

## Context of Australian general practice

General practitioners encounter a wide variety of clinical presentations according to social, demographic, cultural and epidemiological circumstances.

These factors combine to form unique local practice characteristics, regional clinical trends and national characteristics.

### Definition of general practice

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

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

*General practice is the provision of primary continuing comprehensive whole patient medical care to individuals, families and their communities.<sup>1</sup>*

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

### General practice as a speciality in Australia

In Australia, general practice is recognised as a specialty by a range of criteria including by statute.

A number of key events have lead to the recognition of general practice as a specialty in Australia:

- in 1978, the National Specialist Qualification Advisory Committee stated that 'general practice is a specific and defined discipline in medicine'
- in 1989, general practice was established as a specialty with the introduction of the vocational register of recognised general practitioners<sup>2</sup>

- in 1999, the Australian Medical Council (AMC) developed a model to assess recognition of medical specialties and recognised general practice as one of the then 17 medical specialties in Australia.<sup>3</sup>

Since 1989, changes to the *Health Insurance Act 1973* have led to the establishment of a separate listing of general practitioners who met the RACGP training, experience and assessment requirements. As a result of the legislation and further changes:

- Fellows of the RACGP are specialists as they have met the RACGP requirements for entry into the specialty of general practice
- recognised general practitioners are specialist as they have met the RACGP requirements prior to the cutoff date in 1995 for vocational registration
- since 1996, Fellowship of the RACGP is the minimum standard of entry into unsupervised general practice and the only route to recognised general practice.

In 2003, the AMC, in line with its national processes for the review and accreditation of specialist education and training programs, accredited the RACGP education and training programs for general practitioners.<sup>4</sup>

A third group of nonspecialists practice in the specialty of general practice, but are not Fellows of the RACGP or recognised general practitioners and are not specialists. Generally these doctors are referred to as 'other medical practitioners' or nonvocational registered general practitioners.

### **General practice: core characteristics and practices**

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

General practice training, as determined by the standards set and maintained by the RACGP, is intended to equip graduates with both core clinical skills and the ability to assess and address the learning needs arising from differing clinical contexts over a professional lifetime.

In addition, general practitioners may need to develop, maintain and expand skills as supervisors/teachers, mentors, researchers and leaders over their professional lifetime.

## National health priorities

The Australian Government has established national goals, targets and strategies for better health outcomes into the next century.<sup>5</sup> These focus on the prevention, early detection and management of specific chronic problems including:

- cardiovascular health
- cancer control
- injury prevention and control
- mental health
- diabetes
- asthma
- musculoskeletal conditions
- renal disease.

General practitioners need to be aware of the Australian Population Health Development Principal Committee (APHDPC) and the Australian Health Protection Principal Committee (AHPPC), which incorporates the National Public Health Partnership, which previously brought Australian Government and States together on public health issues.

The Australian Health Protection Principal Committee and the Australian Population Health Development Committee will advise all Australian jurisdictions in the integration of prevention across all aspects of chronic disease management, and in bringing a greater focus to health protection. Issues identified include:

- controlling communicable diseases (including immunisation, HIV/AIDS Hepatitis C programs)
- bioterrorism and pandemic preparedness
- environmental health
- nutrition
- physical activity
- injury prevention
- child, youth and mothers' health
- chronic disease prevention
- Aboriginal and Torres Strait Islander health
- health of prisoners.

For more information see RACGP curriculum statement [\*Population and public health\*](#).

## References

1. The Royal Australian College of General Practitioners. What is general practice? Definition of general practice and general practitioners, 2005. Available at: [www.racgp.org.au/whatisgeneralpractice](http://www.racgp.org.au/whatisgeneralpractice).
2. Mudge P, editor. General practice in Australia: 2000. 1st edn. Canberra: Australian Government Department of Health and Ageing, 2000.
3. Australian Medical Council. Guidelines for the recognition of medical specialties and sub-specialties, November 2002. Available at: [www.amc.org.au/table1.asp](http://www.amc.org.au/table1.asp) [Accessed 13 January 2006].
4. Australian Medical Council. Accreditation report: the education and training programs of the Royal Australian College of General Practitioners. \*\*\*; Australian Medical Council Incorporated, 2003.
5. Australian Government Department of Health and Ageing. National health priority areas. Available at: [www.aihw.gov.au/nhpa/index.cfm](http://www.aihw.gov.au/nhpa/index.cfm).

## **Definition of curriculum**

This publication, the RACGP Curriculum for Australian General Practice ('the curriculum'), details what vocational general practitioners need to learn throughout their general practice learning life.

This curriculum details the knowledge, skills and attitudes necessary for:

- competent, unsupervised general practice
- general practitioners to be able to meet their community's health care needs
- general practitioners to be able to support current national health priorities and the future goals of the Australian health care system.

This curriculum is an essential reference for general practice registrars, general practice supervisors, medical educators, regional training providers and anyone involved in implementing the training of future general practitioners.

For this reason, this curriculum also details learning objectives for medical students and prevocational doctors who will eventually become general practitioners. The acquisition of these skills will also be of interest to many medical specialities.

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

Training placements are undertaken in RACGP-accredited posts. These include both community based practices and hospital based posts.

In general practice posts, general practice registrars (ie. participants in the Training Program) are assigned a general practice supervisor who provides onsite supervision, guidance and feedback.

Other general practice teachers acting in the roles of medical educators, external clinical teachers, GP mentors and training advisors provide additional teaching, support and feedback throughout training.

## **Curriculum development**

The RACGP Curriculum for Australian General Practice was developed after taking into account:

- the discipline of general practice as a medical speciality
- what general practitioners need to know ('the domains of general practice')
- the lifelong learning needs of general practitioners (from medical student through to prevocational doctor, vocational training and continuing professional development)
- the reasons most people have for seeking the services of a General Practitioner ('common patient presentations')
- the health needs and priorities of Australia's population (national health priorities).

The *common learning objectives* were developed using this framework, as were the specific learning objectives in the curriculum statements that relate to various population groups and aspects of general practice.

