drug overdose
  - ⇒ suicidal intention
  - ⇒ trauma
  - ⇒ psychoses
  - ⇒ poisoning
  - ⇒ stroke
  - ⇒ epilepsy and febrile convulsions
  - ⇒ syncope
  - ⇒ diabetic emergencies including coma (hypoglycaemic/diabetic)
  - ⇒ metabolic derangement
  - ⇒ *Refer to Mental Health Core Curriculum Statement.*

- acute limb pain
  - ⇒ arterial occlusion
  - ⇒ venous occlusion
  - ⇒ monoarticular arthritis
  - ⇒ compartment syndrome

- paediatric
  - ⇒ cardiopulmonary arrest
  - ⇒ meningitis
  - ⇒ septicaemia
  - ⇒ epiglottitis
  - ⇒ asthma
  - ⇒ bronchiolitis
  - ⇒ croup
  - ⇒ assessment of hydration, rehydration (IV, naso-gastric, fluid balance)
  - ⇒ venipuncture, venous access
  - ⇒ nebulisation therapy

- obstetric
  - ⇒ emergency delivery
  - ⇒ ante partum haemorrhage, post partum haemorrhage
  - ⇒ spontaneous abortion
  - ⇒ *Refer to Women's Health, Children and Young People's Health, Mental Health, Men's Health, Chronic Conditions, Aged Care Core Curriculum Statements*

3. ***Acute Traumatic Conditions***

- minor surgical skills
  - ⇒ local anaesthetic infiltration
  - ⇒ digital nerve block
  - ⇒ wound debridement
  - ⇒ removal of a simple foreign body, eg. a splinter, piece of glass
  - ⇒ incision and drainage of an infected wound/abscess
  - ⇒ haemostasis

- suturing techniques
  - ⇒ application of steri strips
  - ⇒ superficial wound closure
  - ⇒ deep wound closure

- wound care and general management of special wounds
  - ⇒ leg ulcers
  - ⇒ animal bites
  - ⇒ acute marine injuries (eg. jellyfish and coral)
  - ⇒ cuts and abrasions not requiring sutures

- fractures and dislocations
  - ⇒ recognition and management of small bone and joint injury
  - ⇒ recognition and emergency care of large bone and joint injury

- soft tissue trauma
  - ⇒ recognition and management of common strains and disruptions

- specialty areas
  - ⇒ eye trauma, inc. the red eye, corneal abrasion etc.
  - ⇒ ear, nose, face, teeth and throat trauma
  - ⇒ head injuries
  - ⇒ spinal injuries

- envenomation
  - ⇒ snake, spider, locality specific, administration of antivenom
  - ⇒ decontamination techniques

- poisoning - administration of common antidotes

- major trauma
  - ⇒ motor vehicle accidents
  - ⇒ understanding common injuries, primary and secondary survey
  - ⇒ prioritisation and management of disaster areas

4. *Procedural Skills*

- general skills
  - ⇒ venepuncture
  - ⇒ insertion of intravenous cannula (adult and paediatric)
  - ⇒ set up intravenous delivery line/drip
  - ⇒ administer IV, SC, IM injections
  - ⇒ measure oral, axillary, rectal temperature
  - ⇒ urethral catheterisation (male and female)
  - ⇒ oxygen therapy
  - ⇒ needle thoracocentesis
  - ⇒ intercostal catheter insertion
  - ⇒ arterial blood gases
  - ⇒ pulse oximetry
  - ⇒ emergency neurological assessment
  - ⇒ lumbar puncture

- emergency medicine skills
  - ⇒ cardiopulmonary resuscitation
  - ⇒ airway opening manoeuvres (head tilt, chin lift, jaw thrust)
  - ⇒ pharyngeal airway - Guedels
  - ⇒ intubation
  - ⇒ airway suction
  - ⇒ airway maintenance with expired air ventilation
  - ⇒ circulation maintenance with cardiac massage
  - ⇒ hand ventilation with bag and mask (plus or minus airway)
  - ⇒ mouth-to-mask ventilation using one-way mask
  - ⇒ Heimlich manoeuvre

- cardiology skills
  - ⇒ set up, take a 12 lead ECG and interpret results

- respiratory skills
  - ⇒ use of nebulised adrenaline
  - ⇒ peak flow measurement
  - ⇒ instruct patients in the use of puffers and nebuliser

- orthopaedic skills
  - ⇒ splint common injuries
  - ⇒ strap a sprained ankle
  - ⇒ application of a collar and cuff sling
  - ⇒ application of triangular sling
  - ⇒ application of plaster casting to simple fractures
  - ⇒ application of POP back slab
  - ⇒ instruction in the use of crutches

- ophthalmology skills
  - ⇒ examination of an eye
  - ⇒ fundoscopy
  - ⇒ irrigation of an eye
  - ⇒ topical analgesia
  - ⇒ use of a loupe
  - ⇒ eversion of an eyelid
  - ⇒ fluorescein staining of cornea
  - ⇒ test visual acuity
  - ⇒ application of eye drops, eye ointment, eye pad
  - ⇒ removal of corneal foreign body

- ENT skills
  - ⇒ nasal packing
  - ⇒ removal of a foreign body from the nose, ear
  - ⇒ nasal balloon insertion

- obstetric skills
  - ⇒ emergency delivery (theory of)
  - ⇒ abnormal vaginal bleeding (pregnant / non-pregnant)
    - ◊ ante-partum haemorrhage
    - ◊ post-partum haemorrhage
    - ◊ spontaneous abortion

- other
  - ⇒ legal responsibilities for reporting
  - ⇒ autopsy
  - ⇒ report writing
  - ⇒ communication skills
  - ⇒ consent
  - ⇒ universal precautions
  - ⇒ *Refer to Children and Young People's Health, Women's Health, Men's Health, Chronic Conditions Core Curriculum Statements*

TEACHING / LEARNING APPROACHES

The skills and management of acute illness and trauma are best taught on a one-to-one basis. Learning will be mainly experiential under the guidance and supervision of a GP or specialist supervisor. Feedback should be provided on a regular basis, and soon after the event. All of the above content areas could be accessed during hospital posts.

Although the practical and procedural skills are intended to be learned within the context in which they will be used, they could be taught in skills laboratory sessions or during education release time where Registrars could be given intensive instruction, practice and feedback. This may be an appropriate strategy for

- all Registrars where skills are inherently difficult
- those Registrars whose rotations do not include some essential components (eg. no eye or ENT instruction)
- skills that are considered essential and therefore must be achieved to a satisfactory level of competence by all Registrars (eg. basic life support skills).

If it is decided not to structure skills laboratory sessions, it is essential that models and manikins be available to individuals or groups who choose to supplement their learning with additional self-directed practice.

It is anticipated that through direct experience, Registrars will concentrate on decision-making processes that will equip them for future independent practice. They will be expected to develop their own decision/management rules after reflection upon the cases they handle. They will also be expected to identify learning gaps and subsequently plan self-directed study to address these.

TIME AND LEARNING RESOURCES

Duration

This Core Curriculum Statement spans the entire Training Program. The Registrar must undertake a 3 month placement in Emergency Medicine during their hospital experience.

Staffing

The skills of management of acute illness and trauma are best taught on a 1:1 basis. In addition the following staff will be required to participate in the teaching of Acute and Traumatic Conditions *as well as those listed in the Introduction to the Core Curriculum*:

- emergency medicine staff for a range of procedural skills
- General Practitioners who regularly use procedural skills (or whose skill level is upgraded to 'teaching' standard. These include medical educators and GP supervisors)
- ambulance personnel for selected skills ie. CPR

Training Resources

Essential access to

- a doctor's bag containing appropriate equipment to manage emergencies in a variety of situations, eg. home, industrial site etc.
- resuscitation manikins
- air viva bag, masks and airways
- models for practising
  - ⇒ intubation (adult and paediatric)
  - ⇒ IV access (adult and paediatric)
  - ⇒ suturing techniques
  - ⇒ bladder catheterisation (male and female)
  - ⇒ vaginal examination
- videotapes of certain skills, eg. infiltrate with local anaesthetic, perform a digital nerve block, suture simple and complicated wounds, perform a simple dressing

Recommended Texts and References

Clinical Procedures in Emergency Medicine, edited by Roberts JR, Hedges JR. 2nd edition. Saunders. 1991.

Emergency Medicine - A Comprehensive Study Guide edited by Tintinalli JE *et al.* 4th Edition. McGraw Hill. 1995.

McRae R. *Practical Fracture Treatment.* 3rd edition. Churchill Livingstone. 1994.

Marshall J. (ed) *RACGP Adult Emergency Care Handbook*, 4th edition. Royal Australian College of General Practitioners.

Murtagh J. *General Practice,* Sydney: McGraw- Hill. 1994.

Murtagh J. *Practice Tips,* Sydney: McGraw- Hill. 1991.

Oh T.E. *Intensive Care Manual,* 3rd edition. Butterworths. 1990

Toxic Plants and Animals: A Guide for Australia, edited by Covacevich J. Davie P. Dearne J. Queensland Museum, Brisbane. 1987.

Other useful texts and references

Carville K. *Wound Care Manual.* Silver Chain Nursing Association, Encore Productions. 1995.

Central Australian Rural Practitioners Association. *CARPA Standard Treatment Manual,* 2nd Edition 1994.

Skinner D., Driscoll P., Earlam R., (eds). *ABC of Major Trauma,* British Medical Journal. 1991.

Tintinalli J.E. (ed) American College of Emergency Physicians. *Emergency Medicine: A Comprehensive Study Guide* 3rd edition. New York: McGraw-Hill. 1992.

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CHRONIC CONDITIONS

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RATIONALE

Definition

In defining the meaning of chronicity in the context of illness and disability, a useful analogy could be comparing acute and chronic illness with visitors. Acute illness is the 'unexpected visitor who leaves one's house after a short-term stay. Chronic illness, on the other hand, announces plans for an indefinite stay and gradually becomes part of the family'[1].

Curtin and Lubkin[2] have proposed the following definition: *'Chronic illness is the irreversible presence, accumulation, or latency of disease states or impairments that involve the total human environment for supportive care, maintenance of function and prevention of further disability'*. The term 'chronic condition' is interpreted as including any form of chronic illness, disease or symptom complex or disability.

In Australia and internationally, traditional medical and social care based on the 'disease-centred, acute hospital model', has not met the needs of people with chronic illness, particularly with respect to psychosocial and longitudinal care management. To obtain better outcomes a paradigm shift is required, from professional and service-centred management, to care which emphasises the individual managing and living with chronic disease, illness and disability.

Surveys conducted in Australia and other countries with a similar population mix show that a range of chronic conditions comprises a highly significant proportion of the health problems confronting GPs. Furthermore, two chronic conditions, cardio-vascular disease and cancer, constitute the two major causes of death in the Australian community[3]. Morbidity due to chronic conditions is the cause of a great deal of human suffering to patients, their families and carers, and the socio-economic burden to the Australian community amounts to billions of dollars.

Many chronic conditions are preventable. The Australian Government has recognised this and, accordingly, has established national goals, targets and strategies for better health outcomes into the next century. These focus on specific chronic problems: cardiovascular health, cancer control, injury prevention and control, and mental health[4], alcohol and drugs[5], and HIV/AIDS[6]. Demographic changes with the ageing of Australian society will lead to an increased prevalence of chronic health problems in the next 50 years. GPs will be in the best position to deliver chronic care, the aim of which is primarily to delay the onset of symptomatic disease and to reduce morbidity. GPs taking up these challenges may face frustration and develop negative attitudes, unless they understand the processes of such care which, in turn, must be recognised

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[1] Curtin Lubkin IM. (ed.) *Chronic Illness: Impact and Interventions*, Jones and Barlett Publishers, Boston. 1990.
[2] ibid 1990.
[3] Commonwealth Department of Human Services and Health, *Better Health Outcomes for Australians - National Health Goals and Strategies for Better Health Outcomes into the Next Century*. AGPS. 1994.
[4] ibid 1994.
[5] *National Drug Strategy*, Commonwealth Department of Human Services and Health. AGPS. Canberra. 1994.
[6] *National Strategy on HIV/AIDS*, Commonwealth Department of Human Services and Health. AGPS. Canberra. 1995.

and supported by the wider healthcare system. This also requires that carers demonstrate a supportive approach and patient-centred attitudes in the context of a long-term relationship.

Consequently, it is important that Registrars acquire appropriate knowledge, skills and attitudes with respect to chronic conditions during their training. This Core Curriculum Statement on chronic conditions is designed to assist Registrars to this end.

LEARNING OBJECTIVES

Communication Skills and the Patient-Doctor Relationship

The Registrar will be able to

- use consulting skills to communicate effectively with patients with chronic conditions, their families and carers
- develop a patient-centred, supportive approach in the context of a long-term relationship, to help individuals with chronic conditions take as much responsibility as possible for their own destiny
- maintain responsiveness and empathy to fluctuations in the physical and mental state of patients with chronic conditions
- provide appropriate advice and education to patients, carers and families regarding the medical, psychosocial, positive health behaviour, rehabilitation, economic and medicolegal aspects of chronic conditions
- develop a multidisciplinary approach to caring for patients with chronic conditions negotiating appropriate management plans in order to maximise their well-being, autonomy and personal control of their lives
- be open to learning from patients who are experts in their own condition and how it affects them
- maintain long-term, supportive relationships with those who fail to respond to or cooperate with medical management and those who are terminally ill

Applied Professional Knowledge and Skills

The Registrar will be able to

- demonstrate an understanding of the natural history, prognosis, treatment and management of the chronic conditions commonly encountered in General Practice including the differing ways in which treatments might affect some people
- demonstrate knowledge and understanding of the relevant anatomy, physiology, pathology and psychology, including research-related findings, in the management of common chronic conditions

- recognise, diagnose and assess the severity of chronic conditions including disease-specific entities and attributes, visibility and uncertainty, need for hospitalisation, surgical and other interventions, and limitation of age-specific activity and function

- understand and evaluate various physical, psychological and social levels of function in patients, including the processes of disablement

- understand the theory and practice of critical appraisal and apply this continually in the evaluation of evidence upon which patient management is based

- take into account the barriers to co-operation with treatment in patients with chronic conditions and develop strategies for overcoming these barriers

- monitor case management, care co-ordination and advocacy across a range of services being aware of the need for continuity of care for those with a chronic condition(s) and take appropriate remedial action where required

- perform appropriate medical procedures with minimal or no supervision in patients with chronic conditions

- establish effective follow-up and review processes in patients with chronic conditions

Population Health and the Context of General Practice

The Registrar will be able to

- develop understanding of the meaning of chronic illness and disability and the variable impact it has on the quality of life of an affected person, their family and the community

- become aware of the extent of chronic conditions as a proportion of health problems encountered in the communities in which they practise

- improve their knowledge and understanding of the environmental, social, cultural and economic factors contributing to the development and persistence of chronic conditions

- acquire knowledge of the various health and community resources available for the support, prevention, diagnosis and management of individuals and families with chronic conditions

- develop knowledge and understanding of government policies and administrative requirements relating to identification and assistance for individuals and families with chronic conditions

- develop understanding of the present and future socio-economic and political implications of chronic conditions for the Australian community

- improve their understanding of the principles of primary health care and health promotion in relation to chronic conditions

- develop an understanding of their role as agents of change in the improvement of the health of individuals and the community with respect to chronic conditions

- overcome barriers to seeking help and support by patients with chronic conditions, including stigmatisation, stoicism, social stereotyping and cultural norms

- show awareness of the problems faced by patients, their families and carers in fulfilling common underlying needs for social support, coping skills and a sense of patient autonomy and control

- understand the appropriate use of screening procedures in the identification of asymptomatic individuals with chronic conditions

- acquire understanding of the chronic health problems of specific community groups, eg. indigenous people

Professional and Ethical Role

The Registrar will be able to

- articulate and demonstrate attitudes and behaviour toward patients with chronic conditions appropriate to the role of the GP

- recognise the professional obligation of the GP to be regularly accessible to patients with chronic conditions and to assure them of their commitment to providing long-term care

- understand and implement methods for monitoring and evaluating dimensions of quality in long-term care and be responsive to feedback

- develop an understanding of the role of the GP in relation to other healthcare workers

- recognise the limits of their personal competence and be prepared to seek appropriate assistance and advice

- undertake critical self-appraisal of their professional and personal lives to develop a balanced approach

- improve their skills in self-directed and lifelong learning for the purposes of professional development and improved patient care

- critically review scientific research and opinion on chronic conditions to update their knowledge and understanding

- develop an understanding of the ethical principles underlying the care of patients with chronic conditions in General Practice, particularly with regard to consent, privacy, autonomy, legitimacy and issues associated with dying

- discuss ethical issues and outline legal implications of euthanasia

- undertake home visits and nursing home visits to develop an appreciation of these activities in the identification and management of chronic conditions

Organisational and Legal Dimensions

The Registrar will be able to

- develop medical record systems appropriate to the effective long-term follow-up, systematic periodic review and care of patients with chronic conditions

- discuss strategies for time management considering the demands on time and effort when managing patients with a chronic illness

- use modern medical information systems effectively to assist in the prevention, diagnosis and management of chronic conditions

- develop a basic understanding of management information systems suitable for General Practice, including administrative, accounting and patient records

- deal with legal and advocacy aspects of chronic conditions, including certification, confidentiality, legal report writing, legal requirements of prescribing and refusal, withholding and withdrawal of treatment

CONTENT

The following content areas are based on two major themes. That Registrars

1. obtain a thorough grounding in the general principles applicable to the management of any patient with a chronic condition(s)
2. acquire specific knowledge and skills concerning a range of common chronic conditions.

This content statement provides guidelines on the topics that should be covered during training. The content is organised into the following sections:

General Aspects of Chronic Conditions

1. Nature and extent of chronic conditions
2. The individual at the centre of chronic illness
3. Psychosocial aspects of chronic conditions
4. Chronic conditions and work
5. Managing chronic conditions
6. Prevention and chronic conditions

Identification of Core Chronic Conditions

7. Common important chronic conditions
8. Other common chronic conditions seen in practice
9. Common presentations of chronic problems

1. Nature and extent of chronic conditions

- definition of chronicity, illness, disease and disability
- stages and trajectories of chronic conditions - pre-diagnosis, diagnosis, acute or chronic episodes, fluctuations, periods of intense interventions, instabilities, decline and death
- prevalence of chronic conditions in General Practice
- the implications of chronic illness for the community
- role of the GP in relation to specialists and other healthcare workers in the prevention, detection and management of chronic conditions
- expectations of patients, families and carers of the needs for care provided by GPs for chronic conditions

⇒ *Refer to The Conceptual Basis of General Practice Core Curriculum Statement*

2. The individual at the centre of chronic illness

- need for affected individuals to learn to live with the condition for a long time
- individual variation in response to chronic illness, eg. reasons why some people cope well with severe adversity while others decompensate in the face of a relatively 'minor' chronic problem(s)
- recognition by GPs, families and carers of patients' right to choose own lifestyle, according to personal priorities, eg. haemophiliac who chooses to play sport, diabetic who chooses less rigid control, in order to enjoy a fuller social life
- implications of such choices for quality of life, cooperation with medical advice and outcomes
- importance of GPs, families and carers understanding individual patients, their needs and resources
- non-judgmental assessment, organisation and provision of long-term support for individuals with different needs
- implications for behaviour of GPs, families and carers in long-term relationships (also refer to *5. Managing chronic conditions*)
- their needs - social and financial resources and the cost of care

3. *Psychosocial aspects of chronic conditions*

3.1 *Living with chronic illness*

- impact of chronic illness on the patient
  - ⇒ effect of symptomatology especially pain, prognosis, threat to life and to cognitive, physical and social functioning
  - ⇒ need for medical and surgical interventions
  - ⇒ functional limitations and unpredictable fluctuations
- effect of stigmatisation, legitimacy, visibility and uncertainty on the individual
- disadvantages of chronic illness for families and carers of patients with chronic illness
- dealing with medical problems and social consequences in a way that maximises 'normal' functioning

3.2 *Coping with chronic illness*

- emotional, cognitive and behavioural responses of the patient and other significant people
- psychosocial resources and management
  - ⇒ personality, external stressors
  - ⇒ social support and networks
  - ⇒ stress reduction
- whole-person approach to care aimed at promoting quality of life and control of illness at the various stages thereof

3.3 *Roles*

- *the 'impaired role'*
  - ⇒ the patient role to be encouraged and supported in chronic conditions, whereby the individual has permanent impairment but maintains normal responsibilities within limits of health condition, accepts responsibility for work of own health management depending on the implications, personal experience and resources
  - ⇒ work is predominantly self-care or supportive care by family, friends and peers and takes place mainly at home
- *the 'sick role'* - generally inappropriate in chronic conditions, except in acute exacerbations or when prognosis is serious, whereby patients are exempted from normal responsibilities and are largely dependent on doctors and carers for management of their condition
- *the role of the GP* - importance of continuity of care
  - ⇒ coordination of care with specialists and other agencies
  - ⇒ provision of information and explanation about illness, prognosis, behaviour, development and family risk

⇒ dealing with patients' concerns and day-to-day problems
⇒ treatment of intercurrent illness
⇒ health maintenance through monitoring physical and psychosocial wellbeing
⇒ the legal and ethical issue of euthanasia
⇒ social support and the Patient-Doctor relationship

- *the role of the carer*
  ⇒ importance of support and respite for carers to avoid stress-induced impairment

  ⇒ *Refer to Women's Health, Men's Health, Children and Young People's Health, Aged Care Core Curriculum Statement.*

4. ***Chronic conditions and work***

- fitness for work
- employment and disability
- alcohol and drug-related illness
- stress and psychological problems
- absenteeism
- specific chronic conditions and employment, eg. epilepsy, hepatitis B
- rehabilitation
- workers' compensation issues
- multidisciplinary approach

  ⇒ *Refer to Women's Health, Men's Health, Children and Young People's Health Core Curriculum Statements*

5. ***Managing chronic conditions***
(refer 2 and 3 above)

- role of the individual in self-management
- multidisciplinary team management approach with community care
- attitudes of GPs and other health professionals - importance of empathic, companionable support
- management of pain and other symptoms
- clinical records and flow sheets - monitoring of functional status
- periodic and systematic review of patients
- disease registers for chronic conditions in General Practice
- audit of practice records

- repeat prescribing
- patient cooperation in medical management - consider patient-held records
- continuity of care
- support resources - self-help groups, peers, family and friends
- patient education - giving advice and information
- palliative care - cancer and non-cancer

⇒ *Refer to Women's Health, Men's Health, Conceptual Basis of General Practice, Children and Young People's Health, Aged Care Core Curriculum Statements*

6. ***Prevention and chronic conditions***

- approaches to promoting and maintaining health or averting illness
  - ⇒ primary prevention - overt action to prevent occurrence of disease, eg. immunisation against infective diseases
  - ⇒ secondary prevention - actions aimed at stopping or delaying progression of illness, eg. routine screening for cervical dysplasia/cancer
  - ⇒ tertiary prevention - management of established disease with the object of lessening disability, eg. rehabilitation after myocardial infarction
- periodic health 'checkup' and screening to detect and manage asymptomatic disease
- counselling individuals to make lifestyle changes, re diet, smoking, alcohol consumption, sexual and injecting drug use practices

⇒ *Refer to Women's Health, Men's Health, Children and Young People's Health, Aged Care, Critical Thinking and Research Core Curriculum Statements*

There is no single correct method for identification of core chronic conditions. The approach taken here recognises three categories:

7. Common important chronic conditions
8. Other common chronic conditions seen in practice
9. Common presentations of chronic problems

7. ***Common important chronic conditions***

This section comprises the most commonly managed problems in General Practice in Australia[7] and conditions identified as health priorities by the Commonwealth Government.[8] [9] [10] *In alphabetical order.*

Alcohol and drug abuse
Anxiety
Arthritis

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[7] Bridges-Webb *et al. The ten most commonly managed problems in General Practice in Australia.* 1992.

[8] Commonwealth Department of Human Service and Health. *Better Health Outcomes for Australians - National Goals, Targets and Strategies for Better Health Outcomes into the Next Century.* AGPS. 1994.

[9] Commonwealth Department of Human Services and Health. *National Drug Strategy.* AGPS. 1994

[10] Commonwealth Department of Human Services and Health. *National HIV/AIDS Strategy.* AGPS. 1995.

Asthma
Back and neck problems
Cancer
Cardiovascular disease
Depression
Diabetes mellitus
HIV/AIDS
Hypertension
Injury-related disability
Immunisation*
Lipid metabolism disorders
Schizophrenia
Sleep disorders

** While immunisation is not a chronic condition, it is one of the commonest long-term issues with which GPs have to contend hence its inclusion in this list. Further details of these conditions are included in Appendix 1.*

8. ***Other common chronic conditions seen in General Practice***
This section includes those common chronic conditions seen in the particular practices where GP Registrars obtain their experience. This is intended to allow for the design of learning activities by individual Registrars to meet their own particular needs.

9. ***Common presentations of chronic conditions***
It is expected that Registrars will be competent to deal with common presentations of chronic conditions. They will be familiar with most, if not all, of the presenting problems listed in this section from their undergraduate medical studies and internship. Hence this list is offered primarily as an aide-memoir for revision. Accordingly, it is included as Appendix 2 of this Core Curriculum Statement.

TEACHING / LEARNING APPROACHES

It is proposed that Registrars, in consultation with their GP Supervisors and ECTs, devise a learning plan for chronic conditions based on this Core Curriculum Statement. Case discussions with supervisors, sessions in educational release time, and ECTs are likely to remain the most valuable form of teaching and learning activity.

It needs to be recognised that GP Registrars will need guidance and encouragement in developing the skills of follow up and periodic, systematic review of patients with chronic conditions, together with auditing of records and procedures. In practices where these review processes have not been formalised, Registrars could play an important role in assisting their establishment as a learning project, eg. the design and establishment of a diabetic clinic; audit of hypertension management.

It is important that Registrars acquire basic knowledge and skills to manage a range of common chronic conditions competently. Therefore, they need to adopt learning approaches which are suited to the management and care of patients with common chronic conditions. *The following are some suggestions.*

A longitudinal perspective is required. This means following up all aspects of the management and care of individual patients over an extended period of time. Periodic and systematic review may be linked to disease-specific management activities, eg. a diabetic clinic; predetermined care plans; generic processes such as repeat prescribing. Health diaries kept by patients are recognised as a useful aid to long-term care in chronic conditions.

A case-based approach is recognised as a suitable means of learning both general and specific aspects of chronic conditions. Registrars could establish and maintain their own case records in the form of a log diary on selected patients with chronic conditions during each phase of the core years. The purpose of these records would be to facilitate discussions with supervisors, medical educators and other resource people.

Other potentially useful learning activities include house and nursing home calls by Registrars, discussions with other health professionals, and attendance at selected functions arranged by self-help groups, eg. Diabetes Australia, in order to hear the collective views of patients, relatives and carers, and to be informed of the services provided by these organisations.

Chronic conditions also afford Registrars an excellent opportunity for participation in research and quality assurance and local needs assessment projects which could be carried out in collaboration with local Divisions of General Practice, academic departments etc.

FEEDBACK AND ASSESSMENT METHODS

In the area of chronic conditions, special attention will need to be paid by supervisors giving feedback to the particular themes and topics specified under learning activities, especially

- the nature and extent of chronic conditions
- the individual at the centre of chronic illness
- psychosocial aspects of chronic conditions
- chronic conditions and work
- management of chronic conditions
- prevention of chronic conditions
-

The effectiveness of healthcare for those with chronic conditions rests primarily in the area of well-organised, coordinated, long-term management and care. Therefore, it is recommended that Registrars discuss these issues regularly with their supervisors. This includes general discussion and review of patients and their longitudinal records. It is further recommended that Registrars keep their own longitudinal records of selected cases in their Log Book and portfolio for subsequent discussion with their supervisors and medical educators.

LEARNING RESOURCES

Recommended Texts And References

Appropriate journals including *Australian Family Physician.*

CHECKUP2 Learning Support System. Royal Australian College of General Practitioners Melbourne. 1996.

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Strauss A., Corbin J. *Shaping the New Healthcare System. The Explosion of Chronic Illness as a Catalyst for Change*. Jossey-Bass Publishers, San Francisco. 1988.

Other

Community group publications, eg. *Diabetes Management in General Practice*. Diabetes Australia and Royal Australian College of General Practitioners.

Community Groups/Support Associations - Many of these are valuable resources for both doctor and patient. Most are listed in local telephone directories.