Individual curriculum statements are grouped under four headings, depending on whether they relate to:

- problems
- patients
- populations
- processes of care.

The teaching and learning approaches and feedback and assessment mechanisms will be found in the learning resources for the RACGP Curriculum for Australian General Practice.

## 'Star of general practice' and development of new curriculum framework

Combining the domains of general practice with lifelong learning provides a powerful conceptual framework for positioning the RACGP Curriculum for General Practice in the Australian clinical context in which the knowledge and skills are applied. Diagrammatically, this can be represented as the 'Star of general practice' (see Figure 3).

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

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

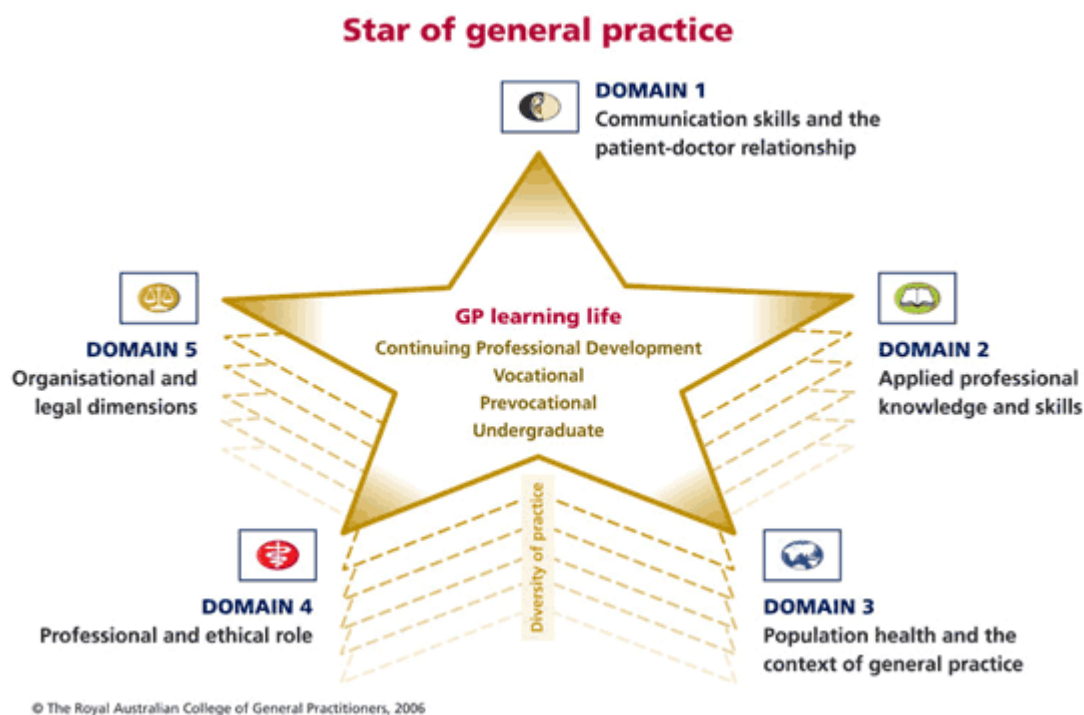


Figure 3. The 'star of general practice' provides a model of the discipline of general practice that meets the training requirements across the general practice learning life.

## The five domains of general practice

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

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

They are:



### **Domain 1 - Communication skills and the patient-doctor relationship**

- eg. communication skills, patient centredness, health promotion, whole person care



### **Domain 2 - Applied professional knowledge and skills**

- eg. physical examination and procedural skills, medical conditions, decision making



### **Domain 3 - Population health and the context of general practice**

- eg. epidemiology, public health, prevention, family influence on health, resources



### **Domain 4 - Professional and ethical role**

- eg. duty of care, standards, self appraisal, teacher role, research, self care, networks



### **Domain 5 - Organisational and legal dimensions**

- eg. information technology, records, reporting, confidentiality, practice management.

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



# Common learning objectives

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## Definition

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The RACGP Curriculum for Australian General Practice defines common learning objectives for general practice as those learning objectives which are relevant to consulting with all patients in unsupervised general practice.

This statement provides the required common learning objectives for general practice and was first developed by the RACGP for its vocational training registrars in 1999.<sup>1</sup> It has now been revised to represent the common learning objectives of all those preparing for, or practising in, general practice.

## Rationale

The RACGP developed the common learning objectives after taking into account:

- what general practitioners need to know (the domains of general practice)
- why most people seek the services of a general practitioner (common patient presentations)
- the health needs and priorities of Australia's population (national health priorities).

### The domains of general practice

The domains of general practice represent the critical areas of knowledge, skills and attitudes necessary for competent unsupervised general practice. They are relevant to every patient interaction. Teaching and learning is based on the acquisitions of these key knowledge, skills and attitudes.

The five domains of general practice are:

#### **Domain 1. Communication skills and the patient-doctor relationship:**

- communication skills
- patient centredness
- health promotion, and
- whole person care.

#### **Domain 2. Applied professional knowledge and skills:**

- physical examination and procedural skills.
- medical conditions.
- decision making.

#### **Domain 3. Population health and the context of general practice:**

- epidemiology
- public health
- prevention
- family influence on health, and
- resources.

#### **Domain 4. Professional and ethical role:**

- duty of care
- standards
- self appraisal
- teacher role
- research
- self care, and
- networks.

#### **Domain 5. Organisational and legal dimensions:**

- information technology
- records
- reporting
- confidentiality, and
- practice management.

## Common patient presentations

General practice primarily involves providing advice to individual patients in the diagnosis, treatment and management of medical conditions.

General practitioners manage the majority of medical presentations in the community. The curriculum reflects the type of patient presentations that come to the attention of a general practitioner and therefore highlights:

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

## National health priorities

The Australian Government has established national goals, targets and strategies for better health outcomes into the next century.<sup>2</sup> These focus on the prevention, early detection and management of specific chronic problems including:

- cardiovascular health
- cancer control
- injury prevention and control
- mental health
- diabetes
- asthma
- musculoskeletal conditions
- renal disease.

General practitioners need to be aware of the Australian Population Health Development Principal Committee (APHDPC) and the Australian Health Protection Principal Committee (AHPPC), which incorporate the National Public Health Partnership and previously brought the federal and state governments together on public health issues.<sup>3</sup>

The AHPPC and APHDPC will advise all Australian jurisdictions in the integration of prevention across all aspects of chronic disease management, and bring a greater focus to health protection, especially pandemic readiness. Issues identified include:

- controlling communicable diseases (including immunisation, HIV/AIDS hepatitis C programs)
- bioterrorism preparedness
- environmental health
- nutrition
- physical activity
- injury prevention
- child, youth and mothers health
- chronic disease prevention
- Aboriginal and Torres Strait Islander health
- health of prisoners.

For more information, see the RACGP curriculum statement: *Population health*.

## Key educational principles and concepts

This curriculum is based on the following key educational concepts and principles:

<b>Needs focused training</b>	Directed toward meeting the health care needs and priorities of the Australian community.
<b>Learning as a continuum</b>	Integrates vocational training with undergraduate, postgraduate, and continuing medical education.
<b>Lifelong learning</b>	Encourages a commitment to continuous improvement of knowledge and skills throughout a general practitioner's learning life.
<b>Experiential learning</b>	Emphasises training as a supervised 'real world' clinical experience of consulting with patients presenting with the common and significant conditions which exemplify general practice.
<b>Purpose driven learning</b>	Clearly states purposes and curriculum requirements to enable learners make informed choices about learning pathways.
<b>Integrated training</b>	Balances and integrates experiential, information based and reflective learning.
<b>Adult learning</b>	Uses of models of learning based on a recognition of different learning styles and needs.
<b>Self directed learning</b>	Expects adult learners to exercise significant autonomy in making choices about their learning.
<b>Feedback</b>	Requires high quality and regular feedback to learners on their performance as an integral and critical part of the teaching and supervision.
<b>Assessment</b>	Regular assessment of learner achievement of curriculum learning objectives during and at the end of training to determine satisfactory completion of training requirements.

## The five domains of general practice – common learning objectives for general practice

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### Communication skills and the patient-doctor relationship

Good communication skills enable a general practitioner to develop a relationship with patients in order to understand both the illness and the patient's experience of that illness, and to move freely between clinical problem solving and the patient's experience of the problem.

General practitioners who are competent in this domain will need to demonstrate:

- a critical appreciation of the nature of the relationship between patient and doctor and its therapeutic potential
- an understanding of different consultation models
- a patient centred approach
- the communication skills and attitudes needed to foster effective whole person care
- the skills to undertake effective individualistic and opportunistic health education and promotion.

The minimum knowledge, skills and attitudes in this domain that the general practitioner needs to demonstrate are how to:

- establish rapport and be empathic with patients
- develop good listening and language skills appropriate to the patient
- adopt appropriate verbal and nonverbal communication styles for different situations (eg. emotional states, state of health, disadvantage, cultural background)
- elicit the patient's issues, problems and concerns
- engender confidence and trust (and advocate on the patient's behalf where appropriate)
- use body language and touch in an appropriate manner, to establish trust in a therapeutic relationship
- find common ground with patients about their problems and expectations
- negotiate an effective management plan and agree on respective responsibilities and limits with the patient and their family
- communicate effectively and appropriately with significant others (eg. partner and family)
- recognise opportunities for health promotion and education and respond appropriately to increase the patient's capacity for self care
- confirm the patient's understanding of the problem, management, advice and follow up.

### Applied professional knowledge and skills

The application of professional knowledge and skills requires a comprehensive, patient centred approach. This applies not only to health and disease, but also to the individual's experience of illness in terms of their culture, family and community. This approach includes analysis of the appropriateness and cost effectiveness of all clinical interactions.

General practitioners who are competent in this domain will need to demonstrate:

- a knowledge of significant medical conditions and approaches to undifferentiated problems
- skills in information gathering, physical examination, the undertaking of procedures, and clinical decision making
- a critical appreciation of the need for continuity and integration of care, cost effective investigations, rational prescribing, and the need to continually undertake critical self appraisal.

The minimum knowledge, skills and attitudes in this domain that the general practitioner needs to demonstrate are how to:

- take a history and perform a physical examination relevant to presenting problems
- develop a working diagnosis from their knowledge and experience, and the information gathered

- critically use investigations, and interpret the results, to refine the working diagnosis
- recognise and manage the significantly ill patient
- consider the possibility of serious illness inherent in many common presentations
- competently manage common problems (including undifferentiated illness)
- negotiate, prioritise and implement management plans
- prescribe safely and cost effectively from an informed knowledge base
- use hospital and community based expertise, resources and networks effectively
- make valid and timely decisions about referral and follow up
- develop and maintain essential procedural skills
- recognise their own abilities and limitations, responding appropriately
- accept and manage uncertainty
- be critical and discriminating in the use of information from a variety of sources
- consistently apply universal precautions principles.

## Population health and the context of general practice

Population health, in the context of general practice, is an essential component of primary health care. The general practitioner has an evolving role, with the potential to create change at the individual patient, practice, and community levels within the health care system. This requires knowledge of the sociopolitical, economic, geographical, cultural and family influences on the health of patient groups in their communities.

General practitioners who are competent in this domain will need to:

- have an understanding of demographics, epidemiology, public health problems and health needs of special groups
- be aware of the patterns and prevalence of disease and be able to participate in population based preventive strategies
- have a critical appreciation of the impact on the health of the patient of their sociopolitical, economic, work, spiritual and cultural background and needs, and their relationships with family and significant others
- possess skills in advocacy and in using community resources
- appreciate the importance of a public health perspective in general practice.