Library resources, including standard medical references, General Practice textbooks and databases.

APPENDIX 1

TITLE Details of chronic problems most frequently requiring management

This information should be regarded as a study guide only.

Alcohol and drug abuse

- definition and classification
- nature and extent of the problem(s)
- community education and prevention
- identifying the problem drinker/drug abuser
  - ⇒ taking a drinking/drug history
  - ⇒ estimating alcohol/drug intake
  - ⇒ laboratory investigations
- medical and psychosocial complications
- management
  - ⇒ approach to the problem
  - ⇒ developing a management plan
  - ⇒ use of alcohol-sensitising drugs, Quit programs, needle exchange programs etc.
  - ⇒ use of specialist services
  - ⇒ role of self-help groups, eg. Alcoholics Anonymous
  - ⇒ follow-up and periodic review
  - ⇒ management of drug withdrawal symptoms

Anxiety

- definition and classification
- diagnosis and differential diagnosis
- educational and preventive strategies
- management
  - ⇒ explanation and reassurance
  - ⇒ education re self-help in dealing with anxiety, avoidance of aggravating factors, stress management, relaxation and recreation, exercise, coping skills
  - ⇒ use of psychotherapy
  - ⇒ appropriate use of benzodiazepines and other drugs
  - ⇒ benzodiazepine withdrawal

Arthritis

- definition and classification
- clinical approach: history, physical examination, investigations
- diagnosis and differential diagnosis
  - ⇒ management
  - ⇒ explanation and reassurance
  - ⇒ lifestyle change, education re control of pain, maintenance of function, judicious activity, exercise, minimisation of factors affecting ability to cope including stress, anxiety, depression, overactivity
  - ⇒ pharmacological treatments
  - ⇒ physical therapies
  - ⇒ referral for surgical intervention for debilitating and intractable pain or disability

Asthma

- definition
- prevalence vis-a-vis age, locality etc.
- pathogenesis, association with atopic dermatitis and hay fever
- diagnosis and assessment of severity
- trigger factors
- management
- development of management plan

- lifestyle change, education of patients re self-care including avoidance of trigger factors, dealing with emotional problems, use of peak flow meters and medications etc.
- pharmacological treatment including delivery systems, prophylaxis, bronchodilators, oral steroids

Back and neck problems

- causes
- diagnostic approach: history and nature of pain, physical examination including provocative tests
- investigations including screening investigations, investigations re specific diseases, procedural and preprocedural investigations (CT, myelography, MRI)
- management
  - ⇒ lifestyle change, education re back and neck care, posture, activity, lifting, exercise etc.
  - ⇒ physiotherapy
  - ⇒ rehabilitation and return to work
  - ⇒ pharmacotherapy of chronic pain (basic analgesics, NSAID anti-epileptics, antidepressants, narcotics)
  - ⇒ electrotherapy
  - ⇒ other treatments, eg. intra-articular injection of steroids
  - ⇒ workers' compensation issues

Cancer

- definition
- common types of cancer and their frequency
- approaches to prevention including community education and screening clinical features
  - ⇒ local
  - ⇒ due to infiltration/metastases
  - ⇒ general systemic
  - ⇒ paraneoplastic syndromes, eg. ectopic hormone production
- clinical approach to diagnosis
  - ⇒ history and physical examination
  - ⇒ investigations including tumour markers
- management
  - ⇒ counselling
  - ⇒ curative treatment - role of GP vis-a-vis specialists
  - ⇒ chemotherapy/radiotherapy
  - ⇒ follow-up and periodic review
  - ⇒ palliative care
  - ⇒ special role of the GP
  - ⇒ symptom control, especially pain control
  - ⇒ support for patients, relatives and carers
  - ⇒ communication with the dying patient and with family and carers
    - ◊ ethical and spiritual issues associated with dying
    - ◊ the issue of euthanasia
    - ◊ dealing with grief

Cardiovascular disease

- classification, including ischaemic heart disease and stroke
- prevalence vis-a-vis age, sex, race etc.
- educational and preventive strategies
- screening for risk factors including family history, obesity, cigarette smoking, hypertension, hyperlipidaemia
- diagnosis
- use of investigations in diagnosis and management
- management
  - ⇒ emergency management of angina, acute myocardial infarction, cardiac failure, stroke

- ⇒ lifestyle change, education of patients re minimisation of risk
- ⇒ shared planning with patients and carers for chronic care
- ⇒ physiotherapy
- ⇒ counselling and rehabilitation
- ⇒ management of complications, eg. arrhythmias, cardiac failure
- ⇒ pharmacological treatments
- ⇒ palliative care

Depression

- definition and classification according to DSM-IV
- special aspects of depression in children and the elderly
- educational and preventive strategies
- diagnostic approach
- management
  - ⇒ assessment of suicide risk and intervention when required
  - ⇒ assessment of need for referral/hospitalisation
  - ⇒ psychotherapy including reassurance, support, education re self-help
  - ⇒ antidepressant medications
  - ⇒ indications for referral for ECT

Diabetes mellitus

- definition and classification
- prevalence, type I *vs* type II
- actiology and pathogenesis
- educational and preventive strategies
- diagnostic criteria
- acute complications
- chronic complications
- management
  - ⇒ support for patient and family
  - ⇒ optimal control within acceptable lifestyle
  - ⇒ use of insulin and oral agents
  - ⇒ education, self-care skills in monitoring and screening for complications, diet and exercise advice
  - ⇒ coordination of team approach involving diabetes organisations, educators, dietitian, podiatrist, endocrinologist, ophthalmologist, vascular specialist

HIV/AIDS

- nature of the human immunodeficiency virus
- chronology of HIV infection
- incidence of HIV infection, high risk activities
- modes of transmission
- community education and prevention
- clinical features - NHMRC classification
  - ⇒ group I - acute illness
  - ⇒ group II - asymptomatic infection
  - ⇒ group III - persistent generalised lymphadenopathy
  - ⇒ group IV - other manifestations
  - ⇒ investigations
  - ⇒ diagnosis and differential diagnosis
  - ⇒ management
  - ⇒ shared care in HIV management
  - ⇒ integration of hospital-based and community-based services
  - ⇒ counselling, education and support of patients, families and carers
  - ⇒ medication
  - ⇒ holistic approach
  - ⇒ long-term care and management of complications
  - ⇒ role of support groups
  - ⇒ terminal / palliative care

Hypertension

- measurement of blood pressure, precautions re posture, cuff size etc.
- definition of hypertension and grades of hypertension
- prevalence vis-a-vis age, sex, race etc
- educational and preventive strategies
- screening for hypertension
- pathogenesis of primary and secondary hypertension
- investigations in determining cause of hypertension
- natural history of untreated hypertension
- management
  - ⇒ lifestyle change, education of patients re importance of weight loss, exercise, reduced intake of alcohol and salt, relaxation etc.
  - ⇒ pharmacological treatment including who to treat, when to treat, selection of drug(s), efficacy and side-effects of drugs, assessment of response, cooperation with treatment advice

Immunisation

- rationale of immunisation
- immunisation schedules
  - ⇒ childhood: DTP, polio, haemophilus, measles, mumps, rubella, CDT
  - ⇒ adulthood: ADT
  - ⇒ people at special risk, eg. influenza in the elderly, hepatitis B in healthcare workers
  - ⇒ immunisation diaries
- immunisation practices, eg. storage of vaccines
- advising parents
- educating the public and dealing with disinformation
- immunisation records
- potential complications and contraindications to immunisation

Injury-related disability

- incidence of injury as a cause of disability
- causes of injury leading to disability, including injury related to transport, work, sport and recreation, intentional (interpersonal violence), burns, consumer safety etc.
- injury prevention and control strategies, eg advice on effect of medications on driving skills and increased risk of falls, GP training on domestic violence, sexual assault and child abuse
- post injury management
  - ⇒ trauma care
  - ⇒ rehabilitation
  - ⇒ long-term care
  - ⇒ rehabilitation
  - ⇒ needs-based approach rather than cause-based
  - ⇒ management of symptoms, especially pain
  - ⇒ supportive psychotherapy
  - ⇒ problems of altered mobility - physical and psychosocial aspects
  - ⇒ physiotherapy and occupational therapy
  - ⇒ barriers to rehabilitation - personal, societal, architectural etc.
  - ⇒ intervention to overcome barriers
  - ⇒ role of support groups

Lipid metabolism disorders

- definition of hyperlipidaemia and causes
- prevalence and significance
- aetiology and pathogenesis
- criteria for diagnosis
- educational and preventive strategies
- screening for hypercholesterolaemia, hypertriglyceridaemia and other risk factors for IHD
- management

- ⇒ education re low fat diet, exercise
- ⇒ use of lipid lowering agents/target levels
- ⇒ monitoring of therapy

Schizophrenia

- definition and classification according to DSM-IV
- epidemiology
- community education
- aetiology and pathogenesis
- clinical features
- diagnosis and differential diagnosis
- management
  - ⇒ acute phase - hospitalisation, medication
  - ⇒ chronic phase
  - ⇒ long-term anti-psychotic medication and complications thereof
  - ⇒ supportive psychotherapy
  - ⇒ counselling patients, families and carers
  - ⇒ rehabilitation
  - ⇒ long-term management in the community

Sleep disorders

- definition and classification: disorders of initiating and maintaining sleep, excessive somnolence, disorders of sleep/wake cycle, dysfunctions associated with sleep (eg. sleepwalking)
- sleep apnoea
- causes
- diagnostic approach
- management
  - ⇒ lifestyle change, education re reduction of alcohol/caffeine intake, sleep routine etc.
  - ⇒ psychotherapy
  - ⇒ treatment of underlying medical/psychiatric problems
  - ⇒ use of hypnotic medications
  - ⇒ use of sleep clinics

- *Refer to Children and Young People's Health, Women's Health, Men's Health, HIV/AIDS, National Health Goals and Targets, Aged Care, Mental Health, Ethnic Health, Critical Thinking and Research, Aboriginal Health, Conceptual Basis of General Practice Core Curriculum Statements.*

APPENDIX 2

TITLE Common presentations of chronic conditions*

System	Presentation
Respiratory & Cardiovascular	chest pain cough dyspnoea nasal problems palpitation wheeze
Gastrointestinal	bowel problems dysphagia dyspepsia eating disorders jaundice, hepatomegaly
Musculoskeletal	muscle/fibrous tissue problems joint problems
Neurological	chronic pain disturbances of hearing disturbances of vision headache faintness/dizziness fits and 'turns' focal neurological loss memory loss/confusion
Psychiatric	behavioural disturbances
Endocrine	hyperactivity lethargy overweight polyuria/thirst
Skin	acne dry, itchy skin
Urinary/renal	dysuria incontinence polyuria/frequency
Reproductive/sexual	see Core Curriculum Statements on Women's and Men's Health
Multi-system	chronic fatigue, including chronic fatigue syndrome and related syndromes eg. fibromyalgia, loss of weight

* To avoid repetition, presentations, eg. anxiety and depression, which are embodied in Appendix 1, have not been included here.

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MENTAL HEALTH

TABLE OF CONTENTS PAGE

TITLE Mental Health

RATIONALE

Mental health problems and mental disorders are estimated to affect over 20% of the adult population and between 10% and 15% of young people in any one year.[1] Suicide is a major form of death in those with mental disorders. In Australia youth suicide has increased by 35% in a decade and is now the eighth leading cause of death in this group, exceeding deaths due to motor vehicle accidents. Despite the very high statistical evidence, until recently there has not been any concerted approach to addressing this issue.

Since 1991 there have been several national inquiries examining mental health issues in Australia: the National Mental Health Strategy developed in 1991,[2] and The Burdekin Report in 1993.[3] As a result of these reports Australia has entered a major period of mental health reform which has its origins in the desire of consumers, carers and mental health professionals to see a better overall mental health system.

General Practitioners are key people in implementing this reform and are also crucial to the achievement of the recommendations in the National Health Goals and Targets[4] in mental health which aim to

- reduce the loss of health, well-being and social functioning associated with mental health problems and mental disorders and
- reduce the incidence of suicide among people with mental disorders

Whilst mental health work is multidisciplinary by nature, GPs are often the first point of contact for patients experiencing mental health problems. It is therefore appropriate that they have sufficient training to be able to identify early warning signs, respond with appropriate intervention, and provide continuity of care, which is seen as a key factor in the successful treatment of people with mental illness.

LEARNING OBJECTIVES

Communication Skills and the Patient-Doctor Relationship

The Registrar will be able to

- demonstrate an ability to conduct a consultation in a way which enhances the self-esteem of the patient

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[1] Commonwealth Department of Human Services and Health, *Better Health Outcomes For Australians - National Health Goals, Targets and Strategies for Better Health Outcomes Into the Next Century*. AGPS. Canberra. 1994.

[2] Australian Health Minister Advisory Council. *National Mental Health Strategy*. AGPS. Canberra. 1991.

[3] Burdekin B. *Human Rights and Mental Illness: Report on the National Inquiry into the Human Rights of People with Mental Illness*. AGPS. Canberra. 1993.

[4] Commonwealth Department of Human Services and Health, *Better Health Outcomes for Australians - National Goals Targets and Strategies for Better Health Outcomes into the Next Century*. AGPS. Canberra. 1994.

- use appropriate consulting skills to recognise and assess mental health problems in the early stages of illness and recognise the importance of doing so

- work *with* patients, acknowledging their dignity and respecting their attitudes, values and beliefs

- demonstrate an understanding of the different counselling approaches, provide appropriate counselling support, and show awareness of appropriate referral agencies

- communicate effectively with patients with mental health problems, the family, relevant carers and management team members

- develop good listening skills and communicate empathically with people with a mental illness in a way which enhances their self-esteem

- be aware of their own personal values, attitudes and beliefs and how these may impact on the patient-doctor relationship and subsequent management

- use professional interpreters to communicate with non English speaking background (NESB) patients, understanding their need for confidentiality

- understand the need to work as part of a multidisciplinary team in the case management of people with mental health problems

Applied Professional Knowledge and Skills

The Registrar will be able to

- ensure holistic care of patients with mental health problems

- demonstrate skills in taking a mental health history with emphasis on the person's strengths

- differentiate normal life events and the patient's reaction to them from overt mental illness

- outline the indicators of people 'at risk' and manage appropriately, understanding the importance of early intervention and continuity of care

- recognise and help the patient manage *normal life events* with the aim of enhancing patient coping skills and preventing secondary morbidity

- identify indicators of child and adult sexual abuse, domestic violence, and refer or manage appropriately

- understand the principles of family therapy, group therapy and psychosocial education

- outline the principles of handling a mental health crisis
- initiate counselling, as appropriate, whilst identifying their own limitations
- coordinate the care of patients with mental health problems at a level appropriate to the context in which they are working
- demonstrate knowledge and appropriate use of psychotherapeutic agents

Population Health and the Context of General Practice

The Registrar will be able to

- understand and practice mental health promotion and preventive approaches in line with the National Health Goals and Targets and the recommendations in the National Mental Health Policy
- recognise and accept the influence of the patient's background, age, gender and culture on their illness and its management
- recognise and address the needs of carers, siblings and children of those with mental health problems
- have a good working knowledge of, and be able to work effectively with, available community and hospital resources in the care of patients with mental health problems

Professional and Ethical Role

The Registrar will be able to

- ensure appropriate confidentiality in the management of all patients, particularly those with mental health problems
- demonstrate an understanding of how to organise a General Practice which provides policy guidelines on accessibility, confidential records system, continuity of care for mental health patients, and sound financial management
- demonstrate an understanding of issues of power in the patient-doctor relationship
- be aware of appropriate boundaries in the patient-doctor relationship and the behaviours that breach these boundaries
- be self-aware and develop appropriate strategies to manage conflict between their professional and private life
- be aware of their own limits, referring where appropriate to ensure continuity of care

- recognise their strengths, vulnerabilities, personal values, gender and cultural issues, attitudes and beliefs in relation to mental health management

- develop an active network for both personal and professional support, and utilise debriefing resources as required

- increase community awareness of mental disorder / illness as a means of reducing the stigma

Organisational and Legal Dimensions

The Registrar will be able to

- develop strategies for managing the conflict between the needs of a busy General Practice and the ongoing needs of people with mental health problems

- demonstrate an up-to-date knowledge of the State/Territory mental health legislation and procedures for certification of patients for involuntary treatment/care

- demonstrate an understanding of other relevant legislation including National Mental Health Policy and Plan

- demonstrate an understanding of the reporting responsibilities of sexual and domestic abuse and its particular relevance to children

- maintain comprehensive patient records and understand the importance of doing so

CONTENT

The statement of content has been developed to provide guidelines regarding the topics that should be covered during training.

Presenting conditions from which management decisions made have been identified. The Registrar should recognise the condition, obtain an accurate mental health history, assess the severity of the condition and coordinate the management of the patient. Management should include both non-pharmacological and pharmacological measures.

The content has been organised under the following headings:

1. General Mental Health Problems
2. Mental Illness
3. Self-care
4. Situational Life Events
5. Drug-related Disorders
6. Carers and Families
7. Disabilities
8. Legislative Matters

1. *General Mental Health Problems*

- somatisation
- anxiety and panic disorders
- depression and other mood disorders
- eating disorders
- the sequelae experienced by survivors of:
  - ⇒ domestic violence
  - ⇒ sexual assault/abuse/incest
  - ⇒ trauma and/or torture
- the effects of chronic physical illness or terminal illness on the mental well-being of the patient
- the effects of unemployment on the mental well-being of the patient
- psycho-pharmacology
- dementia
- mental health problems associated with HIV/AIDS
- psycho-geriatric problems

⇒ *Refer to Women's Health, Ethnic Health, HIV/AIDS, Children and Young People's Health, Men's Health, Aged Care Core Curriculum Statements*

2. *Mental Illness*

- schizophrenia
- psychosis
- suicide risk - early indicators
- adjustment disorder
- pregnancy-related psychiatric disorders
- personality disorders
- obsessive - compulsive disorders
- organic brain syndromes
- attention deficit disorder (ADD)

⇒ *Refer to Chronic Conditions, Women's Health, Men's Health, Children and Young People's Health Core Curriculum Statements*

3. ***Self-care***

- practice management and mental health
- self-care and debriefing
- professional boundary issues
- peer and personal support

⇒ *Refer to The Conceptual Basis of General Practice Core Curriculum Statement*

4. ***Situational Life Events***

- grief and bereavement counselling
- acute situational crisis counselling
- stress management counselling
- principles of cognitive behaviour therapy
- angry and/or frightened patient counselling
- interpersonal relationship counselling
- post traumatic stress disorder
- principles of sexual abuse counselling

⇒ *Refer to Men's Health, Women's Health, Children and Young People's Health Core Curriculum Statement*

5. ***Drug-related Disorders***

- harmful alcohol consumption
- alcohol addiction
- tobacco consumption
- narcotic use and intravenous drug use and addiction
- stimulant and hallucinogen usage and addiction
- benzodiazepine addiction and other pharmacological agents
- cannabis addiction

- principles of detoxification and withdrawal
- community resource agencies

⇒ *Refer to Men's Health, Women's Health, HIV/AIDS, Children and Young People's Health Core Curriculum Statement.*

6. *Carers and Families*

- effects of dysfunctional families on mental health
- carers of those affected by mental health problems
- siblings and children of those with mental health problems
- effects of chronic or terminal illness on carers
- family issues
- scapegoating
- addiction
- marriage and relationship
- step-families
- ADD and difficult children

⇒ *Refer to Children and Young People's Health, Women's Health, Men's Health, Aboriginal Health, Ethnic Health, Chronic Conditions Core Curriculum Statements*

7. *Disabilities*

- intellectual
- multiple

⇒ *Refer to Chronic Conditions Core Curriculum Statement*

8. *Legislative matters*

- guardianship procedures
- testamentary capacity procedures
- enduring power of attorney
- freedom of information Act

⇒ *Refer to Conceptual Basis of General Practice Core Curriculum Statement*

TEACHING / LEARNING APPROACHES

Registrars should ideally have exposure to, and be involved in, a variety of learning activities. These should be coordinated on a regional basis.

Possible learning activities may be:

Community Psychiatry Placement

Three month placement in a community psychiatry / mental health post accredited by the RACGP for this purpose. In these posts there would be an approved supervisor whose responsibility it is, together with the Registrar, to ensure that the curriculum requirements are met.

Practice Based Clinical Experiences

Registrars are expected to be aware of, reflect on, and seek experiences that are relevant to, the Mental Health Core Curriculum Statement. These experiences could include undertaking a counselling skills workshop or other relevant mental health workshops, and should be discussed with the GP supervisor.

Community Visits

These could preferably be undertaken during the supervised and subsequent GP terms as part of the three hours per week educational program provided by the practice. These visits would be individualised to suit the Registrar's previous experiences and the particular area in which the Registrar is working. Visits may include

- community health centres
- community mental health services
- district nurse
- local mental health service team
- NESB health centres
- immigrant health centres
- Aboriginal health centres
- adolescent health facilities
- correctional services
- forensic mental health services
- anxiety clinics

- living skills centres
- local self-help groups
- refuges and boarding houses
- psycho-geriatric units
- long stay psychiatric services
- Relationships Australia Centre
- Lifeline
- women's health centres
- drug & alcohol rehabilitation centres

Small Regional Group Discussions

These should be conducted in the period of subsequent GP experience and involve small local groups or Registrars. The groups would be facilitated by an experienced regional GP supervisor or Registrar. Registrars in rural and remote locations can be regularly linked by teleconference.

ASSUMED PRIOR EXPERIENCE

It is assumed that the Registrar has knowledge, skills and attitudes developed during undergraduate and early postgraduate training in the areas of behavioural science, communication, consultation skills and psychiatry/mental health.

LEARNING RESOURCES

Staffing

Due to the multidisciplinary nature of mental health work it is desirable that a range of people and agencies be accessed to adequately teach the content outlined in this Core Curriculum Statement. They could include psychiatrists, psychologists, other GPs with experience in the field, accredited counsellors, mental health workers, consumer groups and resource people with expertise in the specific areas outlined.

Other staff required are outlined in the Introduction to the Core Curriculum.

Training Resources

Due to the rapidly changing nature of mental health work all resources used must be current and updated as required.

Recommended Texts And References

The Registrar is encouraged to consult with the GP Supervisor, Medical Educator or the National Resource Centre regarding appropriate readings.

Australian Health Ministers Advisory Council (AHMAC). *National Mental Health Strategy*, AGPS, Canberra. 1992.

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TITLE Women's Health

RATIONALE

The Women's Health Core Curriculum Statement responds to the need for the training Registrars to deal with the health problems of women. The National Women's Health Policy, 1988 articulated the need to address women's health within a social framework, not just issues of reproductive health.

Nearly 60% of patient contacts with general practitioners are women.[1] Gender differences in consultation rates are most marked in young and middle adulthood, even accounting for visits related to pregnancy and childbirth. While many of the problems with which women present are not unique to women, the way in which they present and need to be managed, is often different to that of men. A number of the health problems of women are preventable. Women are also the key agents for improving health care in the community as they often manage the health needs of the family. Most of the contacts that women have with health-care providers are with GPs, so the way that the GP treats them and their problem is of great significance to those women, and to the health of the community.

Women's Health is also an issue of public concern. Community consultations conducted in the late 1980s showed that women see their health in a social and emotional context, not just in terms of physical illness or injury.[2]

While the National Health Goals and Targets[3] do not specifically list women's health as one of the four priority areas, breast and cervical cancer treatment and prevention were identified as priorities. Targets were also set for maternal mortality/morbidity and for reproductive health. Mental health, one of the priorities of the National Women's Health Policy, is also one of the priority areas of the National Health Goals and Targets, as are nutrition and obesity.

Common, acute, chronic, life-threatening, preventable health problems of women form the basis of this Core Curriculum Statement in Women's Health. Good General Practice care of women involves not just management of presenting problems but also prevention, screening and holistic care, in partnership with the female patient at critical moments in the life-cycle, the workplace, and within her social role context.

Women have special health needs associated with their roles, responsibilities and position in society, as well as their reproductive roles. In their booklet *A Women's Health Strategy and Implementation Plan*, the National Health and Medical Research Council[4] set out a list of factors which make the healthcare needs of women different from those of men. These, summarised below, illustrate the fundamental rationale for a Core Curriculum Statement for Women's Health:

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[1] Family Medical Research Unit, *The Medical Journal of Australia*, Volume 157 Supplement October 19, p19,1992.

[2] Commonwealth Department of Community Services and Health, *National Policy on Women's Health: A Framework for Change*, AGPS, Canberra. 1988.

[3] Commonwealth Department of Human Services and Health, *Better Health Outcomes for Australians - National Goals, Targets and Strategies for Better Health Outcomes Into the Next Century*, AGPS, Canberra. 1994.

[4] National Health and Medical Research Council (NHMRC), *A Women's Health Strategy and Implementation Policy*, AGPS, Canberra. 1994.

- a higher number of women have low socioeconomic status
- poor access to adequate housing as a result of low income
- issues related to the physiology of women
- the tendency to exclude premenopausal women from many clinical and other research activities, resulting in less information being known of women's than of men's normal and abnormal physiological processes
- the traditional caring role of women, which is often in addition to paid employment
- the higher proportion of women with chronic illness in the aged population, who are isolated, lack social support and are overprescribed medication
- domestic and other violence
- the combined impact of a number of these factors on the emotional well-being of women, and the disproportionate number of women affected by depression, anxiety, and eating disorders.

Women's Health includes an understanding of the way health services view and treat women. The WHO definition of health as a biopsychosocial model, has an emphasis on health maintenance, disease prevention, accountability and continuity of care. It therefore necessitates a mutually respectful relationship between a woman and her GP. This relationship enables the patient to make informed choices about lifestyle and treatment. By being patient-centred, the GP can assist women to become more confident about themselves, and take control and responsibility for their own health.

This Core Curriculum Statement aims to improve the health and well-being of Australian women by educating and training GP Registrars to be responsive to the particular health needs of women.

LEARNING OBJECTIVES

Communication Skills and the Patient-Doctor Relationship

The Registrar will be able to

- practise communication skills which are patient-centred and holistic, and allow her to identify sensitive personal issues in an atmosphere of respect and care
- practise empowering counselling techniques with women patients, which enable them to express emotions, ask questions, and receive information sufficient to make informed decisions
- provide comprehensive patient management through effective communication (particularly listening and hearing) and, where appropriate, with their partners, relatives and carers
- communicate effectively with women about the management of health problems of other family members for whom they are caring

- communicate effectively and sensitively with women from different cultures, particularly in relation to sexuality and reproduction, utilising professional interpreter services or advocate support
- develop strategies to facilitate communication with women who bring children to their consultation
- recognise the sensitivity necessary in communicating with women about sexuality and intimate issues, particularly recognising the impact of past sexual abuse
- use plain English, take adequate time, and seek further information to fully utilise opportunistic health promotion/education opportunities
- network effectively with other healthcare providers and community organisations to provide a comprehensive healthcare approach

Applied Professional Knowledge and Skills

The Registrar will be able to

- demonstrate knowledge of women's health problems, conditions and diseases as identified in the content of this Core Curriculum Statement
- recognise that many women consult with them for wellness issues and that they should not overmedicalise these issues
- demonstrate awareness of the sensitivity for some women of history-taking and physical examination, particularly with regard to sexuality and reproductive issues, and develop skills to negotiate a mutual exchange that is comfortable for both people
- manage the issues, examinations and procedures identified in the content section, acknowledging the need to know one's own limitations and when to refer
- consider the socioeconomic status of the female patient when advising, referring and prescribing

Population Health and the Context of General Practice

The Registrar will be able to

- demonstrate an awareness of the effect of cultural, social, economic, psychological, emotional and biological factors and their inter-relatedness on the health of women
- understand the theoretical basis of prevention and screening and identify strategies
- understand the importance of achieving better health outcomes by setting goals and targets in own practice/division in women's health and working towards their implementation

- demonstrate awareness of government policy regarding women's health, including the current priority areas of the National Women's Health Policy and National Health Goals and Targets and how these relate to General Practice
- develop a commitment to contribute to the health of women in the broader community, recognising the expertise of women's health groups within the community
- recognise the special health needs of women associated with their roles, responsibilities and position in society, as well as their reproductive roles
- outline local referral agencies, support groups and other available resources which can cooperate to care holistically for women
- understand issues of equity and access to health information and services for women

Professional and Ethical Role

The Registrar will be able to

- demonstrate commitment to the role of the GP as the provider of high quality holistic primary health care for women
- identify issues of gender and power, the dynamics of their influence on the patient-doctor relationship, and develop strategies to prevent these issues adversely affecting women's health care
- understand the particular issues related to gender of doctor, the use of chaperones for sensitive procedures, consideration of referral to a female doctor if desired
- examine and explain their own values, attitudes and approach to ethical issues such as termination of pregnancy, contraception for minors, consent and confidentiality; and respect the woman's choices, referring to another practitioner if necessary
- identify strengths, weaknesses and limitations of General Practice in meeting women's health needs
- examine own values, attitudes and biases with regard to understanding and consulting with a diversity of women and discuss how these may impact on the management of, and interaction with, the patient
- demonstrate awareness of current women's health research issues as part of a commitment to self-directed learning and professional development
- take into account the significant psychosocial component of women's health and realise that extra personal support, both organisational and emotional, may be required

Organisational and Legal Dimensions

The Registrar will be able to

- critically examine how practice management issues impact on the provision of care to women in the practice
- understand the gender issues of the male GP, particularly in a small community, whose female patients (also relating to the doctor socially) may be uncomfortable consulting on women's health issues
- maintain patient records that are accurate, facilitate continuity of care, and respect the patient's confidentiality, being especially careful with family files and cases of domestic violence, termination of pregnancy etc.
- demonstrate an understanding of legislation and policy relevant to women's health issues, eg. Pap Smear register, national breast cancer screening policy, domestic violence, sexual assault, contraception for minors
- identify issues related to being a female GP, the increasing feminisation of the General Practice workforce and the organisational implications of these factors

CONTENT

The content of this Core Curriculum Statement reflects the priority health issues identified in The National Women's Health Policy and aims to provide guidelines on the topics that should be covered during training. Much of the content identified is not necessarily gender specific and may also be relevant to men. It is therefore important when undertaking this Core Curriculum Statement to also use the Men's Health Core Curriculum Statement, to ensure that those issues which are not gender specific are covered. The social justice issues of access and equity are encompassed throughout the Training Program.