The minimum knowledge, skills and attitudes in this domain that the general practitioner needs to demonstrate are how to:

- elicit and take into account a patient's sociopolitical, economic, work, spiritual, linguistic and cultural background and needs, and their relationships with family and significant others in relation to their health
- understand and respond to the special needs and characteristics of their practice population, including:
  - disease prevention and health promotion
  - screening and recall systems
  - access and equity issues
- use a working knowledge of, and be involved in, assisting the health of the community locally, regionally and nationally, including:
  - participation in community based prevention and education strategies
  - accessing available health services
  - networking with other general practitioners, general practitioner organisations and health care providers
  - involvement in public health systems and strategies (eg. notifiable diseases and environmental issues)
- understand and utilise the Australian health care system (including its funding planning, services, policies and community resources).

## Professional and ethical role

The general practitioner's professional and ethical role relates to their behaviour with respect to patients, colleagues and the community. Professional ethics are based on belief systems of the profession and the community.

The three major components to this domain are:

- the special duty of care that arises when a patient-doctor relationship is established and the patient's needs involve the risk of injury. Doctors have a duty to exercise due care and skill to avoid any such injury and will become legally liable for the consequences of their own negligence
- reflective skills and self appraisal
- maintenance of professional standards that imply that all doctors have an obligation to keep abreast of and be informed about technical advances, new techniques, and new therapies appropriate to their field of medicine (or field in which they profess to have special skills).

General practitioners who are competent in this domain will need to:

- exercise a special duty of care at all times
- strive to maintain professional standards of practice according to contemporary ethical principles
- have skills in reflection and professional self appraisal and be committed to lifelong learning and continuous professional improvement
- have the skills to fulfill their role as teacher, leader and change agent
- have an understanding of research, evaluation and audit skills
- develop professional networks and maintain their own wellbeing and that of their families.

The minimum knowledge, skills and attitudes in this domain that the registrar needs to demonstrate are:

- special duty of care:
  - responsibility for the optimal care of patients (including acting on patient cues, respecting patient-doctor boundaries and confidentiality, recognising own limitations, ensuring appropriate reporting and follow up, and undertaking advocacy as appropriate)
  - respect for a patients' culture and values, and an awareness of how these impact on the therapeutic relationship
  - understand the rights of patients to access competent, compassionate care, to be fully informed, and their right to self determination
- reflective skills and self appraisal:
  - the capacity for self awareness, reflection and self appraisal
  - the skills of lifelong learning
  - basic skills in clinical audit, critical appraisal and critical incident analysis, and professional networks for personal and clinical support
  - time management and coping skills sufficient to maintain care of self and family
- maintenance of professional standards:
  - achieve and maintain professionally defined clinical practice standards
  - adhere to the professional codes of ethics
  - contribute to the development of general practice by gaining skills in areas such as teaching, research and evaluation.



## Organisational and legal dimensions

The organisational and legal dimensions of general practice require that each practice be considered as an entity that delivers a clinical service to patients in its practice population and the community. There is a wide range of practice types, with common essential components. There are legal obligations that must be observed from both the business and service perspective.

General practitioners who are competent in this domain will need to:

- ensure adequate arrangements are made for the availability and accessibility of care, and to ensure safety netting, screening and recall systems are in place
- have a critical appreciation of patient and practice information technology and management requirements, medical records and legal responsibilities, and reporting, certification and confidentiality requirements
- understand effective practice management principles and processes.

The minimum knowledge, skills and attitudes in this domain that the general practitioner needs to demonstrate are:

- use of personal, organisational and time management skills in practice
- accurate and legible recordings of consultations and referrals, to enable continuity of care by general practitioners and other colleagues
- use and evaluation of practice management skills relating to:
  - patient access guidelines
  - staff management
  - teamwork
  - office policies and procedures
  - financial and resource management
- manage information and data systems relating to:
  - clinical standards, guidelines and protocols
  - medical records
  - information technology
  - communication and transfer of patient related information
  - screening, recall and related systems
  - access and confidentiality
- incorporate medicolegal knowledge and responsibilities relating to:
  - certification
  - confidentiality
  - legal report writing
  - prescribing
  - informed consent
  - duty of care
  - litigation
- work within statutory and regulatory requirements
- meet acceptable practice standards.

## References

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# Philosophy and foundation of general practice

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## Definition

This foundation of general practice includes the philosophy, concepts and principles that define the roles of general practitioners and the discipline of general practice.

This foundation defines:

- what is involved in being a general practitioner
- how this role is different to other disciplines within medicine
- the role of general practice in the lives of individual patients, their personal context, their communities and the health system.

For medical students and prevocational doctors, an understanding of this foundation will improve understanding of the place and significance of general practice in their working life.

For vocational trainees, this foundation will provide a framework for building a detailed and comprehensive understanding of their chosen profession of general practice.

For established general practitioners, this foundation provides an external reference as a basis for reflection on the knowledge, skills and attitudes developed in training and from clinical experience.

The philosophies, concepts, and principles of general practice permeate all aspects of general practice. The learning objectives of this statement should therefore be borne in mind in relation to all the priority learning areas.

## Rationale

General practice is the primary focus of the health care system.

General practitioners provide ongoing patient centred health care for all members of the community based on an understanding of health and illness as a uniquely personal experience, shaped by past experience, cultural, social and contextual dimensions.

General practice manages patient health and illnesses grounded in knowledge from biomedical, psychosocial and intrapersonal perspectives.

At both a systemic and consultation level, general practice is the interface between medicine and the community, science and humanity, evidence and creativity.

Australian general practice in the twenty-first century is the continuation of a millennium long tradition of caring for the sick, and the central place of general practice will continue to evolve as part of a dynamic, diverse society, which it will reflect and influence.

The discipline of general practice has evolved through historical, cultural, social, political and contextual influences, but certain core characteristics relating to the relationship between patient and doctor, and doctor and community have remained immutable over time. These include:

- the patient as the centre of concern
- the patient-doctor relationship as the basis of the therapeutic process
- the distinctive problem solving skills of general practitioners
- primary care management
- a holistic perspective to care
- comprehensive scope
- a community based context.