The content has been organised under the following headings:

1. Background
2. Prevention
3. Reproductive Health
4. Sexual Health
5. Common Cancers
6. Social and Psychological Issues
7. Specific Population Groups

1. *Background*

- scope of women's health
- cultural conditions, social and biological factors and their combined effect on the health of women
- health variations according to gender

- major causes of mortality and morbidity in women
- strengths and weaknesses of General Practice in meeting the health needs of women
- the issue of the medicalisation of normal life-cycle issues for women
- good consulting skills for female patients
- application of research results - much research is done on men only
- preference of many female patients for a female doctor or for a doctor of own cultural background, age etc.
- specialised resources and support groups
- access to services
- awareness of healthcare costs which often affect women more than men

2. *Prevention*

- advantages and disadvantages of a regular preventative women's health check
- factors to include in a health check (evidence-based)
- cervical cancer
  - ⇒ risk factors
  - ⇒ current screening guidelines and the effectiveness of Pap smear screening
  - ⇒ the psychological component of Pap smear testing for women
  - ⇒ performance of a Pap smear (refer to 4. Sexual Health - Procedures and Examinations)
  - ⇒ follow-up systems in the practice (of normal and abnormal smear tests)
  - ⇒ cervical cancer registries
  - ⇒ management of abnormalities
- breast cancer
  - ⇒ mammography screening - rationale, age group
  - ⇒ National Program for the Early Detection of Breast Cancer
  - ⇒ Medicare rebates
- contraception (refer to 3. Reproductive Health)
- immunisation, eg. rubella, Hep B
- antenatal care (refer to 3. Reproductive Health)
- information and education re STIs (refer to 4. Sexual Health - STIs)
- life-style counselling
- HRT to prevent osteoporosis and cardiovascular disease

- safe sex

- nutrition
  - ⇒ awareness of current national guidelines
  - ⇒ taking a nutrition history, weight and height
  - ⇒ incorporation of nutritional advice as required in patient management - diet and exercise
  - ⇒ the nutritional needs and risks of special groups - adolescence, antenatal, sporting, pre and peri menopause, vegetarians, vegans
  - ⇒ eating disorders, including anorexia, bulimia, over-eating
  - ⇒ awareness of the treatment options and referral agencies in own practice community
  - ⇒ awareness of normal body shape for women and social pressures to conform to an unrealistic norm

- health effects of sex role stereotyping
  - ⇒ own attitudes towards female patients and the health issues they present
  - ⇒ research findings that establish the differences between care provided to women and men
  - ⇒ body image, eg. cosmetic surgery, eating disorders
  - ⇒ attitudes towards female staff
  - ⇒ *Refer to National Health Goals and Targets, Men's Health, Children and Young People's Health and Mental Health Core Curriculum Statements*

3. *Reproductive Health*

- contraception
  - ⇒ fertility control options, efficacy, effectiveness, use, contraindications, side effects etc.
  - ⇒ oral contraception - advantages, disadvantages, various types, managing side effects
  - ⇒ dextromedroxy progesterone acetate (depo provera)
  - ⇒ IUCDs
  - ⇒ barrier methods (condoms, diaphragms)
  - ⇒ ovulation prediction methods (Natural Family Planning)
  - ⇒ emergency contraception (post coital)
  - ⇒ educating patients about contraceptive method used and negotiating safe sex
  - ⇒ laparoscopic sterilisation and vasectomy

- infertility
  - ⇒ practice prevention - prevent STIs
  - ⇒ the causes of infertility
  - ⇒ appropriate investigations and referral
  - ⇒ management options for infertility for patients and partners, how to inform patients and support their decisions
  - ⇒ the emotional needs of infertile women and their partners
  - ⇒ reproductive technology, eg. artificial insemination, GIFT

- pre-pregnancy consultation
  - ⇒ pre-pregnancy assessment of health
  - ⇒ rubella, Pap smear
  - ⇒ life-style counselling re alcohol, smoking, drugs, nutrition, exercise, sex
  - ⇒ folate, avoid Listeria prone foods
  - ⇒ possible genetic counselling
  - ⇒ preventing Toxoplasma, CMV

- unplanned pregnancy
  - ⇒ counselling about options
  - ⇒ legislation and services for termination of pregnancy
  - ⇒ counselling and support services
  - ⇒ follow up - physical, emotional, social
  - ⇒ cost and access within the state
  - ⇒ understanding of ethical responsibility to the patient if the doctor is unwilling to assist with arranging a termination

- antenatal
  - ⇒ pregnancy testing procedure
  - ⇒ routine antenatal checks/shared care
  - ⇒ treatment of common antenatal problems such as nausea and vomiting, urinary frequency, cramps, syncope, back pain, intercurrent infections (respiratory, urinary, vaginal)
  - ⇒ guidelines for drug use during pregnancy
  - ⇒ first trimester problems, including early bleeding, miscarriage, ectopic pregnancy and support for these problems
  - ⇒ use of routine antenatal screening tests and other investigations such as ultrasound, amniocentesis, chorion villus biopsy
  - ⇒ recognition that violence is common / worsens in pregnancy
  - ⇒ counselling in situations where the foetus may be at risk, eg. from infection or drug usage (prescribed and non-prescribed)
  - ⇒ changes in emotional and sexual dynamics during and after pregnancy
  - ⇒ childbirth options, childbirth education, early childhood services and appropriate referral, encouraging realism
  - ⇒ the impact of a new baby on family members
  - ⇒ antenatal problems of specific groups at risk, eg. Aboriginal women, migrant women, women with a drug addiction (including alcohol), older women
- postnatal
  - ⇒ contraception
  - ⇒ breastfeeding support, and community support services, ie. Nursing Mothers' Association
  - ⇒ parenting issues
  - ⇒ awareness of the physical and emotional problems of women in the first 12 months after childbirth, eg. pelvic infections, breast infections, UTI, perineal wound infection, sexual problems, stress, depression, social role demands
  - ⇒ postnatal depression - be alert for, manage and refer if indicated
  - ⇒ counselling for women experiencing prenatal death, baby with abnormalities
  - ⇒ drugs contraindicated in lactating women

⇒ pelvic floor exercises

- menstrual problems
  - ⇒ current management of PMS
  - ⇒ competence in dealing with women presenting with amenorrhoea, non-cyclical bleeding, menorrhagia and dysmenorrhoea

- menopause
  - ⇒ information and counselling of patients about menopause in the context of women's mid-life experience, preventive life-style, short-term and long-term symptoms and problems
  - ⇒ risks and benefits of the use of Hormone Replacement Therapy (HRT)
  - ⇒ self help options for the management of menopause, eg. exercise, stress management, relaxation, support and information groups, diet and life-style changes
  - ⇒ HRT-types, different regimens and appropriate investigation
  - ⇒ the distinction between health issues relating to ageing and health issues relating to menopause

- other common gynaecological problems
  - ⇒ diagnosis and holistic care of women with gynaecological problems
  - ⇒ vaginitis, genital warts, asymptomatic cervical HPV infection
  - ⇒ Bartholin's cyst/abscess
  - ⇒ pelvic inflammatory disease
  - ⇒ ovarian cysts, uterine fibroids
  - ⇒ endometriosis
  - ⇒ prolapse
  - ⇒ pelvic pain - acute and chronic - and possible relationship with a history of past sexual assault
  - ⇒ indications for hysterectomy/endometrial ablation and counselling about these
  - ⇒ urinary tract infections, urethral syndrome
  - ⇒ incontinence - prevention and management
  - ⇒ use of appropriate screening, treatments, referral and investigation
  - ⇒ *Refer to Children and Young People's Health, Men's Health, Mental Health, Aboriginal Health, Ethnic Health and Aged Care Core Curriculum Statements*

4. Sexual Health

- human sexuality, sexual response and the spectrum of sexual behaviours
- clarification of own attitude towards human sexuality and sexual dysfunction
- respect for women's rights to choose own sexual preference and behaviour
- taking a sexual history which elicits risk factors for STI's, HIV and other blood-borne diseases
- opportunities to detect, assess and educate to prevent sexual dysfunction

- counselling and education for sexual problems throughout life and appropriate referral

- sexually transmitted infections
  - ⇒ diagnosis, testing, treatment and/or referral of women with STIs
  - ⇒ the management of partners of women with STIs
  - ⇒ the social and emotional aspects of STIs
  - ⇒ contact tracing
  - ⇒ the legal requirement of practitioners in relation to STIs
  - ⇒ HIV antibody testing and protocols
  - ⇒ aspects of AIDS/HIV for women - prevention, pregnancy, psychological, support agencies
  - ⇒ *Refer to Chronic Conditions, HIV/AIDS, Men's Health, Children and Young People's Health Core Curriculum Statement.*

Procedures and Examinations

- performance of a gentle and thorough pelvic examination, paying attention to professional etiquette, patient consent, comfort and information

- performance of Pap smears with sensitivity and care, providing a positive, informative experience for a woman which allows her control of the process and enhances her own view of her body and herself

- ensuring that specimens are adequate for cytological examination

- taking swabs - vulval, vaginal and cervical, for diagnosis of viral, bacterial, fungal and chlamydial infections

- treatment of genital warts

5. *Common Cancers*

- diagnosis, referral and support of women with gynaecological cancer

- prevention and screening for cancer, eg. take family history

- cervical cancer
  - ⇒ epidemiology of cervical cancer and precursor conditions in the Australian community including recent changes in incidence and severity
  - ⇒ management of abnormal Pap smears and indicators for colposcopy

- breast cancer (see also Prevention)
  - ⇒ risk factors for breast cancer
  - ⇒ clinical breast examination and self-examination
  - ⇒ investigation of symptoms
  - ⇒ management and appropriate advice of women with abnormal mammograms
  - ⇒ awareness of the variety of surgical and non-surgical treatment of breast cancer offered by local surgeons, oncologists and radiotherapists
  - ⇒ awareness of NH&MRC clinical guidelines

- uterine and ovarian cancer
  - ⇒ diagnosis, management and support

- other breast problems
  - ⇒ appropriate investigation and management of breast lumps and irregularities
  - ⇒ breast pain - diagnosis and management
  - ⇒ women's concerns about - breast shape and symptoms, sexual and social significance of breasts
  - ⇒ breast implants and cosmetic surgery

6. *Social and Psychological Issues*

- emotional and mental health

- violence against women
  - ⇒ definition of violence - physical, emotional, sexual, economic, and social
  - ⇒ the prevalence of, and purpose of, violence against women
  - ⇒ sexual assault, domestic violence, elder abuse, adult survivors of child abuse
  - ⇒ societal attitudes towards rape, sexual assault, domestic violence
  - ⇒ characteristics of perpetrators, rape as an act of power and violence, current myths about violent acts
  - ⇒ recognise one's own attitudes towards violence and victims of violence
  - ⇒ adopt a manner to empower women and help them to make their own decisions
  - ⇒ sensitive behaviour and appropriate counselling and/or referral for women who have suffered violence
  - ⇒ support services for women who are exposed to domestic violence
  - ⇒ relevant legislation, eg. domestic violence, child abuse, sexual assault, consent to medical procedures in relation to age of consent
  - ⇒ patients' legal rights, eg. sexual harassment, violence
  - ⇒ forensic and STI screening specimens required with sexual assault and where to refer

- occupational health & safety
  - ⇒ the effects of unemployment on the health of women and their families
  - ⇒ women's multiple roles - paid, workforce, home responsibilities and domestic work
  - ⇒ identification, treatment and appropriate referral of work-related injuries and health problems
  - ⇒ occupational stress related symptoms and causes
  - ⇒ the role of the GP in occupational health and concern for own staff who are mostly women, eg. childcare, Hep B immunisation etc.
  - ⇒ common, serious and/or preventable problems
  - ⇒ sexual harassment in the workplace and legal rights of women
  - ⇒ issues detrimental to the health and well-being of women doctors, eg. radiation exposure, high rates of suicide
  - ⇒ exploitation in the workforce and its effects on the health of women

- health needs of women as carers
  - ⇒ needs of women as carers of partners, children, elderly relatives

⇒ knowledge of support services available to carers
⇒ impact on carer's physical and mental health
⇒ *Refer to Mental Health, Aged Care, Men's Health, National Health Goals and Targets and Children and Young People's Health Core Curriculum Statements.* However, take particular note of the increasing incidence of young women who smoke; abuse alcohol, benzodiazepine and other substances; have eating disorders; experience social phobia and panic attacks; harm themselves; are victims of violence; suffer postnatal depression.

7. ***Specific Population Groups (In alphabetical order)***

- Aboriginal women
  ⇒ knowledge of the history of the treatment of Aboriginal women and how this affects current health problems
  ⇒ knowledge of the health areas in which Aboriginal women experience significant disadvantage
  ⇒ birthing issues, antenatal care
  ⇒ the issues of communicating with women from a different cultural background
  ⇒ male doctors with female patients
  ⇒ the inequalities of power in the professional relationships between doctors and Aboriginal women and identification of ways of addressing this imbalance.
  ⇒ *Refer to Aboriginal Health Core Curriculum Statement*

- adolescent women
  ⇒ cultural issues of female teenagers, eg. first generation Australian teenagers
  ⇒ contraception, sexuality and pregnancy in adolescent females
  ⇒ provision of rapport and appropriate communication with adolescent females
  ⇒ confidentiality, including use of Medicare card
  ⇒ body image and eating disorders
  ⇒ consent for minors, eg. contraception, termination of pregnancy.
  ⇒ *Refer to Children and Young People's Health, Ethnic Health, Aboriginal Health and Men's Health Core Curriculum Statements*

- ageing women
  ⇒ recognition of the increased percentage of women among the aged, particularly in Nursing Homes
  ⇒ anticipation of conditions for which women of this age group are at risk - poverty, nutritional deficiencies, functional dependency, emotional impairments, loss of partner, sex-role stereotypes, isolated social patterns, hospitalisation and permanent institutionalisation
  ⇒ increased use of psychoactive drugs, especially tranquillisers and hypnotics
  ⇒ osteoporosis
  ⇒ incontinence
  ⇒ prevention and quality of life
  ⇒ avoid stereotyping - most older women are healthy contributors to family and community
  ⇒ elder abuse
  ⇒ *Refer to Aged Care and Ethnic Health Core Curriculum Statements*

- disabled women
  - ⇒ the special needs of women with a physical disability, eg. access, time needed for consultation
  - ⇒ special needs of women with an intellectual disability, eg. time needed for consultation, extra information and explanation and issues of consent
  - ⇒ appropriate referral agencies which assist women with a disability
  - ⇒ high incidence of abuse - physical, sexual and emotional
  - ⇒ rights of women with a disability to enjoy a normal lifestyle
  - ⇒ *Refer to Chronic Conditions, Aged Care, Ethnic Health and Mental Health Core Curriculum Statements*

- ethnic women
  - ⇒ migrant women visiting a male GP
  - ⇒ religious and cultural considerations when touching certain body parts etc.
  - ⇒ cultural issues around pregnancy and family violence
  - ⇒ special needs of refugees, especially when torture is involved
  - ⇒ effects of dislocation associated with migration, eg. loss of language skills, employment conditions / changed status or unemployment, care of children, and consequent health problems
  - ⇒ *Refer to Ethnic Health and Mental Health Core Curriculum Statements*

- lesbian women
  - ⇒ recognition that not all patients are heterosexual
  - ⇒ sensitivity and a patient-centred approach towards lesbian women
  - ⇒ sensitivity to the health needs of lesbian women
  - ⇒ indications for cervical cancer screening in lesbian women
  - ⇒ understanding social and family issues

- sex workers
  - ⇒ need for support and understanding (non-judgmental approach)
  - ⇒ be alert to / recognise that sex workers have a worklife and homelife and often choose to keep the two distinct
  - ⇒ prevention and management of STIs
  - ⇒ awareness of violence as a possible issue
  - ⇒ screening and confidentiality

TEACHING / LEARNING APPROACHES

In the area of Women's Health and

Within the practice, GP Supervisors should demonstrate a high level of competence in managing women's health problems and model this for Registrars. Particular issues for the GP Supervisor to address with the Registrar include sensitive communication with female patients, competent examination and procedures, and the use of chaperones. GP Supervisors also need to reinforce, in the clinical setting, those general principles taught in the release program, eg. breast cancer as an example of early diagnosis and long-term management of malignancy.

In the Training Program, topics covered by the Medical Educators should include the theoretical basis of Women's Health issues and important problems encountered less commonly by Registrars in General Practice, for example cancer, sexual assault, ectopic pregnancy.
For those with a special interest in women's health, further training may be required after finishing the Training Program,, eg. advanced hospital positions and the RACGP Advanced Training in Women's Health course.

ASSUMED PRIOR EXPERIENCE

In the area of Women's Health it is assumed that Registrars will have completed undergraduate training in gynaecology and obstetrics. It is recognised that some Registrars will have useful and specific knowledge and experience in women's health, while others will have limited specific postgraduate training in this area.

FEEDBACK AND ASSESSMENT METHODS

In the area of Women's Health it is desirable that each Registrar be assessed on their ability to

- competently perform a Pap smear and pelvic examination, demonstrating appropriate communication skills
- investigate and manage STI's and vaginal discharges
- communicate sensitively with women about sexual issues and violence
- discuss contraception options with a patient and educate a woman about commencing an oral contraceptive pill
- manage shared antenatal care
- counsel a woman about an unwanted pregnancy

LEARNING RESOURCES

Staffing

In the area of Women's Health, it is expected that GP Supervisors should themselves be competent in managing women's health problems. It is important that both they and Medical Educators understand the concepts underlying the rationale for a curriculum in women's health and can impart these to Registrars. Medical Educators are encouraged to involve other women's health experts from the community when conducting educational sessions and discussions.

Training Resources

RACGP - copies of the following are available through The RACGP National Resource Centre

- Learning Packs developed for the RACGP Course of Advanced Training in Women's Health
- External Studies Packs on women's health issues developed by the RACGP Training Program in Queensland
- *Check* programs

- CheckuP2
- RACGP Course of Advanced Training in Women's Health
- RACGP Women and Violence Manual

Other

- Materials developed by women's groups, Women's Health Centres and Information Services
- National Policy on Women's Health: *A Framework for Change* 1988, AGPS, Canberra.
- Clinical Practice Guidelines, eg. NHMRC - *Management of Early Breast Cancer*, 1995, National Health and Medical Research Council
- Materials from National Breast Cancer Centre
- Cervical Cancer booklets developed by the National Cervical Screening Program
- Courses, eg. Family Planning (some courses available in distance education format)
- Experts in women's health and community groups

Visiting community providers of women's health services, particularly Women's Community Health Centres, Rape and Sexual Assault Services and Family Planning Centres.
Note that new resources are constantly being developed in this area.

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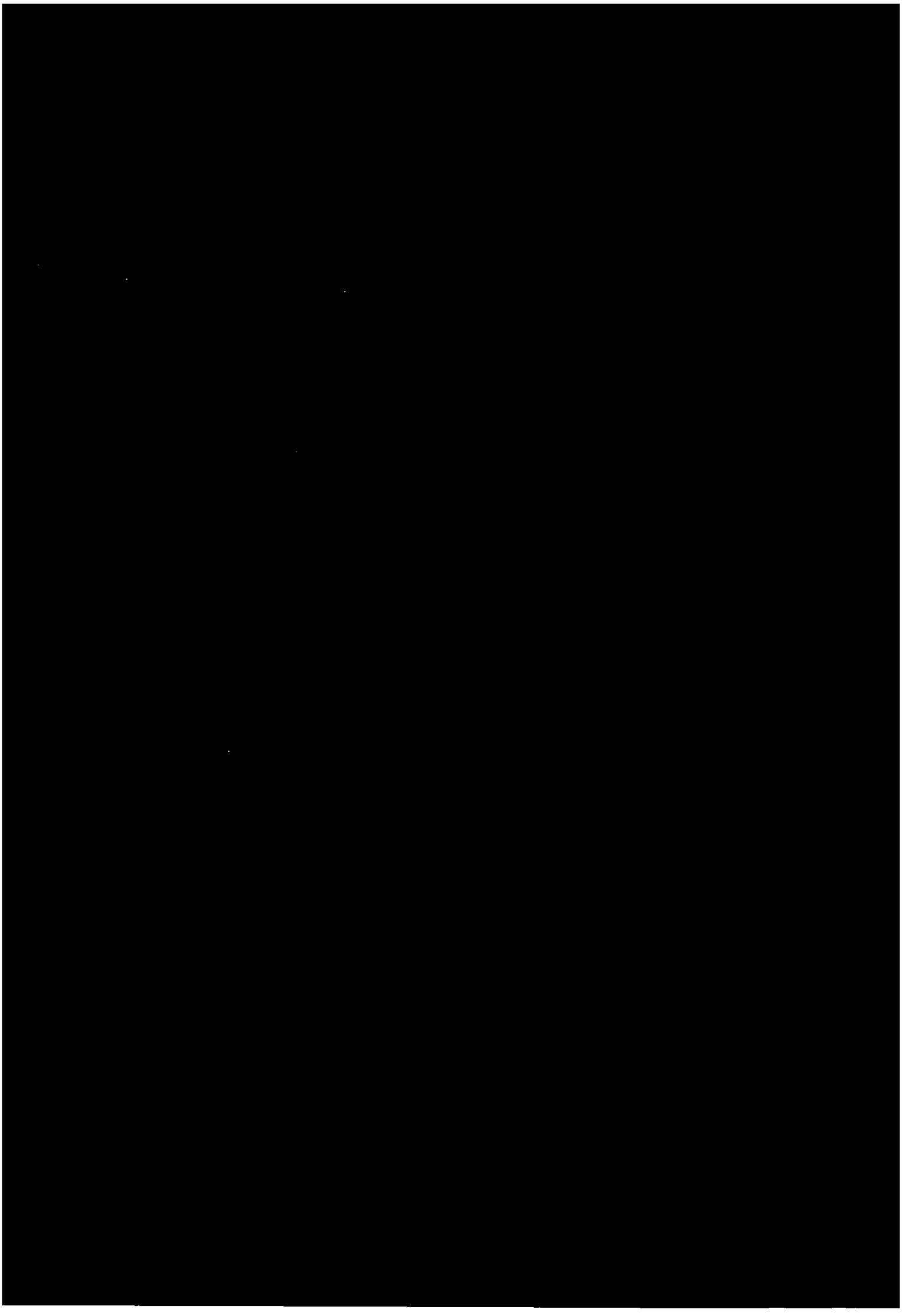

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TITLE Men's Health

RATIONALE

Life expectancy from birth is one of the most visible indicators of health status. Australian men are dying almost 7 years earlier that their female counterparts. It is only in recent years that men's health has been identified by the Australian health care system as a particular area of need. Statistics from the Australian Institute of Health and Welfare[1] support this view.

> *"Young men, aged 15 to 24 are more than three times as likely to die in motor vehicle accidents than young women and four times more likely to die of suicide. Men aged 25 to 64 have a death rate nearly twice that of women in the same age range, with major contributors being heart disease, suicide, lung cancer and motor vehicle accidents.*
>
> *Older men aged 65 years and over, die from lung cancer at nearly five times the rate of women, of suicide at nearly four times the rate, and of respiratory disease at nearly three times the rate.*
>
> *For Aboriginal and Torres Strait Islander men, the picture is far worse. An Aboriginal man would be approximately three times more likely to die before the age of five and have a life expectancy some 16 to 18 years shorter than a non-Aboriginal man."*

These major causes of death in men also rate in the top four causes of morbidity and mortality in Australia. These are identified in the National Health Goals and Targets which aim to promote cardiovascular health, cancer reduction, injury prevention and good mental health.[2]

Major improvements may be produced by challenging and re-shaping the way masculinity is defined in Australian culture and recognising the importance of the current ways in which boys socially develop in this culture, which

- leads them into risk-taking and self-harming behaviours
- denies them access to the healing effects of emotional release
- discourages them from growing into men who value their physical, emotional and mental health

General Practitioners have a role in changing this paradigm. Registrars in the Training Program are well placed to assist in raising the profile of men's health, being aware of the issues affecting men and being proactive in their management.

This Core Curriculum Statement provides an avenue for Registrars to address key issues in men's health including common medical conditions, the problems of those in marginalised groups, and other issues identified in the National Men's Health Policy.

---

[1] Australian Bureau of Statistics 1993 interpreted by Mathers C in a paper presented at the National Men's Health Conference. Melbourne. 1995.

[2] Commonwealth Department of Human Services and Health, *Better Health Outcomes for Australians - National Health Goals, Targets and Strategies for Better Health Outcomes Into the Next Century.* AGPS, Canberra. 1994.