### The patient-centred approach to general practice care

General practitioners have the breadth and depth of knowledge of disease as covered by this curriculum, but integrate this knowledge with an understanding that the presence or absence of disease does not necessarily correlate with a health to illness continuum, being patient focused, rather than disease focused.

*'...the kind of commitment I am speaking of implies that the physician will "stay with" a person whatever his problem may be, and he will do so because his commitment is to people more than to a body of knowledge or a branch of technology. To such a physician, problems become interesting and important not only for their own sake but because they are Mr Smith's or Mrs Jones's problem. Very often in such relations there is not even a very clear distinction between a medical problem and a nonmedical one. The patient defines the problem.'*

### Managing complexity and uncertainty in general practice care

The relationship general practitioners have with their patients, together with the importance of the context in which patients and their doctors live, mean that general practitioners need to be skilled in managing complexity and uncertainty.

The challenge of managing complexity and uncertainty is also increased by the natural epidemiology of disease in the community and changes in the technology of medical care.

Issues contributing to complexity and uncertainty in these areas include:

- early presentation of disease
- relatively infrequent occurrence of serious illness

- recognition, integration and management of multiple issues, often in a single consultation, but also over time
- influence of comorbidities on each individual health problem
- ongoing management of the increasing prevalence of chronic illness in the community
- ability to manage complex illness based on advanced and developing technologies
- constantly evolving boundaries between other health care providers and general practice based care, including issues of access and affordability, which may be practice and/or location specific
- understanding of the structure and the dynamics of the community
- collaboration with patients in drawing on and developing their self care skills.

### **General practitioners as patient advocates in complex health systems**

In contrast to specialist practice, in which patients are selected to match the service provided, general practitioners need to be flexible and able to draw on an extensive range of knowledge and skills in meeting the health needs of individual patients, both in the short term and over a long professional relationship. General practitioners incorporate the expertise of other health care providers as appropriate, and this includes the essential role of acting as patient guide and advocate in an increasingly fragmented health care system.

### **Good general practice primary care improves the health of populations**

Health systems firmly based on primary health care have been shown to achieve better health outcomes, improve health equality and are cost effective.<sup>2</sup>

## Integrating the foundation skills of general practice into a comprehensive care approach – key principles

The foundations of general practice need to be understood in the context of a complex, integrated totality that reflects the whole of the patient, their environment, and how these interact with each other.

The following key principles are the specific skills necessary for quality general practice care.

The quotes after the key foundation principle expresses this concept as a general practitioner might describe them, followed by the key skills required to demonstrate these principles.

While the skills are listed individually, every element needs to be integrated into the whole of general practice to meet the aim of comprehensive care.

### The patient is the centre of concern

*'It is important to know my patients. I am more concerned about patients as individuals than about the disease. I take my patients' beliefs, circumstances and concerns into account when deciding what to prescribe or when and where to refer them.'*

This principle requires general practitioners to:

- demonstrate respect for patient autonomy
- work in partnership with the patient as determined by the needs of the patient
- negotiate management plans in terms of the patient's preferences and priorities.

The patient-doctor relationship is the basis of the therapeutic process

*'It's important that patients can trust their general practitioner. Sometimes more good is done by just listening.'*

This principle requires general practitioners to:

- develop communication skills to underpin effective diagnosis and management, eg. listening, reassuring, explaining, interpreting
- develop effective communication skills to build and maintain a therapeutic relationship
- develop more specific counselling skills in different situations
- foster continuity of care as determined by the needs of the patient
- develop self awareness and boundaries.

### Distinctive problem solving skills

*'I know the community. I know the "horses and zebras". I often need to juggle several problems at a time. General practice is an art and a science.'*

This principle requires general practitioners to:

- relate the diagnostic process to the community context, eg. disease prevalence
- recognise serious and urgent problems
- use time as a tool
- tolerate uncertainty
- collaborate with patients on acceptable management plans
- integrate comorbidities into management decisions
- use investigations and technology appropriately

- integrate scientific evidence and other relevant factors toward a solution
- move from one mode or role to another (eg. diagnostician, counsellor) as required by the problem at hand or by the patient's needs
- engage in reflective practice.

## Primary care management

*'I am the first port of call. I have colleagues I can call on when I need to and I know the available services in the community.'*

This principle requires general practitioners to:

- deal with unselected and undifferentiated presentations
- triage appropriately
- work in teams
- integrate the expertise of other healthcare providers
- practice ongoing management of patients with chronic health problems.

## Holistic perspectives

*'I know this patient's background and it really influences how he is suffering now. I also know whether he can afford treatment.'*

This principle requires general practitioners to:

- take into account social, psychological, cultural and existential dimensions
- be integrative rather than reductionist.

## Comprehensive scope

*'You never know who walks through the door. General practice care is more than dealing with the presenting complaint. At times it's difficult to know where to start.'*

This principle requires general practitioners to:

- recognise that the range of patients not limited by age, gender, culture, or health problem
- diagnose and manage disease at any chronological stage in the process including:
  - health promotion
  - prevention
  - case finding
  - acute presentations
  - chronic illness
  - palliative care
- know how to diagnose and manage a broad range of health conditions across multiple systems
- diagnose and manage multiple morbidities or concerns in the one patient.

## Community based context

*'I meet patients where they live and take our community into account when planning their care.'*

This principle requires general practitioners to:

- be limited only by what may be managed in the particular community (not just primary care)
- respond to the needs of community
- adapt to the political context
- mediate between medicine and community
- understand the private practice context
- work effectively within the health care system, eg. legal requirements for prescribing and legislative regulations.



# The five domains of general practice

## – philosophy and foundation of general practice

### Communication skills and the patient-doctor relationship

General practitioners need to:

- demonstrate respect for patient autonomy
- work in partnership with the patient as determined by the needs of the patient
- negotiate patient-centred management plans which consider the patient's preference of treatment and priority of treatments
- use communication skills to underpin effective diagnosis and management of the patient (eg. listening, reassuring, explaining, interpreting)
- use communication skills to build and maintain a therapeutic relationship between patient and doctor
- apply specific counselling skills in different situations
- foster continuity of care as determined by the needs of the patient
- move from one mode to another (diagnostician, counsellor) as required by the problem at hand or the patient's needs.

### Applied professional knowledge and skills

General practitioners need to:

- relate the diagnostic process to the community context when problem solving
- recognise serious and urgent problems
- use problem solving skills to collaborate with patients on acceptable management plans
- integrate comorbidities when problem solving
- use investigations and technology appropriately when problem solving
- integrate scientific evidence and other relevant factors when problem solving
- manage unselected and undifferentiated presentations
- manage patients with chronic health problems
- have a holistic perspective that is integrative rather than reductionist
- be able to diagnose and manage a broad range of health conditions across multiple systems.

### Population health and the context of general practice

General practitioners need to:

- have a holistic perspective, taking into account the patient's social, psychological, cultural and existential dimensions
- treat a wide range of patients not limited by age, gender, ethnicity or health problem
- be able to diagnose and manage disease at any chronological stage in the process including health promotion, prevention, case finding, acute presentations, chronic illness and palliative care
- be limited only by what may be managed in the particular community (not just primary care)
- respond to the needs of the community
- adapt to political priorities
- mediate between medicine and community.

### Professional and ethical role

General practitioners need to:

- tolerate uncertainty when problem solving
- have a capacity for self awareness and recognise boundaries in the doctor-patient relationship
- practice reflective thinking when problem solving.

## **Organisation and legal dimensions**

General practitioners need to:

- use time as a tool when problem solving
- triage appropriately when working in teams or integrating the expertise of other healthcare providers
- work effectively within the healthcare system and know the rules for procedures such as prescribing
- understand the private practice context.

# Learning objectives across the GP professional life

## Medical student

### Communication skills and the patient-doctor relationship

- Describe the role of respect for patient autonomy in patient-doctor relationships when communicating with patients, and differences between hospital and primary care settings
- Describe the importance of working in partnership with patients, including negotiating patient centred management plans as determined by patient need, preferences and priorities, and differences between hospital and primary care settings
- Demonstrate the basic communication skills required to underpin effective diagnosis and management of the patient (listening, reassuring, explaining, interpreting) and fostering whole patient care, and describe differences in the hospital and primary care setting
- Describe the need to adapt counselling skills to different situations
- Describe the basis of continuity of patient care based upon patient determined needs
- Outline the various roles of the clinician according to patient needs, eg. diagnostician, counsellor

### Applied professional knowledge and skills

- Outline how to use problem solving skills to collaborate with patients on acceptable management plans
- Describe skills required to recognising serious and urgent problems
- Outline the integration of comorbidities when problem solving
- Describe the appropriate role of investigations and technology in problem solving
- Outline how to integrate scientific evidence and other relevant factors when problem solving
- Outline how to deal with unselected and undifferentiated presentations
- Outline the management of patients with chronic health problems
- Describe the differences between a integrative and a reductionist holistic perspective
- Outline the skills required to diagnose and manage a broad range of health conditions across multiple systems

### Population health and the context of general practice

- Outline the how diagnostic processes relate to community context, eg. disease prevalence
- Describe a holistic perspective of primary health care that takes into account social, psychological, cultural and existential dimensions
- Outline issues involved in treating a range of patients not limited by age, gender, ethnicity or health problem
- Outline skills required to diagnose and manage disease at any chronological lifecycle stage including health promotion, prevention, case finding, acute presentations, chronic illness and palliative care
- Describe how doctors can be responsive to community health needs

### Professional and ethical role

- Outline how to manage uncertainty when problem solving in patient care settings
- Describe the role of capacity for self awareness and recognition of boundaries in the doctor patient relationship
- Outline processes for reflective practice when problem solving

### Organisational and legal dimensions.

- Outline appropriate triage processes when working in teams or integrating the expertise of other healthcare providers
- Outline the structural elements of the health system that impact upon clinical practice, eg. regulations for prescribing, other relevant medical legislation

## Learning objectives across the GP professional life

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### Prevocational doctor

#### Assumed level of knowledge – medical student

##### Communication skills and the patient-doctor relationship

- Demonstrate respect for patient autonomy in patient-doctor communications with patients in the hospital setting
- Demonstrate the ability to work in partnership with patients, including negotiating patient centred management plans as determined by patient need, preferences and priorities in the hospital setting
- Demonstrate effective communication skills required to underpin effective diagnosis and management of the patient (listening, reassuring, explaining, interpreting) and fostering whole patient care in the hospital setting
- Demonstrate the ability to adapt counselling skills to different situations
- Demonstrate continuity of patient care based upon patient determined needs in the hospital setting
- Demonstrate the ability to move between various roles of the clinician according to patient needs (eg. diagnostician, counsellor) in the hospital setting

##### Applied professional knowledge and skills

- Demonstrate ability to recognise serious and urgent problems in the hospital setting
- Demonstrate how to use problem solving skills to collaborate with patients on acceptable management plans in the hospital setting
- Demonstrate the integration of comorbidities when problem solving in the hospital setting
- Demonstrate the appropriate use of investigations and technology in problem solving in the hospital setting
- Demonstrate the integration of scientific evidence and other relevant factors when problem solving in the hospital setting
- Demonstrate how to deal with unselected and undifferentiated presentations in the hospital situation
- Demonstrate the management of patients with chronic health problems in the hospital setting
- Demonstrate the use of an integrative holistic perspective in the hospital setting
- Demonstrate the ability to diagnose and manage a broad range of health conditions across multiple systems in the hospital system

##### Population health and the context of general practice

- Demonstrate diagnostic processes that relate to community context in the hospital setting, eg. disease prevalence
- Demonstrate the use of a holistic perspective that takes into account social, psychological, cultural and existential dimensions in the hospital setting
- Demonstrate the appropriate treatment of a range of patients not limited by age, gender, ethnicity or health problem in the hospital setting
- Demonstrate the diagnosis and management of diseases at any chronological stage in the process including health promotion, prevention, case finding, acute presentations, chronic illness and palliative care in the hospital setting