LEARNING OBJECTIVES

Communication Skills and the Patient-Doctor Relationship

The Registrar will be able to

- demonstrate an ability to listen to and understand the needs of male patients taking time and seeking further information to fully utilise health promotion / education opportunities
- use empathy and supportive strategies which demonstrate an ability to allow men to show their emotions and express their needs
- understand the need to develop a partnership with male patients which allows them to understand the behaviours and values that contribute to their health problems
- deliver "bad news" with sensitivity and empathy, allowing time and space for the patient, relative or significant other, to express their feelings
- be aware of the need to negotiate responsibilities between the male patient and the GP
- demonstrate an ability to educate men to be proactive about their health, recognising the need for sensitivity in discussing sexuality and intimate issues
- demonstrate a communication approach which is non-judgemental and respects the values and beliefs of men from different cultures and sexual preferences
- provide comprehensive patient management through effective communication and where appropriate with their partners, relatives and carers

Applied Professional Knowledge and Skills

The Registrar will be able to

- diagnose, treat and manage health problems and medical conditions that are common and/or important for the health of men
- demonstrate appropriate skills in examination and perform gender specific basic procedural skills, acknowledging one's own limitations and knowing when to refer
- demonstrate appropriate and cost effective referral, investigations and pharmaceutical management
- demonstrate an ability to apply skills in critical thinking and problem solving in the assessment and management of male patients

- demonstrate an understanding of harm minimisation strategies in such areas as the prevention of blood-borne viruses and violence among young men

- demonstrate an ability to determine the need for HIV antibody testing outlining the appropriate protocols and need for confidentiality

Population Health and the Context of General Practice

The Registrar will be able to

- demonstrate a commitment to primary healthcare principles with a particular emphasis on preventive activity

- increase their awareness of the impact that men's socially constructed attitudes, values and behaviour (associated with various masculinities) have on
  - ⇒ the emotional, physiological and physical health of men
  - ⇒ the social relations of men
  - ⇒ the relationship between himself and other men, women and children

- demonstrate an understanding and insight into the social construction of masculinities and the social development of Australian boys

- demonstrate opportunistic health promotion and disease prevention skills, and an ability to counsel men requesting prostate screening and the implications of doing so

- understand that men are over-represented in a number of specific areas including cardiovascular disease, cancer, injuries, suicide and violence-related issues and identify the need to implement health promotion strategies

- demonstrate an understanding of the National Men's Health Policy and the National Health Goals and Targets and how these relate to General Practice and influence men's healthcare funding

- acknowledge that changes are required in the way the healthcare system, and General Practice in particular, responds to men

- develop strategies to improve access to services for male patients

- outline the particular requirements of specific population groups

- know how to access appropriate men's local support services, networks and groups

Professional and Ethical Role

The Registrar will be able to

- maintain confidentiality when dealing with the patient, the family or carers, particularly when giving results of STI and HIV testing

- outline the need to maintain appropriate social boundaries in a professional relationship

- demonstrate an ability to look critically at their *own* "ethos of masculinity" and how this impacts on their relationship with male patients

- demonstrate that critically assessing their own values is important in shaping their effective involvement in men's health

- demonstrate a caring, equitable and responsible approach to their work

- be involved in gender specific health promotion strategies that enlist the cooperation of other health professionals, community groups and organisations

- understand the importance of achieving better health outcomes by setting goals and targets in own practice/division in men's health and working towards their implementation

Organisational and Legal Dimensions

The Registrar will be able to

- promote services that are accessible and responsive to the needs of different groups of men

- understand occupational health and safety guidelines and act on "at risk" workplace programs

- critically examine how practice management issues impact on the provision of care for male patients in the practice

- outline how to access the legal provisions that protect "at risk" persons (eg. restraint orders)

- be proactive in health promotion (eg, creation of disease registers and use of appropriate opportunistic screening)

- maintain patient records that are accurate, facilitate continuity of care and respect the patient's confidentiality

CONTENT

The statement of content has been developed according to the priorities of the National Health Goals, Targets and Strategies and the National Men's Health Policy and aims to provide guidelines on topics that need to be covered during training. Much of the content identified is not necessarily gender specific and may also be relevant to women. To ensure that those issues which are not gender specific are covered it is important to also refer to the Women's Health Core Curriculum Statement. The social justice issues of access and equity are encompassed throughout the Training Program.

The content has been organised under the following headings:

1. Background
2. Prevention
3. Injury Prevention
4. Sexual Health
5. Common Cancers
6. Social and Psychological Issues
7. Specific Population Groups

1. Background

- major causes of mortality and morbidity in men
- primary healthcare principles
- health variations according to gender
- application of research results to the National Health Goals and Targets and Men's Health Policy
- specialised resources and support groups
- strengths and weaknesses of General Practice in meeting the health needs of men
- social construct of masculinities
  - ⇒ impact of men's socially constructed attitudes, values and behaviour on emotional, psychological and physical health of men
  - ⇒ social relations of men
  - ⇒ relationship between a man and other men, women and children
  - ⇒ *Refer to Critical Thinking and Research Core Curriculum Statement.*

2. Prevention

- advantages and disadvantages of regular preventative screening
- factors to include in a health check - evidence based
- health promotion and life-style counselling issues - smoking, diet, exercise
- opportunistic screening
- immunisation
- cardiovascular health
  - ⇒ incidence and prevention of coronary artery disease and hypertension
  - ⇒ appropriate dietary advice regarding fat, fibre, sugar, alcohol, nutrition, exercise and life-style issues
  - ⇒ risk factor assessment and management (ie. plasma lipid abnormalities)
  - ⇒ whom to test and how often
- blood pressure
  - ⇒ incidence of hypertension and cardiovascular disease in the male population
  - ⇒ general measures for prevention including diet, exercise and obesity

- ⇒ other causes of hypertension, eg. social / emotional factors
- ⇒ National Heart Foundation guidelines on treatment
- ⇒ importance of isolated systolic hypertension as a risk factor for cardiovascular disease and stroke

- strokes and cerebro-vascular episodes
  - ⇒ possible causative factors in stroke and cerebro-vascular disease, TIA, smoking, blood pressure, obesity, diabetes mellitus
  - ⇒ possible causes of TIAs - cardiac arrhythmia, hypotension, abnormalities in the carotid or vertibro-basilar system
  - ⇒ investigations which may be undertaken
  - ⇒ *Refer to National Health Goals and Targets Core Curriculum Statement*

3. ***Injury Prevention***

- general
  - ⇒ incidence - accessing statistical data
  - ⇒ harm minimisation strategies for prevention of injuries amongst all groups of men, particularly adolescents
  - ⇒ immunisation
  - ⇒ *Refer to Children and Young People's Health, Critical Thinking and Research, Acute and Traumatic Conditions and Mental Health Core Curriculum Statements*

- occupational health and safety
  - ⇒ occupational health and safety legislation
  - ⇒ occupational stress related symptoms
  - ⇒ the effects of unemployment on the health of men and their families
  - ⇒ identification, treatment and appropriate referral of work related injuries and health problems
  - ⇒ rehabilitation programs and the philosophy of returning to work as soon as possible
  - ⇒ strategies to reduce injuries at home, particularly among older men

- deafness
  - ⇒ incidence in men
  - ⇒ prevention strategies and health promotion
  - ⇒ how to diagnose, manage and refer appropriately

- back problems
  - ⇒ incidence in men
  - ⇒ prevention strategies - lifting information and health promotion
  - ⇒ diagnosis, investigation and management of men (both working and non-working) with back problems

- suicide and non-accidental injury
  - ⇒ incidence in men
  - ⇒ methods of identifying early warning signs in men who are at risk of self-harm and suicide

- ⇒ the importance of early management of depression
- ⇒ health promotion strategies
- ⇒ intravenous drug use
- ⇒ high risk behaviours
- ⇒ *Refer to Mental Health Core Curriculum Statement*

4. *Sexual Health*

- human sexual response, sexuality and the spectrum of sexual behaviours
- clarification of own attitude towards human sexuality, sexual preferences and sexual dysfunction
- taking a sexual history in a setting which places a person at ease
- asking questions about sexual health in the consulting room when presented with an opportunity, and providing realistic preventive education (eg. safe sex/intravenous drug use) and offering testing when necessary
- ways of discussing and managing of the main sexual problems experienced by men including impotence, premature ejaculation
- vasectomy
- sexually transmitted infections
  - ⇒ appropriate tests for common STIs
  - ⇒ current effective treatments for common STIs
  - ⇒ contact tracing and the management of partners with STIs
  - ⇒ legal requirements of GPs in relation to STIs
  - ⇒ HIV antibody testing and protocols
  - ⇒ providing support, primary care and (in conjunction with a local specialist unit) regular monitoring for men who are HIV positive
  - ⇒ accessing and using palliative care resources
  - ⇒ caring for a person with AIDS in the final stages at home - psychological, support groups, partner, respite care
  - ⇒ *Refer to HIV/AIDS, Women's Health and Chronic Conditions Core Curriculum Statements*
- infection control

5. *Common Cancers*

- diagnosis, referral and support for men with cancer
- prevention and appropriate screening for cancers
- prostate
  - ⇒ incidence, risk factors, symptoms
  - ⇒ history taking, assessment and examination

- ⇒ guidelines for screening (in asymptomatic men it is not currently recommended)
- ⇒ screening methods and health promotion
- ⇒ dealing with treatment, eg. incontinence, impotence and other treatment related side effects
- ⇒ benign prostate hyperplasia - symptoms, assessment, differential diagnosis, eg. prostate cancer
- ⇒ referral agencies
- ⇒ how to give a "clear" explanation of the options available to men in the area of prostate and genitourinary problems

- bowel cancer
  - ⇒ incidence accessing statistical data
  - ⇒ prevention / education strategies including life-style recommendations about modifiable risk factors, such as diet and smoking
  - ⇒ family medical history regarding colo-rectal cancer
  - ⇒ guidelines for screening asymptomatic patients
  - ⇒ plan of management for patients presenting with rectal bleeding or symptoms of significant bowel disease

- respiratory disease
  - ⇒ incidence and prevention / education strategies
  - ⇒ management of men with asthma / emphysema and chronic obstructive airways disease
  - ⇒ diagnosis and management of men with lung cancer
  - ⇒ brief interventions and resources available to assist in smoking cessation and other risk factors for respiratory disease

- other
  - ⇒ testicular
  - ⇒ *Refer to RACGP guidelines for preventive activities in General Practice. National Health Goals and Targets, Critical Thinking and Research Core Curriculum Statements*

6. ***Social and Psychological Issues***

- mental health problems of men (refer to *3. Injury Prevention*)

- diagnosis, investigation, management of mental health problems

- hazardous drinking and problems related to alcohol
  - ⇒ incidence and methods used to detect hazardous drinking and problems related to alcohol
  - ⇒ problems that will arise with hazardous drinking
  - ⇒ methods and resource agencies which could be used to intervene and support families, manage hazardous drinking and problems related to alcohol

- substance abuse
  - ⇒ differentiate between experimental, recreational and compulsive/dependent use of drugs
  - ⇒ signs and symptoms of abuse of recreational and illicit drugs including - cannabis, amphetamines, Ecstasy and other CNS stimulants
  - ⇒ physical withdrawal symptoms following cessation of a drug of dependence
  - ⇒ harm minimisation strategies
  - ⇒ overuse of prescription drugs
  - ⇒ intravenous drug use

- domestic violence / sexual assault
  - ⇒ definition of violence - physical, emotional, sexual, economic and social
  - ⇒ incidence of sexual assault / abuse, domestic violence amongst men
  - ⇒ societal attitudes towards sexual violence, characteristics of perpetrators, rape as an act of power and violence, myths about violent acts
  - ⇒ recognising ones own values and attitudes about violence and victims of violence
  - ⇒ identifying families at risk of domestic violence
  - ⇒ types of violence and abuse in the home
  - ⇒ state and territory laws when dealing with domestic violence / sexual assault
  - ⇒ organisation of provision of care and liaison with other health professionals
  - ⇒ the role of brief interventions
  - ⇒ therapeutic programs for violent men
  - ⇒ *Refer to Mental Health, Children and Young People's Health, Women's Health, Aboriginal Health, Ethnic Health Core Curriculum Statements*

7. ***Specific Population Groups (In alphabetical order)***

- *Aboriginal and Torres Strait Islander men*
  - ⇒ identifying the cultural differences in masculinity development
  - ⇒ identifying risk factors
  - ⇒ initiation issues
  - ⇒ improving health
  - ⇒ *Refer to the Aboriginal Health Core Curriculum Statement*

- *ageing men*
  - ⇒ health promotion and opportunistic screening
  - ⇒ issues of isolation and associated health risks for widowed or separated men
  - ⇒ incidence of suicide and early intervention strategies
  - ⇒ *Refer to Aged Care Core Curriculum Statement.*

- *adolescent men*
  - ⇒ communication skills and confidentiality
  - ⇒ cultural issues of male teenagers, ie. first generation Australians
  - ⇒ development of sexual identity and 'coming out'
  - ⇒ establishment of appropriate professional boundaries
  - ⇒ role of brief intervention in detection and management of violence
  - ⇒ organisation of appropriate referrals with a "hands on approach"

- ⇒ specific areas of concern for sexuality, STIs and HIV/AIDS
- ⇒ advising re contraception and safe sexual practices
- ⇒ homeless youth and harm minimisation strategies
- ⇒ *Refer to the Young People's section in the Children and Young People's Health Core Curriculum Statement.*

- *disabled men*
  - ⇒ effects on self-esteem and emotional well-being
  - ⇒ substance abuse
  - ⇒ sexual well-being
  - ⇒ community and health professionals' attitudes to disability
  - ⇒ promotion of positive peer models and healthy life-styles to encourage positive self-image
  - ⇒ the issue of carers and respite
  - ⇒ support networks and resources
  - ⇒ *Refer to Chronic Conditions Core Curriculum Statement.*

- *ethnic men*
  - ⇒ complexities of working with ethnic male community groups
  - ⇒ background differences, cultural, language, access and lack of available resources and services
  - ⇒ effects of dislocation associated with migration eg. loss of language skills, employment conditions, changed status, unemployment and consequent health and family problems
  - ⇒ *Refer to Ethnic Health Core Curriculum Statement.*

- *gay men*
  - ⇒ 'coming out' and adjusting to sexuality within a society where there exists an underlying, pervasive and negative attitude to homosexuality
  - ⇒ major barriers to effective communication, ie. the "real" or "perceived" non-accepting attitude of the doctor and fear of breaches of confidentiality
  - ⇒ body image and eating disorders in gay men
  - ⇒ specific areas of concern for STIs and HIV/AIDS
  - ⇒ non gay-identifying men who have sex with other men - harm minimisation
  - ⇒ issues of grief / multiple loss / deaths for gay men
  - ⇒ community resources and agencies
  - ⇒ promoting safe sexual practices

- *rural men*
  - ⇒ specific areas of concern for rural men, eg. farm injury, stress, social isolation gay men in rural areas and restricted access to GPs.
  - ⇒ patterns of injury/violence in a specific region
  - ⇒ reluctance of rural men to seek care
  - ⇒ creating accessible hours and accessible methods of communication
  - ⇒ issues of unemployment, lack of income, drugs and alcohol
  - ⇒ identification and management of stress
  - ⇒ counselling at risk behaviour
  - ⇒ initiation and participation in local health promotion activities
  - ⇒ *Refer to Mental Health Advanced Rural Skills Curriculum Statement*

TEACHING / LEARNING APPROACHES

There are a variety of teaching/learning approaches that lend themselves to specific areas of the content outlined in this statement. Many of these are outlined in the Introduction to the Core Curriculum. The following methods may be found to be more appropriate for particular groups.

- Discussion
- Role play
- Case study presentation
- Tutorial/lectures
- Problem-solving approach
- Panel discussions/small group work, values clarification exercises
- Placements and visits to men's community organisations

LEARNING RESOURCES

Recommended Texts and References

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Other useful texts and references

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Age

Children and Young People's Health

Aged Care

THE ROYAL AUSTRALIAN COLLEGE

OF

GENERAL PRACTITIONERS

TRAINING PROGRAM

CHILDREN AND YOUNG PEOPLE'S HEALTH

CORE CURRICULUM STATEMENT

1997

TABLE OF CONTENTS PAGE

TITLE Children and Young People's Health *

* *The use of the term "Young People" refers to the age group 12 to 24 years and reflects both their own preferences and the terminology of the National Health Goals and Targets.*[1]

RATIONALE

GPs are crucial to the achievement of the National Health Goals and Targets for children and young people. Relevant goals[2] are

1. Reduce the frequency of preventable mortality (injury, accident, suicide, Aboriginal infant mortality)

2. Reduce the impact of disability, including reductions in the occurrence of new disability and the impact of established disability (congenital abnormality, low birthweight, prematurity, chronic illness, intellectual disability, physical disability and learning disorders)

3. Reduce the incidence of vaccine-preventable disease

4. Reduce the impact of conditions occurring in adulthood which have their early manifestations in childhood or the teenage years (diabetes, cardiovascular disease, many cancers and mental disorders, the consequences of poor nutrition and lifestyle problems including substance abuse, unprotected sexual activity, and solar damage)

5. Enhance family and social functioning (relevant at every consultation involving a child or young person).

Allied health professionals see 5% of the population annually, whereas GPs see some 80%.[3] Patients under 15 years of age comprise approximately 23% of all GP consultations (National average 1995).[4] A recent study incorporating an examination of service utilisation by children aged between 10 & 15 years in the 6 months prior to the study indicated that "GPs had been consulted with regard to 45% of all children, a rate which was between four and thirty eight times higher than any other service".[5] These statistics illustrate the opportunity for the well-trained and motivated GP to enhance the health of the community, its children and young people.

Undergraduate and hospital exposure to child and family health is significantly less than exposure to adult internal medicine. Moreover, there is no uniform requirement for child and adolescent health experience by any state or Territory Medical Board. There is, therefore, an obvious need for a Core Curriculum Statement relating to the health of children and young people, which delineates the essential core knowledge, skills and attitudes for all entrants to General Practice and recommends the most effective means for acquiring these.

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[1] *The Health of Young Australians.* Australian Health Ministers Advisory Council (AHMAC). June 1995.
[2] *Ibid.*
[3] *The Future of General Practice, Issues Paper No. 3,* National Health Strategy. 1992.
[4] *Medicare Statistical Feedback Sheet.* April 1996.
[5] Sawyer MG, Sarris A, Baghurst P.A, Cornish CA, Kavey RG. *The Prevalence of Emotional and Behaviour Disorders and Patterns of Service Utilisation in Children and Adolescents. Aust & N.Z. J. Psychiatry* 24:323-330. 1990.

This Core Curriculum Statement is designed to support the development of a continuum of learning, from undergraduate to continuing education. The curriculum assumes a supportive learning environment, and is specifically intended to assist GP Registrars in acquiring an intellectual framework of concepts and knowledge which, when combined with critical reflection on clinical experience, should facilitate the rapid development of clinical expertise and confidence.

It should be remembered that for the young graduate first entering General Practice, the breadth of required knowledge may overwhelm their ability to perceive and utilise the dynamics of the consultation for the benefit of their patients. This document is intended to deal with this reality.

LEARNING OBJECTIVES

Communication Skills and the Patient - Doctor Relationship

Successful inter-professional and inter-sectoral action for health is based on effective communication. The openness, trust and quality of communication in the relationships between GP, patient and family, are critical to improving health outcomes. Good communication also enhances parental self-confidence, and the ongoing personal growth of both the doctor and patient.

The Registrar will be able to

- take an appropriate history, remembering the particular needs and anxieties of parents with sick children, whilst recognising their expertise as the close observer of the child and the illness
- engage with and examine children, remembering the child's alertness, interest and responsiveness are critical to accurate assessment
- demonstrate effective communication strategies, recognising that a young person may be feeling self-conscious, anxious, alienated, or having difficulty disclosing distress
- negotiate an effective management plan which sets realistic expectations between the parent, patient and doctor
- accurately establish parental levels of understanding of the condition, the indicators and mechanisms for follow-up
- utilise the therapeutic relationship to promote directly and indirectly parental self-confidence and skills

Applied Professional Knowledge and Skills

GPs operate in an arena where serious illness is of low prevalence, yet many presenting problems are consistent with the possibility of serious illness, (eg. fever, vomiting, abdominal pain). Some problems require immediate recognition and treatment (eg impending upper airway obstruction). Equally, families commonly present seeking medical 'cures' for problems which are not improved by physical interventions. Careful management is required to avoid unnecessary 'medicalisation' whilst retaining the trust and confidence on which the GP's effectiveness depends.

The Registrar will be able to

- demonstrate understanding of the range of normality in children and young people and feel confident in monitoring growth and development
- assist with the common problems of infancy, including feeding and sleeping difficulties, colic, and lack of parental confidence
- recognise and appropriately manage common and/or important conditions of children and young people, particularly those which could cause mortality or major morbidity if poorly managed (physical, psychological or social)
- understand the use and limitations of clinical indicators of serious illness in children, with special reference to the evolution of serious illness over time
- understand the use and limitations of laboratory indicators of serious illness in hospital and General Practice settings
- demonstrate competence in the practical clinical procedures of childhood and adolescence
- safely use appropriate pharmacological agents and understand the precautions relevant to pregnancy, lactation, infancy and adolescence
- understand cost and compliance issues when prescribing for young people
- identify and manage the child or young person at risk of abuse, violence, neglect, homelessness, or accidental injury
- understand the importance of identifying early indicators of 'at risk' behaviours of young people and initiate harm-minimisation strategies
- understand the opportunities for health promotion and health surveillance that are unique to adolescents
- understand the normal striving for independence, and the issues of concern to young people as they progress through adolescence, and feel confident in helping them and/or their families meet the consequent challenges

Population Health and the Context of General Practice

Public consultations undertaken during the development of the national policy documents indicate that 'where there was dissatisfaction, the most common concern was doctors' or other health workers' attitudes to patients, and what was perceived as a lack of understanding by these professionals of the complexity of 'customers' problems'.[6]

GPs may also contribute to the achievement of National Health Goals via the appropriate organisation of their practices, and their involvement in population-based preventive strategies, community advocacy and leadership.

The Registrar will be able to

- appreciate the context of the General Practice, and adjust the consultation style and management plan to respond to such factors as
  - ⇒ anxiety, sleep deprivation and level of understanding affecting potential expectations of the consultation
  - ⇒ beliefs and expectations of the wider family which shape the presentation of the problem
  - ⇒ the effect on compliance of parental attitudes to illness, medication, fever and alternative remedies
  - ⇒ pressures of work, the barriers to child care for 'sick' children, and the necessity of maintaining employment
  - ⇒ the quality of family and community support, ie. the immediate environment in which care occurs (the same clinical situation may require home or hospital management)
  - ⇒ language, ethnic and cultural barriers (which may exclude one parent from the conversation of the consultation)
  - ⇒ barriers perceived by young people which limit access to effective care by the GP
  - ⇒ the effect of peer pressure, school, mass media, and employment prospects on the attitude and behaviour of young people

- understand the effect of family dynamics on child presentations (treating the family rather than the child may produce the best health outcome for the child)

- understand the significance of alienation from school as a major health issue

- be familiar with the current immunisation schedules, prevalence of vaccine-preventable disease, the concept of opportunistic vaccination, barriers to achievement of optimal rates of immunisation, current recommendations and true and false contraindications

- outline the advantages of the parent-held record as a means of facilitating health promotion, developmental surveillance, and communication between health professionals

[6] *The Health of Young Australians - A National Health Policy for Young People.* AHMAC p 17: 1995.

- demonstrate understanding of the opportunities for health promotion and health surveillance that are unique to adolescence

- understand the main morbidities for adolescents

- demonstrate understanding of the concept of inter-sectoral action for the health of children and young people, the role of research in shaping future progress, and the potential of new partnerships with health workers

Professional and Ethical Role

Professional and ethical values underlie every clinical decision. Even the use of the word 'patient' rather than 'client or customer' implies a privileged relationship which entails special responsibilities.

The Registrar will be able to

- demonstrate that they are capable of enhancing their personal and professional function by:

  ⇒ critically reflecting upon their consultations to identify strengths and opportunities for improvement

  ⇒ critically reflecting on the ongoing development of their own values, attitudes and beliefs

  ⇒ understanding how personal issues may threaten effective communication, eg. counter-transference

  ⇒ continuously updating their clinical management in the light of current knowledge

  ⇒ undertaking clinical audits, including researching outcomes in order to improve practice

  ⇒ enhancing the autonomy and personal responsibility of patients and families

  ⇒ identifying ways in which they may improve health outcomes for children and young people, through enhancing family and social function

  ⇒ (and equally) finding enjoyment, personal satisfaction and growth, from their dealings with children, young people and their families, and from assisting the passage of an infant or child, through adolescence to adulthood

  ⇒ utilising opportunities for advocacy on behalf of children and young people

  ⇒ seeking appropriate guidance in any situation where their professional and ethical duties conflict, or are not clear

- contribute to the development of the discipline of General Practice by gaining skills in teaching, research, and advocacy aimed at improving the well-being of children and young people

Organisational and Legal Dimensions

Effective health promotion, the management of emergencies and the minimisation of preventable morbidity all depend on good practice systems and procedures. The best intentions can be undermined by poor organisation. Careful review and follow-up are a key management strategy in the care of children and young people. For those with potentially serious problems, specific strategies and guidelines are essential.

The Registrar will be able to

- establish and work effectively with local networks of relevant professionals, child and youth services, including local schools, social, cultural and recreational groups

- make effective referrals so that parents, children and young people feel that their GP is advancing their care in a cooperative way

- demonstrate Practice organisation skills which ensure appropriate access and quality of care for children, young people and their families by
  - ⇒ staff guidelines re telephone access and messages
  - ⇒ delineating the triaging role of practice staff
  - ⇒ criteria for monitoring sick children and medical records documentation
  - ⇒ current management protocols for emergency care and selected clinical problems
  - ⇒ written and printed information/instructions to support parental care which include clear statements about indications for immediate review
  - ⇒ a Practice profile detailing hours of operation, doctor availability and after-hours cover
  - ⇒ a Practice resource file containing local resource networks and procedures
  - ⇒ adequate Practice therapeutic agents and equipment
  - ⇒ appropriate Practice registers and recall systems
  - ⇒ planning to optimise follow up (which may be compromised by doctor fatigue, pre-occupation, or 'system' failure)
  - ⇒ promoting staff attitudes and a physical environment in which young people feel both welcome and at ease
  - ⇒ vaccine storage, and maintenance of the cold chain
  - ⇒ creating of a safe physical environment in the Practice for children

- appreciate the legal implications of suspected emotional, physical and sexual abuse or neglect of children or young people - with particular reference to requirements for mandatory reporting

- demonstrate knowledge of Medicare requirements, appropriate billing procedures, and access to Medicare billing for young people lacking a card

- demonstrate consideration of the following issues as they relate to children and young people
  - ⇒ individual rights
  - ⇒ the issues of chaperones
  - ⇒ age of consent

⇒ informed consent
⇒ HIV / AIDS
⇒ confidentiality
⇒ issues of sexuality
⇒ power of guardians over rights of minors

CONTENT

The statement of content has been developed to provide guidelines regarding topics that should be covered during training. The topics and conditions have been selected because they are relevant to the pursuit of the National Health Goals and Targets, involve a risk of serious morbidity or mortality, are common in/relevant to General Practice, provide an opportunity for the promotion of health, or are instructive of important concepts in paediatric/adolescent General Practice.

The content is organised into the following headings:

1. Paediatric Emergencies
2. Recognition and Management of Serious Illness in Young Infants and Children
3. The Post-Natal Period in the Era of Early Discharge
4. Infancy and Childhood
5. Young People (The Adolescent Years)
6. Practical Procedures
7. Problem Schemas

1. Paediatric Emergencies

- cardiorespiratory arrest
- drowning
- acute laryngeal obstruction
- raised intra-cranial pressure
- poisoning and envenomation
- severe trauma
- the acute abdomen
- anaphylaxis
- shock
- status Epilepticus
- severe acute asthma
- severe burns
- keto-acidosis
- coma in children

⇒ *Refer to Acute and Traumatic Conditions, Chronic Conditions Core Curriculum Statements*

2. Recognition and Management of Serious Illness in Infants and Young Children

- a generic approach
- guiding principles
- specific conditions

⇒ *Refer to Recognition and Management of Serious Illness in Infants and Young Children Core Training Module*

3. *The Post-Natal Period in the Era of Early Discharge*

- conditions to be sought at examination in the first week of life
- conditions to be sought at examination in the first 6 weeks*
  - ⇒ hypotonia, hypertonia
  - ⇒ responsiveness, vision, hearing
  - ⇒ craniosynostosis
  - ⇒ abnormal genitalia
  - ⇒ developmental dysplasia of the hips
  - ⇒ congenital abnormality
  - ⇒ heart murmurs
  - ⇒ congestive cardiac failure
  - ⇒ growth velocities in early life
- breast feeding
- techniques for helping mothers
- formulas for special needs
- breast care
- obstetric complications
  - ⇒ bleeding, perineal pain, fever
  - ⇒ cracked nipples, mastitis
  - ⇒ breast engorgement
  - ⇒ post-natal depression
- family adjustment to the newborn
- maternal exhaustion, depression and anxiety
- relevant community resources
- the role of the parent-held record

** As per NH&MRC Screen Guidelines*

- Indicators of possible serious illness in the first 6 weeks - fever, jaundice, increased sleeping, poor feeding, pallor, cyanosis, apnoea/cough, decreased activity and hypotonia, pallor, respiratory recession, convulsions, significant weight loss.