##### Professional and ethical role

- Demonstrate diagnostic processes that relate to community context in the hospital setting, eg. disease prevalence
- Demonstrate tolerance of uncertainty when problem solving in the hospital setting

- Demonstrate self awareness and recognition of boundaries in the doctor-patient relationship
- Outline processes for reflective practice when problem solving in the hospital setting

**Organisational and legal dimensions.**

- Demonstrate appropriate triage processes when working in teams or integrating the expertise of other healthcare providers in the hospital setting
- Demonstrate adherence to the structural elements of the health system that impact upon hospital clinical practice, eg. regulations for prescribing and other relevant medical legislation

# Learning objectives across the GP professional life

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## Vocational registrar

### Assumed level of knowledge – prevocational doctor

#### Communication skills and the patient-doctor relationship

- Demonstrate respect for patient autonomy in patient-doctor communications with patients in the primary care setting
- Demonstrate the ability to work in partnership with patients, including negotiating patient centred management plans as determined by patient need, preferences and priorities in the primary care setting
- Demonstrate communication skills required to underpin effective diagnosis and management of the patient (listening, reassuring, explaining, interpreting) and fostering whole patient care in the primary care setting
- Demonstrate the ability to adapt counselling skills to different situations
- Demonstrate continuity of patient care based upon patient-determined needs in the primary care setting
- Demonstrate the ability to move between various roles of the clinician according to patient needs (eg. diagnostician, counsellor) in the primary care setting

#### Applied professional knowledge and skills

- Demonstrate ability to recognise serious and urgent problems in the primary care setting
- Demonstrate how to use problem solving skills to collaborate with patients on acceptable management plans in the primary care setting
- Demonstrate the integration of comorbidities when problem solving in the primary care setting
- Demonstrate the appropriate use of investigations and technology in problem solving in the primary care setting
- Demonstrate the integration of scientific evidence and other relevant factors when problem solving in the hospital setting
- Demonstrate how to deal with unselected and undifferentiated presentations in the primary care situation
- Demonstrate the management of patients with chronic health problems in the primary care setting
- Demonstrate the use of an integrative holistic perspective in the primary care setting
- Demonstrate ability to diagnose and manage a broad range of health conditions across multiple systems in the primary system

#### Population health and the context of general practice

- Demonstrate diagnostic processes that relate to community context in the primary care setting, eg. disease prevalence
- Demonstrate use of a holistic perspective that takes into account social, psychological, cultural and existential dimensions in the hospital setting
- Demonstrate appropriate treatment of a range of patients not limited by age, gender, ethnicity or health problem in the hospital setting
- Demonstrate diagnosis and management of diseases at any chronological stage in the process including health promotion, prevention, case finding, acute presentations, chronic illness and palliative care in the primary care setting
- Demonstrate responsiveness to the local community health needs

### **Professional and ethical role**

- Demonstrate tolerance of uncertainty when problem solving in the primary care setting
- Outline processes for reflective practice when problem solving in the primary care setting

### **Organisational and legal dimensions**

- Demonstrate appropriate triage processes when working in teams or integrating the expertise of other healthcare providers in the primary care setting
- Demonstrate adherence to the structural elements of the health system that impact upon primary care clinical practice, eg. regulations for prescribing and other relevant medical legislation

## Learning objectives across the GP professional life

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### Continuing professional development

#### **Assumed level of knowledge – vocational registrar**

##### **Communication skills and the patient-doctor relationship**

- Demonstrate regular reflection and skill review of understanding of foundation basis of patient communication skills

##### **Applied professional knowledge and skills**

- Demonstrate regular reflection and skill review of understanding of foundation basis of professional knowledge and skills

##### **Population health and the context of general practice**

- Demonstrate regular reflection and skill review with respect to changing population health and local community needs

##### **Professional and ethical role**

- Demonstrate regular reflection and skill review with respect to professional and ethical roles
- Consider ongoing education in conceptual basis of general practice including more formal academic qualifications

##### **Organisational and legal dimensions**

- Demonstrate review of patient continuity issues according to patient determined needs
- Demonstrate adherence to the structural elements of the health system that impact upon hospital clinical practice, eg. regulations for prescribing and other relevant medical legislation
- Demonstrate knowledge of changes to structural elements of the health system that impact upon hospital clinical practice, eg. regulations for prescribing and other relevant medical legislation



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# RACGP Aboriginal and Torres Strait Islander Health Curriculum Statement

7 February 2011



The Royal Australian  
College of General  
Practitioners



The RACGP  
National Faculty of Aboriginal  
and Torres Strait Islander Health  
*Working Together*

## Definitions

In the Aboriginal and Torres Strait Islander health setting there are a number of key terms used. These terms are contested and need to be considered in local contexts. The following definitions are offered as a way to understand these concepts in the context of this Aboriginal and Torres Strait Islander Health Curriculum Statement.

### Aboriginal and Torres Strait Islander health setting

This phrase is used throughout this document to refer to any professional interactions with Aboriginal and/or Torres Strait Islander people, or to discussion about Aboriginal and Torres Strait Islander health issues in any professional setting.

### Aboriginal community controlled health service

Today there are community controlled health services for Aboriginal and Torres Strait Islander people. The National Aboriginal Community Controlled Health Organisation (NACCHO) describes an aboriginal community controlled health service (ACCHS) as: ‘a primary health care service initiated and operated by the local Aboriginal community to deliver holistic, comprehensive, and culturally appropriate health care to the community which controls it (through a locally elected Board of Management).’<sup>1</sup>

### Aboriginal and Torres Strait Islander health

The National Aboriginal Health Strategy Working Party defined health as: ‘Not just the physical well-being of the individual but the social, emotional, and cultural well-being of the whole community. This is a whole-of-life view and it also includes the cyclical concept of life-death-life.’<sup>2</sup> This is the definition used in this curriculum statement.