- *Refer to Recognition and Management of serious illness in Infants and Young Children Theme I Core Training Module - Acute and Traumatic Conditions Core Curriculum Statement.*

4. *Infancy and Childhood*

4.1 Developmental Issues

- normal growth
- normal development
- detection of visual and hearing problems
- behaviour:
  - ⇒ normal versus 'problem' behaviours
  - ⇒ the social context
  - ⇒ the developmental stage
  - ⇒ recognisable disorders
- relevant community resources
- the parent-held record
- family development and dynamics
- models of family counselling adaptable to General Practice
- the inconsolable infant under 4 months of age
- learning disability
- intellectual disability
- physical disability
- minimising the risk of alienation from the school community

4.2 Nutrition and Physical Fitness

- nutritional goals by age group
- risk factors for deficits
- strategies to minimise discord at feed/meal times

- iron deficiency, calcium deficiency
- the significance of vegetarian/vegan diets
- food allergy
- food-related beliefs, 'fads', alternative beliefs
- exercise, recreation, fitness
- obesity

4.3 Upper Respiratory, Mouth, Ear and Eye Problems

- recurrent viral infections
- croup, stridor, laryngomalacia
- rhinitis, sinusitis
- acute otitis media, glue ear, otitis externa
- stomatitis, thrush, herpes, coxsackie
- congenital glaucoma & cataract
- blocked tear duct
- conjunctivitis, infectious allergy
- unilateral red eye
- normal lymph glands
- causes of an acutely swollen gland
- tonsillitis, quinsy
- epiglottitis
- epistaxis
- sleep apnoea
- preventing dental caries
- retinoblastoma
- amblyopia, squint
- foreign bodies
- congenital abnormalities
- torticollis

4.4 Lower Respiratory Problems

- recurrent bronchitis
- bronchiolitis
- asthma
- wheeze, cough under 3 years of age
- psychogenic cough
- inhaled foreign body
- pneumonia
- atypical pneumonia
- cystic fibrosis
- the differential diagnosis of cough

4.5 Cardiac problems

- innocent murmurs
- congestive cardiac failure
- normal blood pressure
- S.V.T
- atrial septal defect
- coarctation of the aorta
- SBE prophylaxis

4.6 Gastro-Intestinal problems

- the causes of vomiting in infants and children
- the causes of diarrhoea, (acute and chronic) in children
- oral rehydrating solutions
- jaundice, carotenaemia
- constipation, encopresis
- Hirschsprung's disease
- bowel infestations, giardiasis
- gastroenteritis
- gastro-oesophageal reflux
- hepatitis
- Epstein Barr virus
- inflammatory bowel disease
- Coeliac disease

- the causes of abdominal pain (acute and recurrent)
- the causes of rectal bleeding
- the acute abdomen
  - ⇒ abdominal masses
  - ⇒ solid tumors
  - ⇒ pyloric stenosis

4.7 Genito-Urinary problems

- normal genitalia
- hydrocele, undescended testes
- inguinal hernia
- urinary tract infection
- glomerulonephritis, nephrotic syndrome
- enuresis
- fluid and electrolyte balance
- labial adhesions
- vulvitis
- (para)phimosis, balanitis
- tumours
- vesico-ureteric reflux
- acute urinary obstruction
- torsion of the testis

4.8 Dermatology

- variations of normal skin
- eczema
- seborreic dermatitis
- acne, psoriasis
- infections, infestations
  - ⇒ impetigo
  - ⇒ perianal streptococcal infection
  - ⇒ thrush
  - ⇒ scabies, lice
- common birth marks
- urticaria
- drug/food rashes
- nappy rash
- viral exanthems

4.9 Neurological problems

- seizures and their masquerades
- head injury
- space occupying lesions
- causes of weakness
- cerebral palsy
- headache in children
- neurocutaneous disorders
- head shape, circumference and velocity
- normal variations in fontanelle closure
- meningitis, encephalitis

4.10 Haematological problems

- anaemia
- normal values for age
- inherited conditions
- purpura - differential diagnosis
- haemophilia

4.11 Immunological/rheumatological problems

- vasculidities, Henoch-Schoenlein purpura
- angioedema
- Kawasaki disease

- presentations of immunodeficiency
- presentations of auto-immune disease
- causes of arthralgia
- immunisation
  - ⇒ the rationale of the schedule
  - ⇒ vaccine storage
  - ⇒ indications
  - ⇒ contra-indications
  - ⇒ efficacy, potential side effects
  - ⇒ community education
  - ⇒ National Immunisation Campaign
  - ⇒ National Register
- lymphoma, leukemia
- AIDS in childhood

4.12 Endocrine problems

- newborn Screening Program
- diabetes
- systemic effects of oral or inhaled steroids
- ambiguous genitalia
- stature - normal/abnormal
  - ⇒ (too tall/short/thin/fat)

4.13 Musculo-Skeletal problems

- the causes of limp in various ages
- musculo-skeletal sepsis
- developmental dysplasia of the hip
- lower limb: bow legs, knock knees
- patello-femoral syndrome
- scoliosis
- displaced lateral head of radius
- apophysitis

4.14 Infections - Common and Important

- measles, mumps, rubella
- Epstein Barr disease
- herpes simplex
- Haemophilus Influenzae B disease
- meningococcal disease
- varicella
- herpes zoster
- streptococcal disease
- staphylococcal disease

4.15 Genetic Problems

- patterns of inheritance
- newborn screening
- Cystic Fibrosis
- principles of genetic counselling
- Downs Syndrome
- Thalassaemia

4.16 Accidents, Trauma, Poisonings

- foreign bodies (eyes, ears, nose, respiratory, ingested, vulvo-vaginal)
- ocular trauma, nasal/septal, dental trauma
- trauma by dogs, road trauma, sporting, recreational injuries
- significant childhood fractures
- burns (including airways)
- drownings
- bites, stings, envenomation
- poisoning - accidental/ deliberate overdose
- ingestion of corrosives, batteries

⇒ *Refer to Acute and Traumatic Conditions Core Curriculum Statement.*

4.17 Abuse, Physical, Emotional, Sexual

- domestic violence
- physical abuse - acute, chronic
- neglect
- Munchausens by proxy
- sexual abuse / incest
- family breakdown
- community and legal resources (crisis and ongoing)

⇒ *Refer to Mental Health, Women's Health, Men's Health Core Curriculum Statement.*

5. *Young People - The Adolescent Years*

- **Developmental Issues**
  - normal growth and development
  - normal striving for independence
  - sexual maturation in adolescence
  - cognitive development in adolescence
  - psycho-social development in adolescence
  - self-esteem
  - peer issues / education
  - age-appropriate immunisation
  - common problems
  - acne, seborrhoea, tinea, scabies
  - nutrition - organic causes of weight loss
  - use of anabolic steroids
  - sporting injuries
  - resources for youth

- **Sexuality**
  - normal sexual development
  - sexual identity
  - gender issues - sexual preferences - 'coming out'
  - development of relationships in adolescents
  - contraception

- safe sexual practices and negotiation strategies
- STIs, HIV/AIDS, hepatitis
- unplanned pregnancy
- teenage parenthood
- pregnancy in adolescence
- indications for a pelvic exam
- common menstrual problems
- indicators of sexual abuse / incest
  - ⇒ *Refer to Women's Health, Men's Health Core Curriculum Statements*

- **Psycho Social Issues**
  - adolescent psychology
  - lifestyle issues - commencement of smoking, sexual activity and risk-taking
  - homelessness in Australian youth and the impact on health and the community
  - employment and the impact on health
  - identification of risk-taking behaviour
    - ⇒ discerning whether a young person is within normal limits, is troubled and at risk, out of control, or an experimenter
    - ⇒ identifying suicidal intention - principles of early intervention
    - ⇒ dysfunctional families
    - ⇒ self-mutilation
    - ⇒ eating disorders - anorexia, bulimia
    - ⇒ harm minimisation strategies
  - drugs and drug effects
    - ⇒ prescribed, 'recreational', illegal
    - ⇒ short and long-term effects,
    - ⇒ physical and psycho-social effects
    - ⇒ dose-related effects
    - ⇒ use of alcohol and tobacco
    - ⇒ use of illicit drugs
    - ⇒ intravenous drug use
    - ⇒ strategies for dealing with the young person who demands prescription drugs
  - the effect of chronic illness and disability
  - the GP and Juvenile Justice. The health of young Australians in detention
  - the continuing impact of learning disorders
  - a young person with a psychotic illness
    - ⇒ *Refer to Men's Health, Mental Health, Chronic Conditions Core Curriculum Statement.*

- **Communication**
  - strategies for engaging young people in a clarifying, reassuring and direction finding discussion
  - strategies for obtaining a personal and confidential history from young people.
  - models of family counselling
  - family problems arising during the adolescent years
  - common anxieties
  - compliance issues

- the importance of context - support/alienation from family, school, peers

6. *Practical Procedures*

- perform cardio-pulmonary resuscitation in children of all ages
- measure height, weight and head circumference in infants and older children
- use and interpret standard growth charts
- collect urine by either supra-pubic aspiration or urethral catheterisation
- perform immunisations as recommended in the current Immunisation Handbook
- teach and motivate children to use a peak flow meter, aerosols and spacers
- motivate children to effectively use a spirometer, and evaluate the result
- reduce simple dislocations including the lateral head of the radius
- reduce and fix simple fractures not requiring anaesthetic
- remove foreign bodies from eye, ear, nose, upper respiratory tract, vulvo-vagina
- repair simple lacerations
- recognise lacerations involving tendons and/or nerves
- venipuncture
- lumbar puncture
- intra-osseous infusion
- pelvic examination in the adolescent
- correctly take specimens for sexually transmitted infections

⇒ *Refer to Acute and Traumatic Conditions Core Curriculum Statement*

7. *Problem Schema Examples*

Three problem schemas are included as examples of the nexus between the domains of General Practice outlined in the learning objectives and the content. A list of essential practical procedures is also included.

JANE

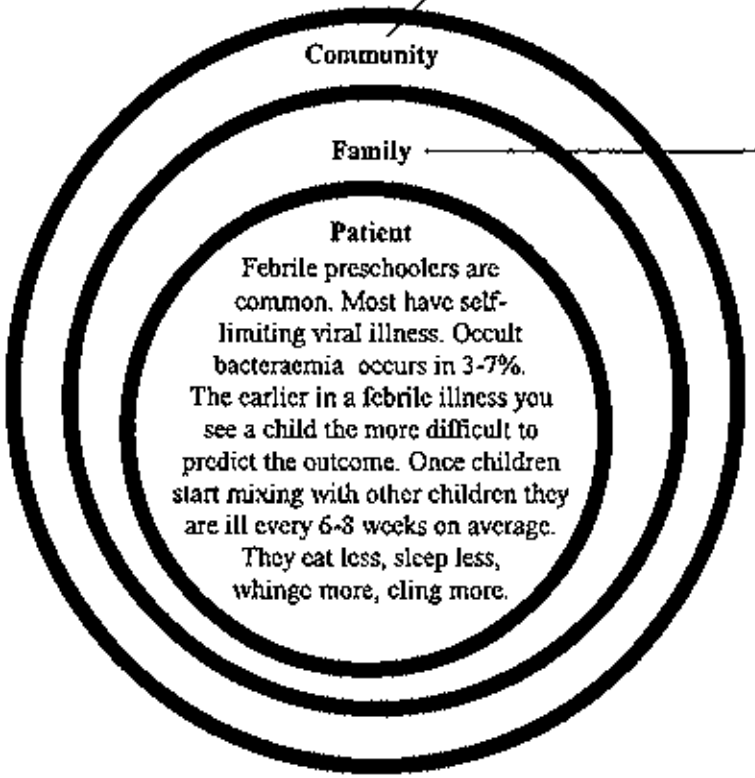
PROBLEM

You see Jane, aged 3 years. She has had a febrile illness for 2 days and now has a temperature of 39.3°C. She had a fever 8 weeks previously. History and physical examination suggest a viral infection. Her mother pleads for antibiotics in order that Jane can return to daycare quickly.

Relevant National Goals and Targets

Goal 1 Reduce the frequency of preventable mortality ✓
Goal 3 Reduce the incidence of vaccine preventable disease ✓
Goal 5 Enhance family and social functioning ✓

Do the daycare centres in your area accept children with coughs and colds? Could better access for childcare centres to GPs improve outcomes for mothers, families and therefore patients?



The need for a second income.
Fear of unemployment.
Individuals face developmental tasks, but so do families.

Applied Prof. Knowledge & Skills [1]

- Knowledge of viral illness: presentation and natural history.
- Awareness of occult bacteraemia
- Awareness of the difficulty of recognising urinary tract infections in this age group.
- When, if, and how to investigate.

Communication Skills

- Establishing a rapport with Jane.
- Appreciating the mother's anxiety(guilt) about losing her job if Jane is not accepted by daycare.
- Explaining the natural history of Jane's presumed viral illness and the indications for review in a way that mother finds convincing.

Practice Organisation

- Consider barriers to effective follow-up.
- Did you check immunisation status at the first visit? At this one?

Context

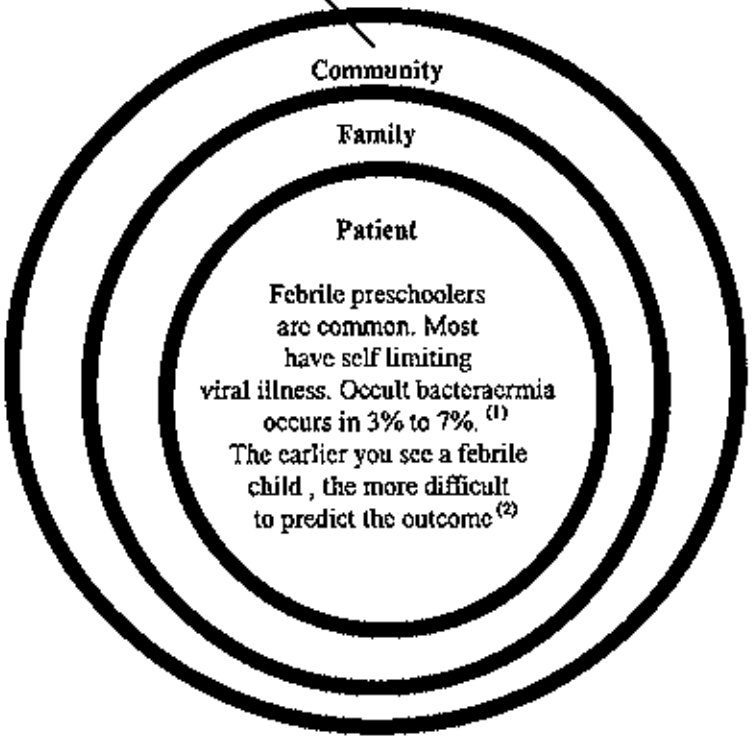
- Parental anxiety and lack of sleep causes irritability. Parental irritability makes children's behaviour worse.
- Attitudes to antibiotics in our culture.
- Attitudes to fever in our culture.

Reference: (1) *Paediatrics* 1994, 124. p585-588

PROBLEM

You see John aged 3 years at 8.30 am. His mother tells you he had a fever of 39.3°C overnight. There were no sinister features on physical examination. His temperature was 37.8°C. You send him home having explained what you expect to happen and the indications for review At 10.30 am his mother rings you to say that a rash is coming up "in his skin". "It's like love bites".

Tired or preoccupied admitting officers may be indifferent to to your concerns.



Relevant National Goals and Targets

Goal 1 Reduce the frequency of preventable mortality ✓

Critical reflection:

1. What if John had presented at 8.00pm rather than 8.30 am?
2. Do you abandon your full waiting room and accompany John to hospital?

Applied Prof. Knowledge & Skills

- You recognise that this is highly likely to be Meningococcal septicaemia.
- You ask John's Mother to bring him back immediately. You prepare to give parental penicillin and to take a blood culture.
- Recurrent evaluation of the development of disease.

Practice Organisation

- Your receptionist may have said that the doctor is very busy today. Let's make an appointment tomorrow.
- You check immunisation status but only when John returns. He missed the 18 month shots. Does this alter the D.D.?

Communication Skills

What did you get right with this Mother?
How might it have gone wrong?

Context

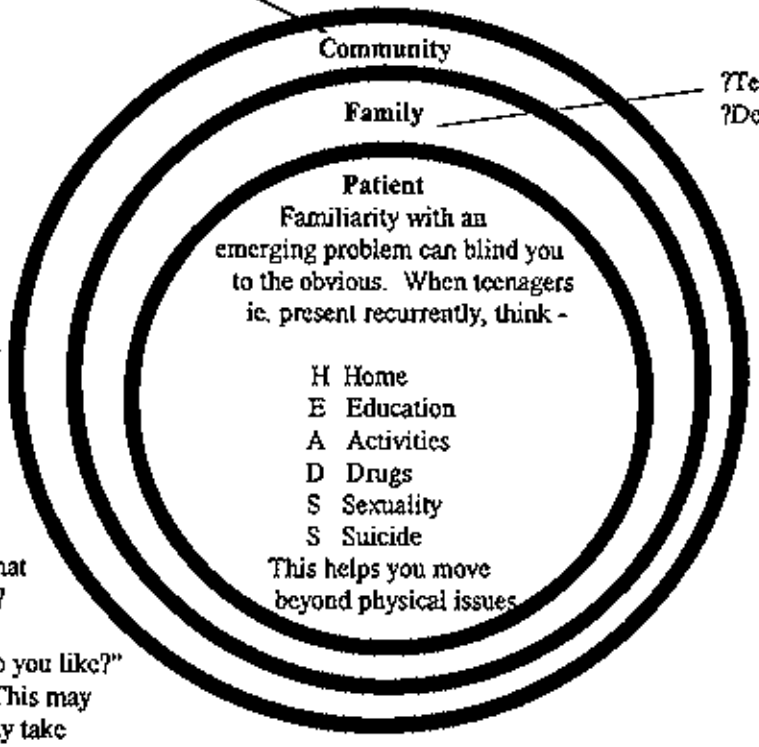
- When the waiting room is full the doctor's attitude may make staff reluctant to allow anxious parents phone access to the doctor.
- Implications for Practice policy.

References:
(1) Current Opinion in Paediatrics 1996, 8 p1-2.
(2) Modern Medicine of Australia 1994 July p84-96

AVRIL

PROBLEM

Avril is 15 years old. You have seen her six or seven times in the last 7 months because she has recurrent lower abdominal pains. You are a little frustrated that the pain persists despite your efforts. Your partner says hello to Avril on her way out. Later he asks you if you think Avril is losing weight. You go back to your notes and discover you haven't weighed Avril since she was 10 years old.



- Magazines, music, TV
- Recreational space
- Attitudes to sex
- Bonding to school community

?Tension/Violence in the home
?Depression in parent

Relevant National Goals and Targets

Goal 1. Prevent premature mortality✓

Goal 4. Reduce the impact of .. adult conditions which have early manifestations in .. teenage years (eg. many mental illnesses)✓

Goal 5. Enhance family and social functioning✓

Applied Prof. Knowledge & Skills

- "Any adolescent who presents to a GP more than four times in 1 year should be considered to have an underlying emotional problem". (1)
- Environmental and behavioural risk factors for depression/suicide.
- Organic causes of lower abdo pain/weight loss.
- Presentation of eating disorders.

Communication Skills - Be Yourself

- In all adolescents seen, remain open to the possibility of underlying emotional problem, depression, suicidality.
- Closed questions., eg. "I think that you think that you are unattractive Avril. What do you think? "I think you are unhappy, could this be right?"
- Culture/Peer enquiry - "What sort of music do you like?" "What is the best sort of weekend for you?" This may get you started with HEADSS. The picture may take several visits to complete.

Professional & Ethical Role

What you say to me will be confidential unless I believe you are likely to harm yourself, harm someone else, or that someone may harm you.

Practice Organisation

Growth surveillance when documented often helps when you least suspect it.

Context

- Fashion victims" not everyone finds the culture supportive.
- Well done you and your receptionist
  Avril is clearly comfortable accessing your practice, why?
- 60-80% of young people who attempt suicide have attended

References:

(1) **British Journal General Practice** 1993, 43, p6-9

(2) *British Journal Psychiatry* 1982, 141, p286-291

TEACHING / LEARNING APPROACHES

As Registrars pursue the learning objectives of this Core Curriculum Statement they will utilise the resources available in the form of learning strategies, teaching, educator and supervisor. In order to improve both the process and the resources a self-contained interactive learning Module on recognising the seriously ill child and emergency paediatrics is being developed. The Module will contain a brief summary of important problems, questions to answer, issues to think about, journal references, and information about educational resources. It will be updated regularly.

ASSUMED PRIOR EXPERIENCE

It is recommended that prior to entering their first accredited Basic General Practice term, all Registrars should have undertaken 3 months hospital-based child and adolescent health experience in an accredited setting, and be able to identify and initially manage a seriously ill child. It is recognised that this is a departure from existing requirements, and may present some practical difficulties.

These accredited terms should include an adequate proportion of outpatient emergency attendances, appropriate quality of supervision, and access to structured learning programs.

Given that this experience is considered to be essential *before* the first basic term, it follows that the core skills most critical to the experience, (ie. the recognition and initial management of the seriously ill child) should be assessed at this point and that further progression depends on demonstrated mastery.

FEEDBACK AND ASSESSMENT METHODS

This Core Curriculum Statement suggests a requirement for three months of hospital-based child and adolescent health experience to gain skills in the recognition/initial management of the seriously ill child, (including associated emergency protocols) *prior* to the commencement of the basic term. It is logical then, that these skills should be formally assessed to establish mastery, before the commencement of that term. If these assessment methods are well constructed and supervised, some of the `performance anxiety' felt by Registrars entering General Practice (an anxiety which blocks the ability to appreciate the more subtle psycho-social dynamics of the consultation) may be reduced.

TIME AND LEARNING RESOURCES

Duration

This Core Curriculum Statement is intended to span the entire Training Program. During this time it is expected that Registrars will:

- complete 3 months in an appropriate hospital-based child and young people's health area
- undertake a minimum of 18 months in approved General Practice placements with an exposure to children and young people sufficient to complete the learning objectives of this Core Curriculum

- spend additional time in special skills training or agreed experiences in order to attain the stated objectives.

Training Resources

Problem schemas have been developed and are included in the content area of this curriculum statement.

Modules in specific content areas, ie. recognition and management of the seriously ill child and emergency paediatrics, are currently being developed.

Moynihan M. *The Scope of Paediatrics in General Practice.*

The Paediatric Curriculum for Undergraduates, Department of Paediatrics and Child Health, University of Sydney.

Diploma in Child Health Lecture Titles

⇒ New Children's Hospital - Sydney
⇒ Sydney Children's Hospital
⇒ Adelaide Children's Hospital

Emergency Department - List of conditions to be seen by RACGP Registrars, Royal Melbourne Children's Hospital.

Recommended Texts and References

The following are seen as necessary resources for the consulting room.

Asthma Management Handbook. National Asthma Campaign, Distributed by Fisons Pharmaceuticals. 1996.

Education and Training Requirements in Community Health, Faculty of Community Child Health, Australian College of Paediatrics. 1995.

Efron D. (ed.) *Paediatric Handbook 5th edn,* Royal Children's Hospital Melbourne, Blackwell. 1995.

Guidelines for Screening Children, NH&MRC. 1993.

Hutson J, Beasley S, Woodward A. *Jones' Clinical Paediatric Surgery,* 4th edn, Blackwell. 1992.

McGrath B, Groom G, Wild A. *GPs and Adolescents: Dismantling the Barriers,* Logan Area Division of General Practice. 1996.

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AGED CARE

CORE CURRICULUM STATEMENT

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TITLE Aged Care

RATIONALE

> *"While most curriculum planners grapple with making classroom experiences relevant to the real world, family medicine educators must turn real world settings into classrooms."*[1]

The inclusion of Aged Care as one of the components in a Core Curriculum for General Practice is essential given the ageing of the population and the health resources consumed by this sector of the population (by the Year 2010, 20% of the population will be over the age of 65).[2]

In General Practice taken as a whole, elderly people make up a high proportion of the patients seen. Registrars, on the other hand, often see in practice a disproportionate number of younger people with acute conditions. Similarly, although medical undergraduates and interns have some education in the problems of ageing, these problems are seen predominantly as medical problems in hospitals, and new graduates have little knowledge or experience of the skills and attitudes needed to maintain elderly and old people in an optimal state of health in their own natural environment. The attributes needed include the ability to be comfortable working with old people, and positive views about empowering them to take an active part in maintaining their health.

The underlying pathologies found among the elderly are common in the rest of the population. However, there are *specific issues* to address in the diagnosing and managing of elderly patients - particularly in General Practice. These include

- multiple pathologies
- multisystem disease
- altered presentations
- difficulties in communicating
- the prevalence of non-specific symptoms with no identified aetiology
- the importance of functional assessment
- the problems of polypharmacy
- decreased reserves in elderly people (physiological, psychological, financial)
- the need to relate to relatives and other health professionals
- the need to be aware of community resources
- the need to allow for continuity of care

⇒ the above list is illustrative only, and should not be seen as exhaustive.

An important aspect of Aged Care is dealing with the numerous undifferentiated symptoms with which the elderly may present. These can result in both diagnostic and management dilemma.

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[1] Bobula J, *"Residency Curriculum Issues" in "Towards Exemplary Primary Care for Seniors"*, Oct. 11-12, p.78-84 University of Wisconsin. 1990.

[2] Australian Bureau of Statistics. 1992.

There are also specific diseases or conditions which, although not specific to the elderly, are much more common in the elderly population. In undertaking this Core Curriculum Statement and in caring for the elderly, it is also important to be aware of the physiology of ageing, the epidemiology of ageing and its impact on the healthcare system.

LEARNING OBJECTIVES

Communication Skills and the Patient-Doctor Relationship

The Registrar will be able to

- comfortably and clearly discuss issues with aged people and their carers
- use strategies that promote comfortable discussion with aged people and their carers generally, as well as with those who have failing sight, hearing, and mental capacities
- demonstrate communication skills that will empower older people to take more control of their own healthcare
- communicate with aged people in a manner that promotes their health and recognises the different emphasis to that of traditional health promotion, paying particular attention to diet, exercise and social interaction
- relate effectively to other health professionals as part of a multidisciplinary team

Applied Professional Knowledge and Skills

The Registrar will be able to

- demonstrate knowledge of the biological processes of ageing - how this affects the interpretation of investigations, and the metabolism of drugs
- understand the knowledge that diseases may present differently in the aged compared to younger people
- demonstrate knowledge of a wide range of conditions seen almost exclusively in older people
- demonstrate the ability to manage patients with multi-system disease, balancing the various therapeutic options
- demonstrate awareness of the problems of polypharmacy, systematic recording and review of medication
- demonstrate a high index of suspicion regarding the iatrogenic nature of symptoms
- appropriately deal with distressing symptoms even in the absence of demonstrable pathology

- evaluate relevant literature so as to be able to introduce evidence-based interventions appropriately

- evaluate specialist treatment recommended for aged patients, to ensure the benefits of suggested treatment outweigh the possible risks, and that people are not denied useful treatment purely on the basis that they are old

- arrange and provide appropriate care for the dying and for the bereaved

Population Health and the Context of General Practice

The Registrar will be able to

- understand the relevance of the National Health Priorities in relation to the aged

- outline the complexities of the provision of services and healthcare funding to the aged by Commonwealth, state, local government and non-government organisations

- recognise the social and cultural influences on the health and well-being of the aged

- demonstrate awareness of the stresses encountered by those who care for the aged

- outline the problems resulting from attitudes such as ageism

- demonstrate a working knowledge of the relevant community services and resources

Professional and Ethical Role

The Registrar will be able to

- make ethical decisions in relation to aged patients respecting their autonomy, knowledge of the Guardianship Board and principles of informed consent

- demonstrate a commitment to ongoing improvement in quality management of the elderly

- discuss the legal and ethical issues related to euthanasia in the elderly

- demonstrate awareness of the problems of elderly abuse in its physical, psychological and financial forms

Organisational and Legal Dimensions

The Registrar will be able to

- know how to access resources and use aids which assist the elderly in their daily living, eg. dosette boxes, walking frames

- understand the importance of respite care for the well-being of the patient and their carers

- demonstrate a commitment to the use of systematised medical records particularly for aged people, by the construction of problem lists and *prescribed and non-prescribed* medication lists

- outline solutions for the organisation of adequate provision in the practice for the genuine needs of those patients who are unable to attend the doctor's surgery. (It is recognised that this may be difficult as Registrars are not in their own practices. However, equity of access is the right of the elderly and all vocationally-registered practitioners should give an undertaking to provide services away from the surgery when needed.)

- outline methods of meeting appropriate legal requirements in regard to certificates of sickness and eligibility for pension, taxi concessions and the like, and matters concerned with certification of death and cremation

CONTENT

The statement of content provides guidelines on the topics that should be covered during training is organised under the following headings.

1. General principles
2. Symptoms often reported by elderly patients
3. Conditions more common among the elderly
4. Special groups

1. General Principles

The first section comprises several general areas with which the Registrar should become familiar in order to practice competent and unsupervised General Practice. These are the principles which are helpful in developing an approach to dealing with the often complex problems presented by the elderly in General Practice. Areas in this section include

- the ageing process

- prescribing for the elderly

- the importance of medical records

- communication

- home visits

- functional assessment

- prevention, case finding and screening - National Health Goals and Targets

- hospital and community resources

- legal aspects
- ethical aspects, ie. euthanasia
- respite care - patient, family, doctor

It is recognised that this Core Curriculum Statement is not exhaustive or just a list of problems or diagnoses. However, it is important to develop approaches to the more common or significant symptoms or conditions found among the elderly.

The Registrar may use these next two lists as a guide to reflect their practice and learning. These lists should not be seen as exhaustive.

2. ***Symptoms often reported by elderly patients***

- confusion
- dizziness
- funny turns
- falls and instability
- decreased mobility
- musculo-skeletal complaints
- shortness of breath
- urinary incontinence
- prostatic symptoms
- constipation/diarrhoea
- leg ulcers
- skin lesions
- indigestion
- problems with sight and hearing
- insomnia
- loneliness, isolation, depression

⇒ *Refer to Chronic Conditions, Women's Health, Men's Health, Acute and Traumatic Conditions Core Curriculum Statements*

3. ***Conditions more common in the elderly***

- dementia
- osteoporosis

- diabetes
- hypertension
- cardiac ischaemia
- cardiac failure
- peripheral vascular disease
- chronic airways disease
- CVA and TIA
- Parkinson's disease
- cancer
- nutritional problems and dehydration
- gynaecological problems of the elderly
- masquerades

⇒ *Refer to Women's Health, Men's Health, Acute and Traumatic Conditions, Chronic Conditions, Mental Health Core Curriculum Statement.*

4. Special groups

This section consists of special groups of elderly patients, some of whose problems may be dealt with in other Core Curricula, but who also need mention for completeness.

- hostel and nursing home patients
- those with chronic illness

⇒ *Refer to Chronic Conditions Core Curriculum Statement*

- palliative care and care of the bereaved
- psycho-geriatric problems

⇒ *Refer to Mental Health Core Curriculum Statement*

- migrant elderly

⇒ *Refer to Ethnic Health Core Curriculum Statement.*

TEACHING / LEARNING APPROACHES

Some learning activities are particularly relevant in the area of aged care and they include

- geriatric terms during hospital time
- home visits to the elderly
- nursing home and hostel visits
- special skills terms in community geriatrics
- individual use of the Aged Care Manual (reading, reflecting on practice etc.) This is the primary strength of the Aged Care Core Curriculum Statement

The Aged Care Manual

The Aged Care Manual is available to all Registrars throughout their training. Its purpose is to provide a broad range of systematic cues to learning.

Each chapter in the Manual enables Registrars to identify their learning needs by interactively working with information contained in books, journals, electronic media, and available from resource people.

The Core Curriculum framework has been used to form the basis of this working Manual which is divided into a number of chapters, each contained in a plastic sleeve. Each is brief and divided into subsections consisting of a summary of important issues, questions to answer, issues to think about, journal references, suggestions for implementation and information resources.

The Aged Care Manual conveying the curriculum is not intended to be worked through in a set number of hours. It is designed to assist Registrars to identify problems, to record cases which present key points of interest, to stimulate learning, and to record useful sources of learning identified during the training period. The time this takes will depend greatly on the Registrar's personal experience.

A general perusal of the Manual will give the Registrar an overview of both general principles and the specific areas of concern (common symptom presentations, common diseases or conditions and special groups).

Although use of the Manual is recommended, there are other useful methods of achieving the learning outcomes which may be equally valid.

FEEDBACK AND ASSESSMENT METHODS

It is strongly recommended that working through the Aged Care Manual will be a vehicle for useful feedback, self-assessment and possible evidence for formal assessment.
Demonstrable use of the Manual will constitute a means of assessment, portfolio evidence of competence in the learning outcomes. Working through the Manual should encourage the establishment of a positive pattern of lifelong learning. The end product should be a useful reference for the Registrar's future practice.

LEARNING RESOURCES

The Aged Care Manual is available through the RACGP Training Program as a comprehensive learning resource. It is described under Teaching / Learning Approaches of this Statement.

Recommended Texts and References

The recommended texts and references for this Core Curriculum Statement are referred to in each of the chapters of the Aged Care Manual. Some chapters also include copies of relevant articles.

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Groups with Special Needs

Aboriginal Health

Ethnic Health

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TITLE Aboriginal Health

RATIONALE

The Aboriginal Health Core Curriculum Statement has been developed in recognition of the urgent need to address the current state of Aboriginal health in Australia. The National Aboriginal Health Strategy states:

> *'Aboriginals have the worst health of any identifiable group in Australia they carry a burden of poor health and mortality far in excess of that expected from the proportion they comprise of the total Australian population.'* [1]

One of the recommendations in the Strategy was that:

> *'Tertiary institutions responsible for undergraduate and postgraduate medical, nursing and paramedical courses be approached to include the compulsory study of Aboriginal culture and history, and health issues as part of formal course work.'* [2]

Furthermore, it is recommended that Aboriginal people should be 'involved in the development and teaching of these units'. Similar recommendations can be found in the recommendations of the Royal Commission into Aboriginal Deaths in Custody (1991) and the South Australian Aboriginal Health Policy and Strategic Framework (1995).

The Final Position Paper of the Aboriginal and Torres Strait Islander Health Curriculum Design Project of the RACGP Faculty of Rural Medicine[3] emphasises that programs for doctors should aim at a comprehension of the Aboriginal experience of health which is based in the history of colonialism in Australia, and encompasses a total cultural and spiritual view of health and well-being.

LEARNING OBJECTIVES

Communication Skills and the Patient-Doctor Relationship

The Registrar will be able to

- indicate the importance of using culturally appropriate forms of communication when interacting with Aboriginal people
- apply their knowledge of the effects of culture contact in Australia when communicating with Aboriginal people
- indicate means of establishing trust when communicating with Aboriginal people
- apply their knowledge of Aboriginal family structure, kinship, social organisation and decision-making when communicating with Aboriginal people

[1] *National Aboriginal Health Strategy, Working Party Report*, AGPS, Canberra. 1989.
[2] *Ibid.*
[3] *Final Position Paper of the Aboriginal and Torres Strait Islander Health Curriculum Design Project.* RACGP Faculty of Rural Medicine. 1994.

- explain the effect of racism on self-concept and identity formation and how this affects communication with Aboriginal people

Applied Professional Knowledge and Skills

The Registrar will be able to

- apply their knowledge of Aboriginal definitions of health to clinical practice
- identify common presenting conditions and diseases among Aboriginal people, account for their origins, linking the associated socio-economic and environmental factors
- recognise that many of the common presenting conditions and diseases among Aboriginal people are also common in the wider community
- apply their knowledge of the epidemiology of Aboriginal health and common presenting conditions in the development of diagnostic skills in clinical practice
- identify and apply models and management strategies in clinical practice which incorporate Aboriginal views of health and well-being
- identify and demonstrate some of the major cultural accommodations to be made when working with Aboriginal people
- adopt a public healthcare approach to clinical practice in which public and environmental health and health promotion are an integral part of their delivery of healthcare to Aboriginal people
- participate as a member of a multidisciplinary cross-cultural team of health professionals in healthcare delivery
- identify ways of working with cultural mediators such as Aboriginal Health Workers or Liaison Officers
- identify how participation and community control in Aboriginal health is applied in clinical practice
- apply critical thinking and problem-solving strategies to the issues under consideration and in clinical practice in Aboriginal health

Population Health and the Context of General Practice

The Registrar will be able to

- define the concept of culture and its relationship to identity in Aboriginal people
- describe the outcomes of culture contact, colonialism and dispossession in Australia and the effects on Aboriginal people

- outline the major forms of government regulation on Aboriginal Australians and explain its effects, in particular those of segregation and removal of children
- identify the effects of racism on Aboriginal communities in Australia
- outline the broad geographic, demographic and socio-economic context of Aboriginal communities in Australia
- outline the Aboriginal definition of health, interpreting it in an holistic, primary healthcare framework of well-being
- outline the importance of land rights, its relationship to health and the development of Aboriginal organisations in strengthening Aboriginal identity
- understand the importance of family, kinship, social organisation and decision-making in Aboriginal communities
- outline how the principles of equity and social justice should be applied to interactions between Aboriginal communities and the wider Australian society
- outline the health resources available in the Aboriginal community
- outline the major factors and trends accounting for the epidemiology of Aboriginal health
- recognise the importance of using Aboriginal Health Workers in the delivery of Aboriginal healthcare
- explain the importance of using a primary healthcare approach in Aboriginal health
- outline the case for participation and/or community control in the delivery of Aboriginal healthcare
- explain the importance of recent cultural change and cultural healing in the definition of Aboriginal health

Professional and Ethical Role

The Registrar will be able to

- recognise the importance for GPs of continuing to be informed about culture contact between Aboriginal and non-Aboriginal Australians and its ongoing impact in Australian society
- demonstrate sensitivity to Aboriginal speakers and resource persons presenting an Aboriginal perspective on culture contact in Australia

- recognise the importance of continuing education in inter-cultural communication in Aboriginal health
- examine their own values and attitudes towards Aboriginal people
- recognise their own limitations in the area of Aboriginal Health and be prepared to stand back
- identify their own values, attitudes, priorities, beliefs, vulnerability and gender issues when working with Aboriginal people
- identify the professional role of a GPs in promoting equity of access to healthcare and working against racism amongst peers, health colleagues and others in the Australian community
- recognise the importance of being informed about definitions, epidemiology and approaches to Aboriginal health
- adopt professional, ethical and organisational responsibilities whilst working for Aboriginal organisations or in Community Controlled Health Services
- discuss the issues related to self-care when.working cross-culturally
- identify the particular difficulties associated with confidentiality when working in Aboriginal communities
- understand the different learning styles of Aboriginal people and use two-way learning approaches

Organisational and Legal Dimensions

The Registrar will be able to

- identify the organisational, ethical and legal issues in undertaking General Practice in a Community Controlled Health Service or other Aboriginal Health Service
- identify the organisational and legal issues in practising in a team approach with Aboriginal Health Workers

CONTENT

This statement of content has been developed to provide guidelines regarding the topics that should be covered, and has been organised under the following headings:

1. Culture Contact Between Aboriginal and Non-Aboriginal Australians
2. Government Regulation
3. Aboriginal Communities in Australia
4. The Health and Healthcare of Aboriginal People
5. Inter-cultural Communication
6. Clinical Practice in Aboriginal Health

1. ***Culture Contact Between Aboriginal and Non-Aboriginal Australians***

Initial Culture Contact

- nature of culture, anthropological and sociological definitions
- nature of culture contact between Aboriginal and non-Aboriginal Australians
- major concepts underlying culture contact between Aboriginal and non-Aboriginal Australians, eg. Terra Nullius, Social Darwinism
- the colonial experience in Australia, dispossession and attempted destruction of Aboriginal culture
- Aboriginal resistance to colonisation

2. ***Government Regulation***

- segregation and protection policies, 'smoothing the dying pillow'
- assimilation policies, removal of children
- change in policy from assimilation, to integration, to self-determination
- contemporary policies, community control, the growth of Aboriginal organisations
- demography, geographical distribution and socio-economic status of Aboriginal communities

3. ***Aboriginal Communities in Australia***

- patterns of social organisation in Aboriginal communities including family, kinship and modes of decision-making
- link between Aboriginal culture and identity, its formation in diverse Aboriginal communities and the strength derived from community membership
- concepts of equity and social justice and their application in a critical analysis of the interactions between Aboriginal communities and the wider Australian society
- individual and institutional racism and its effects on Aboriginal and wider Australian communities
- land rights and the growth of Aboriginal organisations in strengthening Aboriginal identity
- cultural change in contemporary Australia, the new generation of Aboriginal people

4. ***The Health and Healthcare of Aboriginal People***

- Aboriginal definitions of health and the strengths derived from such definitions

- Aboriginal health and healing practices
- cultural healing
- epidemiology of Aboriginal health in Australia and the relation to common disease patterns in the wider Australian community
- the link between socio-economic status, environmental factors and Aboriginal health patterns
- assumptions about the origins of Aboriginal ill-health and so-called specified Aboriginal diseases
- models and approaches to primary healthcare in Aboriginal health
- role of Aboriginal Health Workers in the delivery of healthcare to Aboriginal people

5. *Intercultural Communication*

- approaches to inter-cultural communication, two-way communication, observing protocols and developing culturally appropriate forms of communication
- racism, individual and institutional, and its effects on self-concept and identity formation in Aboriginal people
- cultural mores and practices in the delivery of healthcare to Aboriginal people
- living within different cultures, culture shock, personal adjustment, stress and work overload
- working with cultural mediators such as Aboriginal Health Workers or Liaison Officers

6. *Clinical Practice in Aboriginal Health*

- models of General Practice incorporating Aboriginal views of health and well-being
- the elements of an holistic primary healthcare approach and its application to Aboriginal healthcare
- the integration of public and environmental health and health promotion into the delivery of Aboriginal healthcare
- team and inter-sectoral approaches in Aboriginal healthcare, working with teams of Aboriginal and non-Aboriginal health professionals
- working for Aboriginal organisations and in Community Controlled Health Services
- advocacy and educational roles of GPs in Aboriginal health

TEACHING / LEARNING APPROACHES

Registrars are expected to be responsible for directing their own learning. They should have exposure to, and be involved in, a variety of teaching/learning activities. An Aboriginal Health Module has been prepared to assist Medical Educators in facilitating Registrars' learning experiences. The Module is divided into five segments and contains suggestions for the design of the workshop and the four self-guided learning packages.

Aboriginal Health Core Training Module

The Aboriginal Health Module contains guidelines for Registrars and Medical Educators on the design of self-guided learning packages and is divided into five segments, consisting of five to six contact hours each. Emphasis is placed on a broad understanding of issues rather than detailed knowledge, and Registrars are encouraged to examine their own attitudes, values, priorities and practices.

The self-guided learning packages contain teaching and learning materials relating to the stated learning objectives. They take the form of

- readings
- background notes
- discussion questions
- contact points for Medical Educators
- details of meetings or teleconferences
- self and peer assessment requirements
- feedback mechanisms

Suggested teaching/learning approaches are:

Workshop

Information regarding the workshop is outlined in Segment 1 of the Module. The workshop is coordinated by Medical Educators but involve facilitations and interaction with Aboriginal people.

The major ideas and concepts of Aboriginal society and health are introduced and illustrated with specific examples provided by Aboriginal people. Where possible these should be local examples. The workshop is to be interactive and involve discussion between Registrars and Aboriginal people. The emphasis is placed on gaining a broad understanding of the issues and assessing their implications for clinical practice, rather than a detailed knowledge of the concepts and ideas.

The workshop is supplemented by locally-developed examples where appropriate. Medical Educators facilitate the discussion of case materials illustrating the application of the ideas in case management strategies. Where possible these are drawn from the work of GPs involved in Aboriginal health.

The main teaching methods to be used are:

- presentation of main ideas and concepts
- presentation of Aboriginal perspectives with specific examples
- small group discussion of ideas, concepts and perspectives
- discussion of case materials and application of the ideas in clinical management strategies
- two-way learning strategies.

Registrars determine their own pace of learning and own methods of using the material. Active learning and contact with Aboriginal people and others working in Aboriginal Health is encouraged. Alternative content or approaches which meet the learning objectives may be chosen.

⇒ *Refer to Aboriginal Health Core Training Module.*

ASSUMED PRIOR EXPERIENCE

It is recognised that the extent of teaching and learning in Aboriginal health at the undergraduate level varies, hence this Core Curriculum Statement is based on an assumption that the Registrar will probably have had little prior knowledge and experience of Aboriginal Health.

LEARNING RESOURCES

Staffing

This Core Curriculum Statement is delivered through workshops and self-guided learning packages. Aboriginal people from a recognised Aboriginal organisation such as a Community Controlled Health Service or educational unit are directly involved in the workshops and seminars as part of education release activities.

Medical Educators coordinate meetings and teleconferences, provide guidance to Registrars undertaking the self-guided packages, assist with identifying local resource people and groups, provide feedback and assess achievement of Core Curriculum requirements, arrange for Aboriginal participation in the sessions, and supervise feedback and assessment.

Training Resources

- Aboriginal Health Core Training Module
- Videotapes
- Teleconference facilities
- Availability of appropriate GP experience
- Interactive workshops
- Integrated Log Book, portfolio

Recommended Texts and References

Required Text

Eckermann A, Dowd T, Martin M, Nixon L, Gray R, Chong E. *Binan Goonj: Bridging Cultures in Aboriginal Health.* Armidale : University of New England Press. 1992.

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ETHNIC HEALTH

CORE CURRICULUM STATEMENT

1997

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TITLE Ethnic Health

RATIONALE

Definition

The term 'Ethnic' as used in this document is used to describe someone

> *"....whose first language is not English or whose cultural background is derived from a non-English speaking tradition. It is a cultural/linguistic term and may include English speakers or non- English speakers, overseas-born and Australian-born."* [1]

Australia has a higher proportion of immigrants than any other country except Israel.[2] In 1992, 14.3% of the total Australian population consisted of overseas born persons from a country where English is not the first language. In the 1991 census, 26 % of the total population were second generation Australians and 18.9% of the population spoke a language other than English at home.[3]

The size and distribution of ethnic patient groups in Australia may vary considerably, however, contact within the context of General Practice is assured by the growing multicultural nature of the community.

The ethnic population varies in terms of language, culture, religion, age, structure, size and geographic distribution. The socio-economic circumstances of individuals also varies. Some experience high living standards due to professional or business skills and financial resources, but a much greater number are socio-economically disadvantaged, and many communities experience high levels of unemployment. Such issues can have a significant impact on patient health and the quality of health services.

For the ethnic population, language and cultural issues, in particular, can have a considerable impact on the patient-doctor relationship and on the individual's health. These issues also present significant organisational and, sometimes, ethical considerations.

Although Australian studies indicate higher mortality rates for those migrants with a non-English speaking background than for the Australian-born,[4] there are indications of a decline in health after their arrival in Australia. For instance, it is reported that the level of illness among females from non-English speaking countries 'increased markedly with duration of residence (independently of ageing)'.[5] Among older people, the number who 'reported being well' is lower for those born overseas, especially for those who are not proficient in English.[6]

Some European background communities have a higher incidence of genetically determined conditions, such as thalassaemia and sickle cell anaemia, and health problems related to their socio-economic background.[7]

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[1] *National Population Council Ethnic Affairs and Settlement Committee.* p3. 1987.
[2] Parsons C. *The Health of Immigrant Australia, A Social Perspective.* eds. Reid J and Trompf P. Harcourt Brace Jovanovich. p108. 1990.
[3] Castles I. *Year Book Australia,* Australian Bureau of Statistics. 1995.
[4] Young C. *Immigrants in Australia: a health profile,* Australian Institute of Health and Welfare. AGPS. 1992.
[5] Australian Bureau of Statistics. 1989.
[6] Powles, Gifford. *The Health of Immigrant Australia: A Social Perspective.* p1. 1990.
[7] Ibid.

Injury, disability, and mental health issues are important for many communities. Larger numbers of people from non-English speaking backgrounds are disabled as a result of accidents. These mainly occur at work.[8] Mental health problems appear to be associated with a drop in socio-economic status, inability to speak English, unfriendly reception, traumatic experiences prior to immigration and migrating as an adolescent or older person.[9] Survivors of torture and trauma often experience physical and mental health problems and the post-traumatic effects of these experiences can be severe and debilitating.

Some sections of the ethnic community have distinctive health concerns. These include women, older people, torture and trauma survivors, and young people. Women from non-English speaking backgrounds have the highest reported rates of tranquilliser use. Women from some ethnic backgrounds have a higher than average incidence of preventable cancers.[10] The 1989/90 National Health Survey indicated that women from many non-English speaking background communities had low or very low awareness of women's health issues.[11]

By the year 2000, the proportion of people from non-English speaking backgrounds over 60 years will double from 20 to 40 per cent.[12] Lack of competence in English or language regression can make accessing aged care more difficult.

Young people from non-English speaking backgrounds often face conflicts due to cultural conflict and familial expectations, which can lead to mental health problems. They also show a relatively lower understanding of sexual health and occupational health and safety.[13]

It is therefore important that the Registrar develops an understanding of the various factors impacting on the health of the ethnic population and that the quality of healthcare they provide in their practice reflects this understanding.

LEARNING OBJECTIVES

Communication Skills and the Patient-Doctor Relationship

The Registrar will be able to

- outline the role of bilingual and interpreting services in patient-doctor communication and locate the procedures for the involvement of these
- outline the possible implications of the patient's use of English as a second language on their health, treatment and compliance

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8 Schofield T. *The Health of Immigrant Australia: A Social Perspective.* p 1. 1990.

9 Minas IH. *Cultural Diversity and Mental Health,* Department of Social Psychiatry, RANZCP and Victoria Transcultural Psychiatry Unit. 1991

10 Alcorso C, Schofield T. *The National Non-English Speaking Background Women's Health Strategy,* AGPS. Canberra. 1991.

11 Young C, Coles A. *Women's health, use of medical services, medication, lifestyle and chronic illness.* Some findings from the 1989/90 National Health Survey in Donovan J *et al* (ed) *Immigrants in Australia: a health profile.* Australian Institute of Health and Welfare, AGPS. Canberra. 1992.

12 McCallum J. 'The Mosaic of Ethnicity and Health in Later Life' in J Reid and P Trompf (eds.) *The Health of Immigrant Australia: A Social Perspective.* p2. 1990.

13 Ethnic Health Policy Unit. Program Development Branch. *Towards an Ethnic Health Policy for a Culturally Diverse Queensland,* Queensland Health. 1994.

- consider ways of overcoming critical communication barriers to the diagnosis and management of emotional and mental health problems, eg. dependency on children as interpreters, attitude to doctor based on torture/trauma experience, lack of bilingual specialists, eg. Psychiatrist

- outline referral agencies and resources, both human and physical, that may be useful in communication and education of patients on a variety of health issues

- identify the need to provide gender-specific health education which takes into account cultural and gender attitudes, gender power and appropriate examination procedures

- communicate in ways which are culturally sensitive and which respect and accommodate the cultural beliefs, values and behaviours of the patient

- develop an understanding of multiculturalism, ethnocentrism, and how they relate to communication with patients from other cultures

Applied Professional Knowledge and Skills

The Registrar will be able to

- demonstrate an awareness of the health related issues specific to migration, ethnicity and culture

- identify strategies to overcome low usage of specific occasion services related to obstetrics and gynaecology

- identify and outline strategies for the management of gender and culture-specific issues that affect health

- identify the cultural groups that are potentially torture/trauma sufferers, list the common presenting symptoms and outline appropriate management strategies

Population Health and the Context of General Practice

The Registrar will be able to

- demonstrate an awareness of cultural, language, social, economic, emotional, biological and political issues which have potential effects on the health of the ethnic community

- identify the influence of cultural factors, on the manifestation and interpretation of emotional and mental health symptoms eg. isolation/dislocation, racism, attitude to mental health, gender issues, inter-generational family conflict

- consider the impact of the main causes of isolation (language, culture, socio-economic status) affecting the health of elderly migrants

- identify some of the potential effects of key cultural beliefs and language factors on the patient's attitude to their illness, the health system, and the role of the GP

- acknowledge that many ethnic patients suffer reduced quality of healthcare as a result of inappropriate treatment in the Australian healthcare system and identify possible change strategies

- outline local referral and support agencies and other resources which can be accessed to provide whole healthcare for the patient

- recognise the importance of being informed about definitions, epidemiology and approaches to Ethnic Health

- understand issues of equity and access to health information and services

- demonstrate an awareness of the ethnic profile of the Practice

- demonstrate an understanding of public health issues and documents which may be of use in managing ethnic patients

Professional and Ethical Role

The Registrar will be able to

- discuss ways of dealing with their own feelings raised by ongoing contact with difficult or depressing cases

- demonstrate an awareness of how to manage some of the common ethical issues that may arise with ethnic patients, eg. informed consent, confidentiality and cultural beliefs, family and gender relationships

- identify some of the potential effects of personal bias and key cultural beliefs on the Registrar's own attitude to the patient and possible management issues

- be aware of themselves as both cultural beings and healthcare providers in the culture of allopathic family medicine

Organisational and Legal Dimensions

The Registrar will be able to

- outline a Practice policy for collecting information about the ethnic background of the patient that recognises the issues of confidentiality and sensitivity

- indicate the impact on practice management and organisation of servicing the requirements of ethnic patients

- consider the possible legal issues that may arise with ethnic patients in relation to informed consent, confidentiality, illegal immigration, and develop strategies for change

- access written information in different languages on health issues that are relevant to the ethnic patients in the Practice

CONTENT

This statement of content has been developed to provide guidelines regarding topics that should be covered. They are organised under the following headings:

1. Introduction to Ethnic Health and the Context of General Practice
2. The Impact of Culture and Language on General Practice
3. Ethnic Issues in Gender Specific Health
4. Dealing with Mental Health Issues in an Ethnic Setting
5. Torture, Trauma and the Health of Ethnic Patients
6. Drugs, Alcohol and Addictive Behaviour in Ethnic Patients
7. Age-Specific Factors in Ethnic Health
8. Medico Legal Issues and Ethnic Patients

1. Introduction to Ethnic Health and the Context of General Practice

- reduced quality of healthcare

- demographic information - ethnic profile

- ethnic support agencies

- recording background of ethnic patients - practice policy

  ⇒ *Refer to National Health Goals and Targets Core Curriculum Statement*

2. The Impact of Culture and Language on General Practice

- the potential effect of key cultural beliefs and language factors on
  - ⇒ the patient's attitude
  - ⇒ the GP's attitude

- bilingual and interpreting services - their role and procedures for use

- impact on practice of servicing ethnic patients
  - ⇒ specific health education requirements
  - ⇒ arrangement of setting
  - ⇒ access to referral information
  - ⇒ catering for family group and interpreter consultations
  - ⇒ duration of visit (cost)

3. *Ethnic Issues in Gender-Specific Health*

- provision of sexual health education which takes into account
  - ⇒ cultural attitudes towards male or female doctors
  - ⇒ appropriate examination procedures
  - ⇒ gender power and role in choice of contraception
  - ⇒ gender attitude towards HIV/AIDS and STIs

- strategies to overcome the low usage of specific occasions of service related to obstetrics and gynaecology

- gender-specific issues that affect health and development of management strategies - doctor shopping

- gender-specific issues that affect men's health
  - ⇒ continuity of men's healthcare
  - ⇒ preventive male health
  - ⇒ pattern of late presentation of male illness
  - ⇒ *Refer to Men's Health, Women's Health, Chronic Conditions Core Curriculum Statements*

4. *Dealing with Mental Health Issues in an Ethnic Setting*

- influence of cultural factors on the manifestation and interpretation of emotional and mental health symptoms
  - ⇒ isolation/dislocation
  - ⇒ migration experience
  - ⇒ racism
  - ⇒ inter-generational family conflict
  - ⇒ pressure of gender roles
  - ⇒ attitude to mental health including - sense of guilt, shame and keeping it hidden

- ways of overcoming critical communication barriers to diagnosing and managing ethnic emotional and mental health problems
  - ⇒ lack of bilingual specialists, eg. Psychiatrists
  - ⇒ dependency on children as interpreters
  - ⇒ family conspiracy re confidential information
  - ⇒ differences in generational value systems
  - ⇒ attitude to doctors based on trauma/torture experiences
  - ⇒ *Refer to Mental Health Core Curriculum Statement*

- the effect of language and culture on treatment
  - ⇒ later admissions
  - ⇒ cultural views on counselling
  - ⇒ effect of traditional treatments and beliefs on compliance
  - ⇒ difficulty in accessing follow-up support

- strategies to deal with own feelings raised by ongoing contact with difficult or depressing cases

⇒ values clarification
⇒ self-care
⇒ Practice management (as per Ethnic Health Module)
⇒ debriefing (as per Ethnic Health Module).

Optional segments

5. ***Torture, Trauma and the Health of Ethnic Patients***

- identifying cultural groups that are potentially torture/trauma sufferers
- common presenting symptoms, physical and psychological, of torture/trauma sufferers
  ⇒ *Refer to Mental Health, Men's Health, Women's Health, Chronic Conditions, Children and Young People's Health Core Curriculum Statements*

6. ***Drugs, Alcohol and Addictive Behaviour in Ethnic Patients***

⇒ *Refer to Men's Health, Women's Health, Children and Young People's Health, Mental Health Core Curriculum Statements*

7. ***Age-Specific Factors in Ethnic Health***

- the main causes of isolation for the elderly migrant patient
  ⇒ language
  ⇒ culture or cultural heritage/background
  ⇒ socio-economic
- the impact of isolation on the health of elderly migrants

⇒ *Refer to Aged Care, Children and Young People's Health Core Curriculum Statements*

8. ***Medico Legal Issues and Ethnic Patients***

- informed consent
- illegal immigration
- confidentiality

TEACHING / LEARNING APPROACHES

Due to the cross-cultural exposure required to meet the learning objectives of this Core Curriculum Statement, a variety of interactive teaching approaches should be used. These should include exposure to ethnic resource people some of whom may be GPs or Medical Educators with ethnic backgrounds plus ethnic communities and groups.

The Ethnic Health Core Training Module

The Module in Ethnic Health Core Training Module comprises of five segments. It uses a self-guided, problem-based learning approach with trigger material to introduce specific ethnic health issues. In each segment participants use a case or topic statement and a set of support resources to work through learning activities themed on the five domains of General Practice. Expert feedback on learning activities should be provided.

Segments are designed to conform to sound adult learning principles by providing

- learning activities that encourage active participation
- opportunities for input of participant's own experience
- relevance to work setting
- expert feedback to assist self-assessment.

Module Structure

The five segments in this Module are outlined in the content section. The first is a prerequisite for completion of all or any of the other segments. Segments 1, 2 and 3 are compulsory, and it is recommended that at least two segments are selected from the optional segments 4, 5, 6 and 7.

The overall learning objectives for the segments have been drawn from a matrix of content spanning the five program domains. They are expressed as the aims of each segment and are supported by a set of specific learning objectives and activities.

Module segments can be delivered either as entirely self-directed study or as part of an existing workshop regime. Delivery of some segment activities as group activities or projects should also be considered.

Each segment is structured as a discrete unit so that responses to its learning activities can be collected as part of an assessment portfolio.

The activities and resource materials (with the exception of a one video trigger) may be delivered in a traditional paper-based mode.

⇒ *Refer to Ethnic Health Core Training Module.*

LEARNING RESOURCES

Staffing

General staffing requirements are outlined in the Introduction to the Core Curriculum. It should also be considered when delivering this statement that many GP Supervisors and Medical Educators have ethnic backgrounds and could prove to be a very useful teaching resource.

A key role for Medical Educators is to arrange sources of expert ethnic opinions from the community to cover relevant sections of this Core Curriculum Statement.

Training Resources

- ***The Core Training Module - 'Ethnic Health'*** is available from the RACGP Training Program as a comprehensive learning resource. It is outlined in this statement under Teaching/Learning Approaches.

- *Videos*

  ⇒ "A Word in Edgeways". A video showing the role of interpreters in the care setting and why professional interpreters should be used. Produced by the Healthcare Interpreter Service, available from Training, Health and Educational Videos Pty. Ltd. PO Box 2131 Bendigo Mail Centre, Victoria, 3554. Tel: 02 840 3708.

  ⇒ "Counselling with Interpreters". Available from Philip Ducasse, Western Sydney Health Promotion Centre, 12 New St., North Parramatta, NSW, 2151. Tel: 02 840 3708.

- *Ethnic Community Organisations and Services*

There are numerous ethnic community organisations with valuable experts, information and resources. Many of these organisations are named in the Ethnic Health Core Training Module, but are all easily located in the telephone directory.

The following are useful examples of Community Organisations and Services which are able to provide resources:

- *Ethnic Communities Council of NSW* (also ECCs in other States) Tel: 02 319 0288, Fax 02 319 4229 (publications).

  ⇒ "Pathways to Ethnic Communities" Guide for ethnic communities.
  ⇒ "Ethnic Communities Reference Yearbook"

- *Centre for Ethnic Health* 23 Lennox St., Richmond. Victoria 3121. Tel: 03 9427 8766 Fax: 03 9428 2269.

  ⇒ Provides education and training and has a GP newsletter.

  ⇒ *Health Translation Service,* NSW Health Dept. Tel: 02 391 9555 and contact Health Depts in other states.

  ⇒ Catalogue of Translations 1995-1996. This lists free pamphlets on various health issues in other languages available to health practitioners.

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Integrating Documents

HIV/AIDS

The Relevance of National Health Priority Areas to the Core Curriculum

These two themes are to be integrated throughout the entire Training Program

THE ROYAL AUSTRALIAN COLLEGE

OF

GENERAL PRACTITIONERS

TRAINING PROGRAM

HIV/AIDS

One of two documents outlining a theme which is to be integrated throughout the entire training program.

1997

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TITLE HIV/AIDS

RATIONALE

The Australian response to the HIV epidemic has been a coordinated approach between governments at all levels, medical, scientific and health care professionals and affected communities. Coupled with this national partnership is the personal partnership between the General Practitioner (GP), the HIV specialist and the patient enabling HIV infection to be managed with mutual support, dialogue and cooperation.

HIV infection is regarded as a chronic illness. From their training GPs have many of the skills needed to care for someone with such a chronic condition. It is an area that may not be seen as relevant or of interest to many in their day to day General Practice. Yet GPs have a significant contribution to make in the response to this infection as well as having both a professional as well as a medico-legal obligation to diagnose on presentation.

By providing confidential care to people with HIV, GPs encourage early presentation allowing for treatment interventions and health monitoring as well as helping to prevent further infections. Prevention and education at both practice and community level, support of those with the virus as well as their relatives and carers are areas suited to General Practice.

There has been a significant reduction in the number of reported infections since the mid 80s. At the peak of the epidemic in 1983-4, it is estimated that 3,000-4,500 people became infected.[1] To 30th June 1996, the cumulative figure for HIV infections in Australia is 19,873. Allowing for adjusted figures to account for duplicate reporting, the figure is 15,600 (with a range of 14,700 to 16,500). In Australia in 1993 it was estimated that 480 people became infected with HIV.[2] With early diagnosis, careful maintenance and monitoring HIV infection is now a far more manageable infection than had been the case.

HIV encompasses fundamental concepts of General Practice. It is relevant to almost all the principles outlined in the Conceptual Basis of General Practice Core Curriculum Statement. It can be a model for other conditions. It entails care at many levels from support and counselling to the treatment of complex diseases and palliative care and the use of community resources. It challenges societal norms and taboos and poses ethical dilemmas which, at times, are not easily answerable.

GPs do not need to be experts in HIV medicine or even be anti-retroviral prescribers to look after for their HIV positive patients. GPs can manage HIV infection throughout the spectrum of the disease. This is ideally undertaken in a shared care relationship with an HIV specialist. Education, care and prevention are the cornerstones of the response to the HIV epidemic and are an integral part of General Practice.

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[1] National Centre in HIV Epidemiology and Clinical Research, *Australian HIV Surveillance Report*, vol 12, no 4. 1996

[2] Feacham R G A. *Valuing the past...investing in the future, Evaluation of the National HIV/AIDS Strategy 1993-94 to 1995-96*, Commonwealth Department of Human Services and Health, p29 & p30. 1995.

LEARNING OBJECTIVES

HIV/AIDS Core Competency

Registrars successfully completing the Training Program should be able to:

- take appropriate preventive and public health measures both in the individual consultation and in the community to minimise the impact of HIV infection
- consider HIV in the differential diagnosis of all relevant illnesses because of the potential for HIV to manifest in different ways
- initiate an appropriate management strategy for any HIV associated health problem based on the available information, advice and clinical assessment

Such management strategies may entail monitoring, particularly for the earlier stages of HIV, referral in an appropriate and a timely way and, for those GPs who choose to take on this role, treatment of conditions of varying complexity in a "shared care" model.

"Monitoring" may involve assessing the clinical status and appropriate pathological markers and identifying evidence of progression or complications of the illness or side effects of treatment.

A "shared care" model may vary from an informal network of GPs and specialists with expertise in the area of HIV to more formal roles and responsibilities agreed between practitioners.

Communication skills and the Patient -Doctor Relationship

- demonstrate an ability to communicate effectively and provide advice, counsel and support for patients, families and significant others having different cultural backgrounds, disadvantage or disability
  - ⇒ communication skills particularly about sexuality, including sexual orientation, sexual language, drug use, death/dying, disclosure, future issues such as the possible onset of dementia, wills, power of attorney etc. plus the health care system and GP role
  - ⇒ self acknowledgment and overcoming individual fear/prejudice of HIV, homosexuality, injecting drug use
  - ⇒ awareness of limitations in skills/knowledge in relation to HIV
  - ⇒ recognition of the importance of significant others/chosen family/community
- demonstrate a whole person rather than disease-centred approach in identifying issues/problems of most importance to the patient's health and management
  - ⇒ identify psycho-social systems and include, as appropriate, partners and friends
- demonstrate awareness of the need to, and an ability to, educate patients in order to promote their health and prevent illness
  - ⇒ prevention role of the GP - education about safe sex and injecting drug use - both HIV negative and positive patients

⇒ explain the importance of routine health monitoring/maintenance in HIV infection
⇒ patient education re significant symptoms of major illnesses
⇒ provision of suitable educational materials for patients and their carers and the use of adult learning principles
⇒ liaison role with secondary and tertiary levels of care and patient education about their means of access

- demonstrate that they positively value patient-centred whole-person care and family medicine and have a sophisticated understanding of the concept of continuing patient care, including an ability to integrate a medical perspective and a patient perspective

⇒ encourage forward planning by patients
⇒ use pro-active approaches in prevention of social and medical crises
⇒ establish multi-disciplinary, patient centred teams

- demonstrate an ability and commitment to evaluating and improving their consultative, communication and educational approaches.

Applied Professional Knowledge and Skills

- demonstrate an understanding of health problems and medical conditions and how they may be managed effectively, including an ability to prioritise presentations and implement appropriate action for common conditions

⇒ think 'Could It Be HIV?'
⇒ definition of HIV and AIDS
⇒ modes of transmission of HIV
⇒ take a patient history which will elicit risk factors for HIV, other blood born diseases and STDs
⇒ clinical signs and symptoms which raise the index of suspicion of HIV infection
⇒ HIV antibody testing process. If undertaking testing, there should be awareness of pre and post test counselling guidelines and legislation
⇒ chronological framework of HIV infection and disease progression
⇒ principles of management of HIV infection with an understanding that some groups will have particular presentations and needs; these include children, women, injecting drug users, those with multiple/dual diagnosis and Aboriginal and Torres Strait Islander Communities
⇒ common opportunistic infections - their presentations and prophylaxis - pneumocystis carinii pneumonia (PCP), mycobacterium avium complex (MAI), cytomegalovirus (CMV) together with toxoplasmosis, cryptosporidiosis, herpes simplex, recurrent candidiasis
⇒ palliative care, symptom control, pain relief and their place in HIV management
⇒ legislative requirements for doctors with HIV positive patients

⇒ vaccination of HIV positive patients should be undertaken with caution. Live, attenuated virus vaccines (Sabin oral polio, BCG) contraindicated. Other vaccines eg influenza vaccine may increase viral activity. Discussion with a doctor experienced in HIV medicine is suggested

Antiretroviral Treatments *Antiretroviral prescribing is complex but within the province of the general practitioner. However, such prescribers would require specialised training.*

- demonstrate competence in the management of patients with a wide range of conditions, including urgent, common, less frequent and chronic conditions

  Urgent, common, less frequent and chronic manifestations of HIV infection are covered in detail in HIV medicine courses which are offered to all interested GPs.

  Clinical competence in the diagnosis and initial management of the serious life or sight threatening conditions associated with advanced immune suppression is necessary for all GPs.

  ⇒ Pneumocystis carinii pneumonia presents with exertional dyspnoea, fever and a dry cough. Auscultation can be unhelpful and chest x ray may be highly suggestive of the diagnosis, but examination of an induced sputum is indicated, usually performed at a specialised unit. PCP can be fatal and urgent consultation with an HIV experienced physician is indicated
  ⇒ CMV retinitis may present as a subtle change in the visual field. Assessment using an Amsler grid can help. Examination of the retina through a dilated pupil by an experienced ophthalmologist is usual before specific treatment is instituted
  ⇒ Any focal neurological sign, especially any seizures, could be one of several HIV associated conditions for which urgent specialist assessment is recommended

- demonstrate proficiency in a range of basic procedural skills relevant to general practice

  ⇒ standardised precautions/occupational risks - prevention strategies plus accessing immediate expertise in the case of needle stick injury, contact with blood and other body fluids/excretions
  ⇒ notification procedures
  ⇒ monitoring of health status

- demonstrate effective judgement in treating illness cost efficiently, determining investigational tests, prescribing drugs rationally and setting priorities when there is multiple pathology

  ⇒ individual cost effective treatment and population cost-effective interventions

- conceptualise primary health care principles and develop a commitment to a public health perspective in addition to an individual perspective in their approach to general practice

⇒ interpret scientific data for patient understanding
⇒ fulfil notification requirements
⇒ be aware of communicable diseases and ensure the need for contact tracing is fulfilled
⇒ understand the legal obligations when a person knowingly is putting another at risk of HIV infection

- provide appropriate medical advice regarding the psycho-social aspects of the health and illness of patients

⇒ importance/significance of psycho-social factors throughout HIV infection
⇒ know when/where to refer on for support, counselling etc

Population Health and the Context of General Practice

- develop understanding of health service planning, the health care system, state and federal government policies, health care funding and community resources, including self-help groups

⇒ shared care models in HIV management
⇒ roles of Federal, State, Local governments
⇒ GP involvement in the integration of primary, secondary and tertiary services
⇒ National HIV/AIDS Strategy
⇒ laws and policies relating to HIV generally, both Federal and State including anti-discrimination, public health, HIV antibody testing, infection control, confidentiality and privacy, HIV infected health care workers, financial support for treatments, informed consent, notification of HIV and AIDS - clinical and public health obligations, disclosure of HIV status, guardianship/power of attorney, occupational health and safety plus duty of care
⇒ HIV research, including GP research, evaluation and evidence based medical practice
⇒ community resources particularly AIDS Councils and Branches which are in each State and Territory
⇒ other services include PLWHA (people living with HIV and AIDS) organisations and services, positive trans-gender support groups, gay and lesbian organisations, support groups for those infected through the blood supply, needle and syringe exchanges, (NSE), day centres, sexual health clinics, NSW HIV/AIDS coordinators, in-patient HIV units, out-patient HIV clinics, hospices/palliative care facilities, carer/parent support groups, hepatitis C information/support groups, treatment prescribers, anti-discrimination boards, practical support networks, information news letters
⇒ AIDS Councils can be the first point of contact for information/advice of local resources

- develop an appreciation of the implications of cultural differences for their medical practice

⇒ social/cultural/ethnic/religious/lifestyle factors that influence health as well as the ability to deal with HIV infection

⇒ registrar considerations of the impact of their own cultural/social background and values on their work/patients

- develop critical awareness of the social and political dimensions of medicine, and an awareness of the social organisation and dynamics of the community and their role in it

  ⇒ HIV epidemic, particularly in Australia and the relationship between governments, affected communities and medical/scientific/research communities
  ⇒ social dimensions of HIV infection and the stigma attached to this disease
  ⇒ role of complementary medicine for people with HIV infection and patient education about positive and negative outcomes
  ⇒ role of political lobby groups in the development of HIV services

- develop critical awareness of the nature of rural health problems, including the special areas of need for health services and the way the rural GP can contribute to meeting these needs

  ⇒ stigma/discrimination of HIV can be more pronounced in rural areas
  ⇒ anonymity and confidentiality issues in rural areas
  ⇒ confidentiality issues for hospitalised patients
  ⇒ GP involvement in the hospital care of their patients
  ⇒ local resources/networks/specialists/contacts plus resources for specialised information/support
  ⇒ using communications such as Email/faxes, to minimise problems of accessing expertise in secondary and tertiary services
  ⇒ develop networks of local expertise
  ⇒ advocacy/lobbying role
  ⇒ continuity of patient care
  ⇒ defining GP role and working with other primary health care workers eg nurses especially in rural/remote areas

- critically reflect on their approach to General Practice in the context of community health needs

  ⇒ overcoming barriers to care such as distance, accessibility, lack of relevant services, lack of local specialist
  ⇒ discussion with patients of the pros/cons of participating in/accessing clinical trials (GPs need not be drug experts)
  ⇒ recognise that evaluation and research are roles relevant to them
  ⇒ will set up a record of HIV patients with data that will assist in decisions about funding extensions/new services etc.
  ⇒ GPs need to practice self care to avoid burnout
  ⇒ the education/advocacy roles of the GP - individual and community

Professional and Ethical Role

- develop a comprehensive understanding of, and commitment, to the role of the general practitioner as an independent personalised professional source of support and advice regarding health and illness within the context of the community in which they serve

  ⇒ GP's own limits regarding HIV
  ⇒ understand that a number of patients may have greater knowledge of HIV than the doctor
  ⇒ ethical dilemmas regarding HIV - the conflict of interests between the doctor and patient and family of origin and chosen family and knowing where to seek assistance
  ⇒ GP's personal attitudes to euthanasia, discussion with patients or referring on

- demonstrate personal and professional behaviour which emphasises individual and social responsibility, the maintenance of high standards of medical knowledge and problem solving skills, flexibility in dealing with uncertainty, high quality care for patients, and critical self-reflection

  HIV infection raises many of these issues and challenges many of the personal values of doctors. It is therefore a useful teaching tool for discussion of these issues eg duty of care versus confidentiality, need to know versus right to know, dealing with uncertainty, the patient as educator etc. Resources are available to do this.

- recognise the need for professional support by developing effective relationships with hospitals, establishing functional GP networks, participating actively in professional association activities, and utilising the professional resources/network available to general practitioners

  ⇒ the shared cared model of dealing with HIV infection between the GP, specialist and other health care workers could be developed as a case for discussion and teaching
  ⇒ possible membership of informal and formal HIV support/information networks such as the Australasian Society for HIV Medicine (ASHM), GP groups, rural doctors' associations etc.

- demonstrate a willingness to undertake critical self-reflection of their own knowledge, skills and attitudes in order to maintain an accurate view of their professional strengths and limitations, recognise specific learning needs and be committed to lifelong learning and continuous improvement of their professional knowledge and skills

  Actively seek to maintain their knowledge, skills and ability to exercise critical professional judgement by being discriminating and analytical regarding information presented in journals and publications and /or by pharmaceutical representatives, sharing and exchanging information with experts and colleagues, using distance leaning packages and interactive multi-media and participating in educational activities, conferences and seminars

⇒ with rapidly changing information regarding HIV treatments seek to maintain current knowledge
⇒ discussion of their analytical assessment of drugs/treatments with patients

Organisational and Legal Dimensions

- demonstrate practice management skills, including effective use of resources through the organisation and conduct of general practice, personal and staff time management, staffing and allocation responsibilities, financial management and determining needs for equipment and facilities

  ⇒ accessing alternative resources eg clinical trials money/sources of funding which allow for longer consultations etc
  ⇒ legal/ethical issues in relation to confidentiality
  ⇒ practice protocols to ensure patient confidentiality and training of practice staff

- develop skills in communication and teamwork with practice staff and other ancillary health-care staff by working effectively as a member of multi-disciplinary teams and by establishing effective relationships with professional colleagues and other health professionals in team situations

  ⇒ effects of working in an environment with high death rates/death expectations, particularly among young people
  ⇒ initiate working in multi-disciplinary teams, sustaining work relationships and communication
  ⇒ knowledge of family, carers etc which is different from other diseases
  ⇒ patient confidentiality in discussions with colleagues

- develop relevant skills in effective information management and information technology in relation to general practice, including demonstrating the capacity to manage billing, ordering and other financial matters and maintaining relevant, accurate and succinct medical records with due regard for medico-legal reporting requirements and safeguarding privacy

  ⇒ maintenance of clear, concise notes for future reference and decision making

- develop their knowledge and skills in making referrals, utilising the skills of other health professionals and resources of community health agencies, providing clear and concise documentation, including writing informative referral and discharge letters

  ⇒ GP role in developing effective integration of care
  ⇒ local agencies for referral for psycho-social support
  ⇒ knowledge of allied health workers, consumer groups, speciality services and referral in an appropriate/timely way

- gain increased knowledge and awareness of legal and advocacy principles in general practice, including certification, confidentiality, legal report writing and legal requirements of prescribing

⇒ legal prescribing requirements may be in conflict with patient requirements eg buyer's clubs (in the past) and now, restricted access to particular drugs which is in conflict with research findings on usage

⇒ consultation with colleagues in relation to, for example, treatment issues. To confer about what is within current guidelines/practice and what is being stated within the scientific community

PARTICULAR ISSUES OF RELEVANCE TO CORE CURRICULUM PRIORITY AREAS

In alphabetical order

Aboriginal Health

- high STD rate with ulcerative conditions facilitating the transmission of HIV
- gender/relational/cultural issues have particular relevance in the area of sexuality including HIV
- special support may be needed to understand the HIV disease processes due to different constructs around disease and causative factors
- for cultural/relational reasons it should not be assumed that the Aboriginal health worker is the most appropriate educator, particularly in relation to sexuality issues
- confidentiality may be more difficult
- Aboriginal people may only visit the doctor when sick so may not present for HIV testing
- GPs should take the opportunity when it arises for screening and prevention of HIV
- HIV may not be seen as an important issue as Aboriginal people deal with a whole range of other medical and social problems
- carers may require additional education/support
- condom availability, storage and use may be problematic in the more remote areas
- continuity of care/disease management may be difficult to maintain in some areas with mobile populations
- there may be blood transmission through ritual scarification

Acute & Traumatic Conditions

- HIV antibody testing protocols for an unconscious person
- universal precautions and resuscitation management relating to blood born pathogens
- in sudden changes in vision, particularly in young people, deteriorating respiratory symptoms, dementia and other neurological symptoms, think HIV

Aged Care

- Although the figures are low, there are people over 60 being diagnosed with HIV and AIDS and dying from HIV infection

Children and Young People's Health

- be aware of the danger of giving live vaccines to a child/adolescent who is HIV positive (the issue is the same for an adult)
- all HIV antibody testing should take place with informed consent
- if screening for sexual abuse, then an HIV antibody test should be performed
- children with HIV infection may need assistance with integration into school
- homeless young people are at particular risk of HIV infection
- issues of grief/loss in families where member(s) are HIV positive, living with AIDS or who have died together with multiple separations due to hospitalisations

Chronic Conditions

- the model of the management of HIV is one of chronic disease management but with high morbidity rates
- HIV disease management lends itself to shared care
- effective integration of hospital based and community based services is important
- patients may wish to die at home requiring particular skills from the GP
- patients may choose to undertake more responsibility/self management of their illness and should be supported with this decision
- such patients may need help/guidance to understand the medical/support system
- for people with an intellectual disability there may be issues of informed consent, reduced understanding of their condition, disease prognosis, disease management, safe sex and drug use. They may experience isolation, breaches of confidentiality, lack of support, lack of access to clinical trials, difficulty negotiating safe sex/drug use
- people with an intellectual disability may have had little/no sexuality education
- people with an intellectual disability suffer much higher rates of sexual assault than almost any other group in society, putting them at risk of HIV infection

The Conceptual Basis of General Practice

- The area of HIV/AIDS presents a clear model of important conceptual issues for general practice which are described throughout this document

Critical Thinking & Research

Questions need to be asked about how quickly findings from research can be used to benefit patients

Ethnic Health

- men with HIV may be more isolated - they may not be attached to the gay community or they could be isolated from their own community
- they may also suffer more stigmatisation/isolation from their community if they identify as gay
- they may be less likely to identify as gay, and be having sex with women and men
- safe sex, safe injecting messages will be more difficult to access due to language/educational/cultural considerations

- they may need additional assistance in accessing appropriate support
- there may be denial of the relevance of HIV in their community
- gender/cultural issues may be of importance in the encounter between GP and patient, particularly if the consultation relates to sexual matters
- people from areas of high HIV endemicity for example newly arrived migrants, refugees and students will need additional support in relation to safe sex messages, student support services etc
- families may need additional assistance to understand the issues
- will need access to State and Federal interpreter service

Men's Health

- issues of grief/multiple loss/deaths for gay men
- there may be lack of perceived risk by young gay men, heterosexual men
- men having sex with men, not attached to the gay community, may be more at risk of HIV infection
- HIV positive men, not attached to the gay community can be particularly isolated and need help to access support
- difficulties for heterosexual men accessing services focussed on gay men.
- men in the sexually active age group may not present frequently in general practice hence less opportunity for education/prevention and diagnosis of HIV
- poverty for PLWHA
- issues for sero-discordant couples
- issues in relation to survival and being HIV antibody negative

Mental Health

- for some people with a psychiatric disability there may be issues of informed consent, reduced understanding of their condition, disease prognosis, disease management safe sex and drug use. They may experience isolation, breaches of confidentiality, lack of support, lack of access to clinical trials, difficulty negotiating safe sex/drug use
- there may be depression/suicide risk at certain stages of HIV infection eg diagnosis of HIV infection, diagnosis of AIDS, disease progression, retirement illness/death of partner

  HIV should be considered where there is dual diagnosis such as in substance misuse with an associated psychiatric condition

Women's Health

- antenatal HIV antibody testing should always be done with informed consent with pre and post test counselling
- reproductive choices for HIV positive women and partners of HIV positive men
- if pregnant, decisions relating to taking antiretrovirals
- problems negotiating safe sex/drug use -unequal power relations
- limited access to clinical trials
- women partners of bisexual men may be at risk
- women with HIV may be isolated (geographically and from other HIV positive women) and lack support

- the woman with HIV may be a carer/have dependants requiring extra support such as respite care, transport etc.
- lesbians may be seen not to be at risk of HIV
- issues for sero-discordant couples ie where one is HIV positive and the other HIV negative
- poverty for PLWHA
- issues in relation to being HIV antibody negative and survival

RECOMMENDED RESOURCES

A resource list has been compiled by Jane Barrett, HIV/AIDS Liaison Officer, RACGP and Margaret Scott, Project Manager, Australasian Society for HIV Medicine.

TEACHING / LEARNING APPROACHES

As many practices where Registrars are posted will not have any patients with HIV/AIDS, options should be explored such as the short term placement of Registrars in high caseload practices.

- it is recommended that people with HIV and AIDS be included in as many aspects of the HIV/AIDS components of the Training Program as possible eg as patients, in discussion groups, as lecturers, advisers etc. There should be liaison with state offices of the Training Program, state AIDS Councils and Branches and HIV positive organisations
- small discussion groups with PLWHA are recommended
- PLWHA should be offered any necessary training and paid an appropriate remuneration
- educational sessions, particularly for topics such as values clarification, should be undertaken in small groups
- discussion groups are recommended for legal and ethical aspects
- role plays eg for taking sexual/drug histories, discussion of sexuality including sexual language and practices, pre and post test counselling and the giving of an HIV positive result
- prepared notes on for eg the HIV epidemic, community HIV resources etc.
- there should be problem based learning modules and case studies
- use of videos and drama
- there should be on-going assessment of HIV skills and knowledge throughout the training
- HIV should be included in the College examination
- ***All GP Supervisors should undergo training in HIV/AIDS issues, even if their practices are not currently treating people living with HIV/AIDS***

RECOMMENDATIONS

1. That HIV/AIDS is an integral part of the RACGP Training Program and is incorporated into all the main core curriculum areas
2. HIV/AIDS is not offered as an educational option but is compulsory
3. HIV/AIDS is incorporated as far as possible into other educational contexts such as sexual health, health promotion, palliative care, communication skills etc.
4. people living with HIV and AIDS should be included in the Training Program

5. they should be offered training where necessary and appropriate remuneration.

ACKNOWLEDGMENTS

The Royal Australian College of General Practitioners Training Program would like to acknowledge and thank the RACGP HIV/AIDS Working Group for their time, energy and expertise in the development of this HIV/AIDS Statement.

For any comments on this document, please contact Jane Barrett, HIV/AIDS Liaison Officer, (02) 9577 6625, fax (02) 9577 6666

THE ROYAL AUSTRALIAN COLLEGE

OF

GENERAL PRACTITIONERS

TRAINING PROGRAM

RELEVANCE OF THE NATIONAL HEALTH PRIORITY AREAS TO THE CORE CURRICULUM

One of two documents outlining a theme which is to be integrated throughout the entire Training Program.

1997

CONTENTS PAGE

THE RELEVANCE OF NATIONAL HEALTH PRIORITY AREAS TO THE RACGP TRAINING PROGRAM CORE CURRICULUM

BACKGROUND

National health goals and targets povide an important mechanism for focussing our nation's health concerns on the determinants of health and the need for the health-care system to contribute to improving the **health of the population.**[1]

> *A population health focus seeks to:*
> *add years to life through a reduction in premature deaths; and*
> *add life to years through improvement in well-being for all people.*[2]

In summary, the National Health Priority Areas are one of this nation's major articulations of its commitment to the World Health Organisation's 'Health for All' charter.

The history of developing the National Health Priority Areas (NHPA) is a trip down a long and complex path. However, despite the many iterations of (NHPA), valuable lessons have been learnt pertaining to the respective roles of States and the Commonwealth, the role of the non-government sector, local needs-based planning and the fundamental roles that **general practitioners** and their community based health programs play in implementing national health priority areas.

The Australian Health Ministers' Advisory Council (AHMAC) recently decided to re-define the NHPA reporting to include 'national' reporting requirements, a reduced number of indicators and balance across the health continuum. This decision should not be seen as an end point in itself, but accurately viewed as an effort to get the national reporting process in order, and little more. An essential next step is to develop a framework which **creates links** between 'national' priority areas, 'State and Territory' priority areas, and local priority areas.

Rather than revisit this history now, **Attachment 1** provides a brief historical context, the background to AHMAC's decision and the basis for a national focus by governments on health outcomes.

A HEALTH OUTCOMES FRAMEWORK

A false assumption is that 'national' priority disease areas should be the prime focus for all levels of health planning. Nonetheless, the health outcomes *framework* – its underpinning philosophy – certainly lends itself to utilisation at all levels.

The underpinning philosophy for a health outcomes approach is sensible: first you consider the data/information (from a range of sources) about local health issues and use this to decide an area of priority; determine the current situation; identify targets that are neither too ambitious nor too easily reached; identify and implement strategies designed to realise change towards the target set; and on a regular basis revisit the data to determine whether change has occurred.

1 Wise M, Nutbeam D, *National Health Goals and Targets – An Historical Perspective*. Health Promotion Journal of Australia (1994); 4(3):9-13
2 Australian Health Ministers' Forum *National Health Policy*, September 1994

However, of course, the process is not as simple as it sounds. A 'health outcomes' approach is far more than a data collection and monitoring process. It should also assist in the identification of optimum practice – in other words to identify and promote information about strategies that work.

It is expected that the first report to Health Ministers, due in late 1996, will contain information on the range of strategies that the Commonwealth, States and Territories have adopted to realise change in the priority target areas.

The prime focus of the report will be the five national priority areas – ie. those areas of priority for the Commonwealth, States and Territories. But as discussed earlier, **the new emphasis of NHPA is far more than merely the five identified priority diseases – It is also about providing a framework for addressing local priority health issues.** Such a framework enables GPs to acquire public health skills and to use these both within their Division and their practice.

The relevance of NHPA to GPs occurs at the State and local level. To assist in the development of frameworks relevant to General Practice, the Commonwealth is currently supporting the Royal Australian College of General Practitioners to consult with GPs and their Divisions about a health outcomes framework which will link 'national' health priority areas with the State/Territory and local ones. Essential components of this approach will include support for GPs and their Divisions on topics such as local health needs assessment, strategic planning, data development, collection and intra and intersectoral collaboration.

These topics require particular skills, knowledge and attitudes and form the basis of this paper.

THE RELEVANCE OF NHPA TO AUSTRALIAN GENERAL PRACTICE

GENERAL PRACTITIONERS — THEIR DIVISIONS — THEIR COMMUNITIES

Divisions of **General Practice** were established in 1992 as part of a national reform strategy for General Practice.[3] Over 116 Divisions of General Practice, with approximately 16,000 GPs as members, have been established throughout Australia. Divisions enhance the involvement of GPs in health care service delivery and decision-making at the local level and improve links with other health professionals, community and consumer groups and all spheres of government.

National priorities addressed within a health outcomes framework provide GPs and their Divisions with opportunities to:

- become involved in local health policy and planning;
- focus on a range of qualitative and quantitative health outcomes, rather than activity levels and throughput; and
- focus on achieving more equitable outcomes in health by addressing some of the underlying determinants of health.[4]

GPs require a range of skills to implement NHPA both in their practice and at the Divisional level – but in particular, a major conceptual shift is necessary to accept the wider contribution of general practice to *population* health. Ultimately, the professional goals of population health practices and individual general practice are the same – improvement in the health of the people and the populations they serve.

Bhopal in his paper[5] about the paths of public health medicine† and primary health care* identifies some of the core perspectives, attitudes, knowledge, skills and resources of the two branches of clinical practice. He concludes that the two are complementary and not incompatible, but dissonance is inescapable. If mutual respect is the key to collaboration, then GP Registrars need to be introduced to the work of GPs within their Divisions and fellow public health professionals as part of their Training program. The realisation of NHPA at a local level is therefore likely to correspond to the pace at which the GP moves towards and welcomes a wider community health role.

The RACGP Training Program aims to produce graduates who can not only meet current health care needs, but the future goals of Australian health care. The Training Program curriculum is designed to reflect national health priorities and identified areas of need for health care and the allocation of Training placements takes community needs into account.[6]

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3 In 1992, the General Practice Consultative Committee (GPCC), a body comprising senior representatives of the AMA, RACGP and the Commonwealth Government, discussed and developed: *The Future of General Practice: A Strategy for the Nineties and Beyond.*

4 Commonwealth Dept of Human Services and Health, *Better Health Outcomes for Australians – National Goals, Targets and Strategies for Better Health Outcomes into the Next Century.* (1994). AGPS. A summary of the national health goals appears in **Attachment 2.**

5 Bhopal R, *Public health medicine and primary health care: convergent, divergent or parallel paths?* Journal of Epidemiology and Community Health (1995) 49: 113-116

† Previously known in Britain as community medicine; the term community medicine, widely used in other countries, is the equivalent of public health medicine in Britain.

* Increasingly General Practice is referred to in Britain, as primary health care.

6 RACGP Training Program 1996 Handbook

LEARNING OBJECTIVES OF THE RACGP TRAINING PROGRAM

CORE COMPETENCIES FOR A 'HEALTH OUTCOMES' APPROACH WITHIN GENERAL PRACTICE

The overall learning objectives are organised into five broad interrelated domains of competence. These have been used as a framework to identify the core knowledge, skills and competencies in relation to General Practice and a 'health outcomes' approach.

With advent of Divisions, GPs are being encouraged to consider their wider role in community health. To this end, competencies have been identfied at both levels of General Practice – the practice level and the Division level.

1. The Context of General Practice

Goals, targets, health service planning and funding

At the practice level, GP Registrars will be able to:

- understand the relationship between the practice and the Division and how the 'national' health priority areas relate to **State** and **local** health priority areas
- understand the importance of local health needs assessments
- the principles of networking and inter-disciplinary co-operation
- understand the needs of their community and practice population
- develop skills and tools to build a practice profile and establish a practice register
- understand basic qualitative and quantitative research methodologies, data management and auditing procedures
- recognise the balance between care of populations and care of individual patients
- understand the relevance of environmental, social, organisational and legislative interventions to General Practice
- understand the balance between preventive medicine and curative medicine

At the Divisional level, GP Registrars need to understand:

- the public health role of Divisions[7]
- evidence-based planning and practice
- how to identify priority outcomes and achievable indicators
- the concept of population health and how population outcomes are measured
- audit
- the principles of networking and inter-disciplinary co-operation
- how to work with other health professionals and value complementary contributions to the planning process
- the purpose of a local health needs assessment
- the basic principles underpinning the 'health outcomes' approach. For example: determining local priorities and the current situation collaboratively; identifying appropriate targets; selecting and implementing strategies designed to realise change towards the set target; and recognising key indicators that show progress along the way
- that as potential members of Divisions, GPs may require planning skills such as report writing, policy development and funds management. Registrars could learn by participating in the negotiation of outcomes-based funding approaches and committees.

The health care system

GP Registrars will be able to:

- understand the concept of shared care in priority areas such as cardio-vascular disease, cancers, injury, mental health and diabetes and the value of an inter-disciplinary approach
- understand which preventive interventions can be reimbursed (medicare, division payments..)
- develop agreed guidelines and protocols

7 See Weeks C, Bollen M *Divisions of General Practice - The New Kids on the Public Health Block? In Touch* Newsletter of the Australian Association of Public Health, April 1996

State and federal government policies

At the practice level, GP Registrars also need to be familiar with publications such as:

- RACGP Preventive & Community Medicine Committee, *Guidelines for Preventive Activities in General Practice* (1996 edition)
- NHMRC (Quality of Care and Health Outcomes committee's) *Clinical Practice Guidelines and Outcomes* publications
- NHMRC *Guidelines for Preventive Interventions in Primary Health Care – Cancer and Cardiovascular disease.* Draft report. July 1996.

At the Divisional level, GP Registrars need to be familiar with NHG&T as described in current national reports, such as:

- Commonwealth Dept of Human Services and Health, *Better Health Outcomes for Australians – National Goals, Targets and Strategies for Better Health Outcomes Into the Next Century.* (1994). AGPS

Community Resources

At both the practice and the Divisional level, GP Registrars need to:

- understand the role of community health, public health and health promotion services and how they can resource General Practice
- develop an awareness of the variety of primary health care resources produced by these services and non-government organisations
- develop skills in the critical appraisal of patient resources in terms of readability, cultural appropriateness, etc.

2. Communication processes and skills of General Practice

At the practice level, GP Registrars will be able to:

- communicate risk and prevention to their patients opportunistically
- demonstrate sensitivity in raising the issue of health risks and create a context for health promotion within the consultation
- balance the patient's agenda with the health promotion agenda
- understand the concept of 'readiness to change' and the stages of behaviour change
- develop skills which support patients through the process of behaviour change such as negotiation, brief motivational interviewing and reflective listening
- understand the principles of patient education and health literacy
- understand the cultural diversity within their practice population and particular communication needs
- communicate with their 'practice population' using tools such as practice newsletters, etc.

At the Divisional level, GP Registrars will be able to:

- understand the value of GPs contributing to media communications, such as writing for local newspapers and working with local radio and television
- understand the principles of social marketing and community relations
- practice skills in public speaking and group leadership
- understand the cultural diversity within their communities and particular communication needs.

3. The clinical skills and content of General Practice

GP Registrars will:

- develop knowledge, skills and awareness of public health problems, health promotion and disease prevention, covering such areas as women's health, aboriginal health, alcohol and drug related illness, occupational health and safety and lifestyle and nutrition
- understand the relevance and connection of their day-to-day clinical work to population health approaches. For example; immunisation programs, mass cervical and mammography screening
- demonstrate competency in disease prevention methods including screening (when and how), behavioural change (*Stages of Change*, etc.) and patient education
- be familiar with guidelines for preventive interventions such as:
  - NHMRC *Guidelines for Preventive Interventions in Primary Health Care – Cancer and Cardiovascular disease.* Draft report. July 1996.
  - Preventive & Community Medicine Committee of the Royal Australian College of General Practitoners, *Guideines for Preventive Activities in General Practice* (1996)
  - NHMRC (Quality of Care and Health Outcomes committee's) Clinical Practice Guidelines and Outcomes publications

4. The professional and ethical role of the General Practitioner

GP Registrars will:

- recognise the need to develop effective primary care partnerships with other community-based professionals, NGOs and consumer groups, participate in Divisions of General Practice and utilise the public health resources and associations available to GPs
- consider the extent of participation of GPs in Commonwealth programs such as the National Health Priority Areas and the National Public Health Partnerships
- consider the extent to which GPs and their Divisions should be accountable for health outcomes in their practices
- understand the wider role of the GP in population health outcomes
- consider the responsibilty of the GP for a practice population
- consider the responsibilty of the GP's contribution to community health promotion
- understand the responsiblity of the GP to advocate for public health (eg gun control, tobacco restrictions, safe use of pesticides etc).

5. The organisational and legal dimensions of General Practice

<u>At the practice level</u>, GP Registrars will be able to:

- develop skills and knowledge in systems such as patient and disease registers, re-call systems and succinct medical records with regard to medico-legal reporting requirements and safeguarding privacy
- consider ways of reorganising the practice to make it 'health promoting' practice
- develop knowledge and skills about lifestyle and socio-economic determinants of health and how to make referrals to utilise the specific skills of other community-based professionals

<u>At the Divisional level</u>, GP Registrars will be able to:

- understand why Divisions were initiated, how they are organised, managed and funded
- assist with applications for project and/or participate in the negotiation of agreements around outcomes
- learn organisational skills and knowledge associated with shared care programs, inter-disciplinary team working, community development and project management.

Refererences

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- Nutbeam D, Thomas M, Wise M *National Action Plan, Diabetes to the year 2000 and beyond.* (1993) Prepared for the Australian Diabetes Society (medical and scientific section of Diabetes Australia).

† At the time of this paper, these guidelines were being reviewed and updated. The new edition is due to be realeased in October 1996.

‡ At the time of this paper, this report was still in draft form only. It is due to be released late 1996.

Attachment 1

HISTORY OF NATIONAL HEALTH PRIORITY AREAS

Early NHPA activity was marked by its predominant emphasis on risk factor reduction. The review of the AHMAC Health Targets and Implementation (health for All) Committee found deficiencies in this approach – partially because they were not widely recognised or adopted by mainstream health professionals. Further due to the fact that they emphasised risk factors such as drugs (including smoking and alcohol abuse), nutrition and high blood pressure, they were not helpful in addressing some of the less tangible underlying causes of ill-health such as environmental, social and economic factors. The need for an optimal balance of preventive, diagnostic, treatment and palliative services in order to achieve best patient and population health outcomes was also highlighted.

Seeking to redress this imbalance, the Commonwealth commissioned a series of revised goals and targets. The revised goals and targets, developed by a team led by Professor Don Nutbeam, were published in 1993 in the document "Goals Targets for Australia's Health in the Year 2000 and Beyond".

Following the release of the Nutbeam report, health Ministers committed themselves to refocus the health system to one based on health outcomes. In February 1993, Australian Health Ministers issued the AHMAC 'Sunshine Statement', which in part states:

"..it is vital that the Australian health system should be strongly focussed on health outcomes so as to achieve optimal personal and community health with available resources."

By late 1993 it was apparent that to optimise the impact of the implementation of the strategies surrounding the new goals and targets, there was merit in selectively identifying areas of priority, rather than seek to implement all strategies concurrently. A joint NHMRC/AHMAC committee decided that cardiovascular disease, injury, cancer and mental health were areas which warranted immediate attention, primarily because these disease conditions account for some 80% of national mortality and morbidity. A revised series of reports based on the goals and targets for these was prepared.

At the September 1994 meeting of Australian Health Ministers, the revised set of national health goals, targets and strategies proposed in the "Better Health Outcomes for Australians" report was formally adopted. The acceptance of this report together with the National Health Policy provide the basis for a national focus by governments on health outcomes.

RE-DEFINING THE NHPA REPORTING PROCESS

The background to the Australian Health Ministers' Advisory Council (AHMAC) recent decision of to re-define NHG&T reporting, is important. The Better Health Outcomes Overseeing Committee (BHOOC) was established by AHMAC to develop a strategy to implement NHG&T. An early task of BHOOC was to review the process - in doing so they found several fundamental shortcomings with the process. These are:

- there are no 'national' reporting requirements
- there are too many indicators
- there is a lack of balance across the health continuum.

Against this background, AHMAC agreed to the following reporting principles for the NHPA:

- each priority area would be reported bi-annually, with two in each year
- reporting would occur against a limited number of priority indicators (maximum 15 -20);
- consistent definitions would be developed
- States and Territories will report against the priority indicators where the target under consideration is consistent with *their* priorities.

The intention of the Commonwealth national health priority areas has never been to dictate the full extent of health priority activity at the state or local level. Rather, it should be seen more as representing only those areas which State, Territory and Federal Health Ministers agree are of universal importance.

Attachment 2

National Health Goals

Summary of goals from the 1994 Commonwealth Department of Health & Family Services report

Better Health Outcomes for Australians
National Goals, Targets and Strategies for Better Health Outcomes into the Next Century

Cardiovascular health

Cancers

Injury prevention

Mental Health

Non-insulin dependent Diabetes

Summary of National Goals for Better Health Outcomes

Reduce the level of health inequalities in Australia.

Access and participation

Foster participation of individuals and communities in decision making at all levels of health care planning and service delivery.

Improve access to all publicly funded health programs and services for members of the community who face barriers of race, culture or language.

Intersectoral action

Strengthen at the Commonwealth and State/Territory levels intersectoral action to promote healthy public policy and environments.

Healthy Lifestyles

Smoking

Reduce the prevalence of smoking among Australians.

Alcohol

Reduce premature death, illness and injury associated with alcohol use.

Reduce the proportion of the population which drinks regularly at levels above that identified by the National Health and Medical Research Council as low risk.

Reduce the incidence and consequences of heavy or binge drinking, particularly unlawful supply and consumption among young people.

Reduce the rate of road crashes involving drivers who have consumed alcohol beyond prescribed blood alcohol content levels.

Physical activity

Increase participation in regular physical activity.

Diet and nutrition

Reduce early death, illness and disability from diet-related cardiovascular disease.

Cancer control

Primary goal

Reduce the incidence of, mortality from and impact of cancer on the Australian population.

Quality care across the continuum

Reduce the incidence of cancer in Australia.

Ensure high levels of screening for early detection of cancers where there is a scientifically demonstrated benefit at acceptable cost.

Reduce morbidity and mortality from cancer in Australia.

Maintain the quality of life of patients, their carers and families.

Improve the quality of life, and dignity of death, of people with incurable cancer.

Ensure a well trained and flexible workforce to effect cancer control.

Improve the control of cancer through research.

Ensure the timely collection and dissemination of cancer data across all States and Territories, including data on cancer control outcomes.

Priority cancers

Reduce the prevalence of **smoking** among Australians.

Reduce exposure to tobacco smoke (**passive smoking**) throughout the community.

Reduce the incidence of and mortality from **melanoma.**

Reduce the incidence and mortality from **cancer of the cervix.**

Reduce incidence and mortality from **breast cancer.**

Improve the quality and duration of life of women with breast cancer or at heightened risk of breast cancer.

Reduce the incidence of and mortality from **colorectal cancer.**

Reduce the incidence of and mortality from **prostate cancer.**

General Practice Strategies
Cardiovascular health

1. Divisions, RACGP and NHF should develop programs which encourage GPs to routinely assess cardiovascular risk factors and provide advice about lifestyle factors to patients, especially those at higher risk.

2. Commonwealth, NHMRC, RACGP, Divisions and NHF should develop a coordinated strategy to facilitate guideline development, promote national guidelines to GPs, monitor GPs use of guidelines, and promote research into the implementation of guidelines in general practice. Guidelines on secondary prevention, continuing care and management of hypertension, high cholesterol and CHD.

3. Commonwealth, Divisions and RACGP should jointly consider means to overcome GPs perceptions that individual screening and counselling activities are not legitimate under Medicare.

4. RACGP, NHF and CHF should jointly develop educational material which meets the needs of both GPs and patients, and which is consistent.

5. RACGP should continue to provide ongoing education and training programs to develop GPs counselling and health promotion skills, and work with Divisions to provide incentives for GPs to attend them.

6. Health promotion and preventive counselling components of undergraduate medical courses should be strengthened.

7. Divisions and RACGP should devise a structure to initiate and coordinate their involvement in the implementation of strategies. This could involve the pooling of ideas from each Division and subsequent development of pilot programs on a State basis, leading to longer term State and National programs.

8. States and Territories should explore ways in which GP services can be integrated better with other local and State health services.

9. GP research should focus on: effective counselling; behavioural change and health promotion techniques; patient attitudes; and methods of making risk assessment important to patients.

Cholesterol

Reduce the average blood cholesterol of adults.

Reduce the prevalence of high blood cholesterol in adults.

Overweight

Increase the proportion of adults with an acceptable body weight.

Reduce the prevalence of overweight among adults.

Reduce the prevalence of abdominal obesity among adults.

High blood pressure

Reduce average blood pressure among adults.

Reduce the prevalence of high blood pressure among adults.

Mortality and morbidity

Cardiovascular health

Primary goal

Improve cardiovascular health by reducing coronary heart disease and its impact on the population.

Social justice

Reduce the difference in cardiovascular health between identified priority populations and the wider Australian community.

Prevention and risk factors

Reduce the prevalence of smoking among Australians

Increase participation in regular physical activity.

Reduce early death, illness and disability from diet-related cardiovascular disease.

Reduce the prevalence of high blood cholesterol among adults.

Reduce the average blood cholesterol level among adults.

Cardiovascular health (cont'd)

Reduce the prevalence of overweight among adults.

Increase the proportion of adults with an acceptable body weight.

Reduce the prevalence of abdominal obesity among adults.

Reduce the prevalence of high blood pressure among adults.

Reduce average blood pressure levels among adults.

Increase opportunities for general practitioners to participate in risk factor prevention.

Increase the efficacy of interventions by general practitioners to reduce the prevalence of cardiovascular risk factors in the population.

Treatment and continuing care

Improve the pre-hospital and emergency care of heart attach patients, ensuring minimal delays and the earliest possible treatment.

Decrease the in-hospital mortality of people with CHD treated medically or surgically in hospital.

Increase the long-term survival and quality of life of people with CHD treated medically or surgically in hospital.

Ensure the best physical, social and occupational recovery for people with CHD, to maximise their long-term quality of life and reduce the chance of recurrence.

Maximise the quality of life, and dignity of death, of people withy incurable coronary heart disease.

Monitoring and research

Establish and maintain a national monitoring system for cardiovascular disease, its risk factors and management.

Maintain the proportion of the total research budget which is allocated to research into all aspects of cardiovascular disease, and ensure funding does not decline in real terms.

Promote further research into the efficacy and implementation of lifestyle interventions to improve cardiovascular health.

Injury prevention and control

Primary goal

Reduce the incidence, and impact on health, of injury in the Australian population.

Social justice

Reduce injury-related health inequalities.

Prevention

Reduce transport-related mortality.

Reduce transport-related morbidity.

Facilitate the reduction in the incidence of work-related injury through the optimum delivery of services, products and data from the health sector.

Reduce the incidence of work-related injury in the health care sector.

Reduce the number of work days lost due to home injury, through the transfer of injury-prevention skills from workplaces to domestic residences.

Reduce the incidence of injury in paid and unpaid home-based caregivers.

Reduce the mortality and morbidity associated with falls among older people.

Reduce the morbidity associated with falls by children in the domestic environment.

Reduce the morbidity associated with falls by children in playgrounds.

Decrease the frequency and severity of injury associated with sport and recreational activities, while promoting healthy participation.

Reduce mortality due to interpersonal violence.

Reduce morbidity due to interpersonal violence.

In cooperation with Commonwealth and State/Territory consumer affairs authorities, reduce the incidence and impact of health of injury caused by unsafe and defective products in the market place.

Reduce the mortality and morbidity associated with burns and scalds.

Reduce the morbidity in children due to poisoning.

General Practice Strategies
Cancer control

General strategies

1. Screening programs and diagnosis: GP training, maintenance of skills, appropriate referral.

2. Treatment: Disseminate optimal combinations of treatment, maximise consistency of communication between GPs and specialists, develop guidelines for treatment of any cancer, develop long term followup of patients post-treatment.

3. Patient and family information and support" Communication strategies for GPs, self help groups, NESB literature dealing with belief systems.

4. Palliative care.

5. Education and training for health professionals: undergraduate, postgraduate, CME.

Specific Strategies in relation to Priority Cancers

1. **Lung cancer:** Continue to develop, implement, monitor and evaluate a range of smoking cessation services via information provision and assistance for cessation.

2. **Skin cancer:** RACGP, ACS and RACDermatology to increase GP skills in screening for and identification of early skin cancers, especially melanoma; RACGP and ACS to disseminate treatment guidelines to GPs; improve courses in diagnosis and management of skin cancer at undergraduate and postgraduate GP level.

3. **Cervical Cancer:** Increase participation in screening of women of lower SES, NESB and ATSI communities.

4. **Breast cancer:** GPs to encourage women to undertake screening; improving GP behaviour in recruiting women for screening; altering women's perceptions of barriers to attending mammographic screening programs; inform GPs about accessible services and appropriate management for all stages of breast cancer.

5. **Colorectal cancer:** Develop appropriate prevention, screening and early detection strategies and ensure best practice guidelines for treatment are followed.

6. **Prostate cancer:** GPs to be informed of "lack of good screening" policy, and trained to explain the benefits and risks of screening to men who seek screening for prostate cancer, explaining results and referral to appropriate services.

Injury prevention and control (cont'd)

Reduce the rate of drowning.

Reduce the rate of near drowning and associated morbidity.

Reduce the injury caused by diving into shallow water.

Post-injury management

Increase the access of injured people to optimal trauma care.

Increase the access of injured people with trauma injuries to comprehensive rehabilitation programs and appropriate long-term care and community support.

General Practitioner strategies Injury prevention and control

1. Transport-related injury: GPs to advise patients on driving and pedestrian impairment effects of prescribed drugs and interaction of alcohol with drugs. Promote road safety and trauma education.

2. Work-related injury: Reduce the incidence in the health care sector. Reduce the number of work days lost due to home injury, through the transfer of prevention skills from workplaces to domestic residences. Reduce injury in paid and unpaid home-based caregivers.

3. Fall injury: Divisional GP projects concerning falls prevention among older people. RACGP and Divisions to develop and implement rationalisation of medication use by older patients. Falls prevention in children in homes, schools and playgrounds.

4. Sport and recreation-related injury: Reduce the frequency and severity of injury, and promote healthy participation.

5. Intentional injury - interpersonal violence: GP training on domestic violence and sexual assault, and child abuse.

6. Burns and scalds injury: reduce mortality and morbidity.

7. Poisoning in children: develop protocols for treatment on appropriate treatment of GPs.

Mental health

Mental disorder

Reduce the loss of health, well-being and social functioning associated with mental health problems and mental disorders.

Suicide
Reduce the rate of suicide among people with mental disorders.

Priority populations

1. Children and young people (less than 25 years)
2. Older people (more than 65 years)
3. Post-trauma and bereaved populations
4. Peripartum women
5. Carers of those affected by mental disorders
6. Sibs and children of those with mental health problems

General Practitoner strategies Mental Health

1. Monitor a series of sentinel GPs serially and longitudinally, to detect changes in prevalence, clinical practice and relevant outcomes

2. Conduct culturally senstive surveys on prevalence and morbidity

3. Develop management protocols and practice guidelines for GPs

THE FOLLOWING GOALS ARE EXTRACTED FROM THE NATIONAL ACTION PLAN FOR DIABETES (1993)†

Non-insulin dependent diabetes mellitis (NIDDM)

To obtain accurate data on the prevalence and incidence of NIDDM in the Australian population by 1995

To reduce the prevalence of NIDDM

To reduce the prevalence of NIDDM in Aboriginal and Torres Straight Islander populations

To reduce the prevalence of NIDDM in the migrant populations in Australia that have high prevalence of the disease, including those from Southern Europe, the Middle East and South-East Asia, and among Polynesians and Asian Indians.

To achieve early diagnosis of NIDDM

To obtain accurate data on the prevalence and incidence of complications of NIDDM among persons in Australia who have NIDDM

To reduce the prevalence and incidence of end-stage complications of NIDDM, especially lower limb amputations, kidney failure and blindness

To increase the quantity and maintain or improve the quality of research in the prevention and management of NIDDM, particularly in those areas where fundamental information is lacking.

† At the time of this paper, it was understood that Diabetes was to be included in the national priority areas.

RACGP SUBMISSION TO THE DEPARTMENT OF HUMAN SERVICES AND HEALTH IN RELATION TO NATIONAL HEALTH GOALS AND TARGETS
24/5/94

The Role of Divisions of General Practice in the National Goals and Targets Strategy

"The RACGP considers that there is considerable scope for Divisions to:

- survey risk factors in population groups;
- survey the incidence of particular diseases presenting to general practice;
- pool information about the results of particular projects that are relevant to the prevention or better management of particular diseases;
- take part in population based health promotion exercises, e.g. in conjunction with State health authorities;
- carry out research on the effectiveness of GP intervention e.g. in terms of counselling about risk factors;
- promote co-ordinated action by GPs in their particular geographic area;
- provide input into State health authorities planning and implementation of the Goals and Targets strategies;
- promote better practice which is relevant to achieving goals and targets, e.g. the better exchange of data between hospitals and GPs;
- effectively distribute information e.g. to GPs about best practice guidelines;
- lobby appropriate bodies about public health issues relevant to general practice in their area."

As Divisions become more established they will increasingly be able to realise this potential.