Consistent with the holistic approach to Aboriginal and Torres Strait Islander health, as well as with the World Health Organization (WHO) model of primary health care,<sup>3</sup> delivery of healthcare to Aboriginal and/or Torres Strait Islander patients is more than just a clinical service. The learning objectives in this curriculum statement reflect this approach of broader healthcare delivery by being closely linked across the domains of general practice, and by referencing the individual patient.

### Community control

The 1989 National Aboriginal Health Strategy describes community control as: ‘the community having control of issues that directly affect their community... Aboriginal people must determine and control the pace, shape and manner of change and decision-making at local, regional, state and national levels.’<sup>2</sup>

### Cultural advisor

This term is used in this document to refer to those who provide advice to assist healthcare professionals working in the Aboriginal and Torres Strait Islander health setting. Most commonly and appropriately these people will be Aboriginal and/or Torres Strait Islander.

### Culture

This term has a wide range of meanings but for the purposes of this document the following is used: ‘Culture, for us, then, is more than “a people’s way of life”. Culture tells us what is pretty and what is ugly, what is right and what is wrong. Culture influences our preferred way of thinking, behaving and making decisions. Most importantly, culture is living, breathing, changing – it is never static.’<sup>4</sup>

### Cultural safety

This term describes: ‘an outcome of health practice and education that enables safe service to be defined by those who receive the service.’<sup>4</sup>

## Empowerment

This term describes the state of being empowered.<sup>5</sup> Empowerment cannot be ‘given’. Individuals and groups can only empower themselves when they make informed choices, determine their own fates and acquire resources to support their decisions. Empowerment, then, is part and parcel of self determination.<sup>4</sup>

## Partnership

A term used in this document that refers to a mutually respectful relationship with equity that seeks to achieve agreed outcomes having regard to legal, ethical, cultural and policy considerations.

## Self determination

This term is used to refer to: ‘a process where Indigenous communities take control of their future and decide how they will address the issues facing them.’<sup>6</sup>

## Social determinants of health

These are defined by the WHO as:

‘The poor health of the poor, the social gradient in health within countries, and the marked health inequities between countries are caused by the unequal distribution of power, income, goods, and services, globally and nationally, the consequent unfairness in the immediate, visible circumstances of people’s lives – their access to health care, schools, and education, their conditions of work and leisure, their homes, communities, towns, or cities – and their chances of leading a flourishing life. This unequal distribution of health-damaging experiences is not in any sense a ‘natural’ phenomenon... Together, the structural determinants and conditions of daily life constitute the social determinants of health.’<sup>7</sup>

In the Aboriginal and Torres Strait Islander health setting this includes the processes of colonisation, dispossession, racism, marginalisation, oppression, stigmatisation, paternalism and prejudice.<sup>8</sup>

## World view

This term is used in this document to describe the perception and experience of existence as shaped by the culture, history, spirituality, belief systems, and political and social interactions of the individual.

## Rationale

The health of Australia’s first peoples is this country’s most pressing and important health priority. Aboriginal and/or Torres Strait Islander people are among the most disadvantaged indigenous peoples in the developed world.<sup>7,9,10</sup>

The available evidence suggests that Aboriginal and Torres Strait Islander people continue to suffer a greater burden of ill health than the rest of the population. Overall, Aboriginal and Torres Strait Islander people experience lower levels of access to health services than the general population, are more likely than non-Indigenous Australian people to be hospitalised for most diseases and conditions, and are more likely to experience disability and reduced quality of life due to ill health, and to die at younger ages than other Australians. Aboriginal and Torres Strait Islander people also suffer a higher burden of emotional distress and possible mental illness than is experienced by the wider community.<sup>11</sup>

Aboriginal and Torres Strait Islander health inequity occurs across all health indicators and many areas of health continue to worsen. Whilst there have been recent gains, the gap is widening as the health of other Australians improves faster.<sup>12</sup>

General practitioners have a key service delivery role in addressing this inequity in partnership with Aboriginal and Torres Strait Islander communities, either within an ACCHS or other GP settings.

General practitioners are also important advocates in improving the health of Aboriginal and Torres Strait Islander people. Australian governments have not only failed to deal with the ongoing consequences of

colonisation but in some cases, they have actively promoted racism for political ends. Key health policies such as the National Aboriginal Health Strategy<sup>2</sup> remain largely unimplemented.<sup>8</sup>

It is time that Australia dealt with its history of suppression and oppression of Aboriginal and Torres Strait Islander people in accordance with international best practice in the field of human rights.<sup>8,13</sup> It is time that the rights of Aboriginal and Torres Strait Islander people, including their inalienable rights to self determination and community control are not only recognised but given full expression. Empowerment is central to this critical process in the maturation of modern Australia. To overcome Aboriginal and Torres Strait Islander disadvantage requires political will and leadership. It requires the recognition of the profound, diverse and dynamic cultures of Aboriginal and Torres Strait Islander peoples. It requires the generous provision of appropriate and sustainable resources and the commitment of those in leadership roles in our community.

To most effectively assume these roles of health service provision and advocacy, GPs require relevant knowledge, skills and attitudes. The National Aboriginal Health Strategy (1989)<sup>2</sup> recommends that: 'Tertiary institutions 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,' also recommending that: 'Aboriginal people should be involved in the development and teaching of these units.'

This is the guiding principle by which this document was developed. This curriculum statement sets out a framework of essential attitudes, skills and knowledge required by GPs in order for them to work respectfully and appropriately in Aboriginal and Torres Strait Islander health settings and to advocate for equity in health and related outcomes with Aboriginal and Torres Strait Islander people.

## The five domains of general practice – Aboriginal and Torres Strait Islander health

### Communication skills and the patient-doctor relationship

Culturally safe communication skills are fundamental to the GP's effective engagement in the Aboriginal and Torres Strait Islander health setting.

There is a diversity of cultural beliefs and practices, world views and behaviours among Aboriginal and Torres Strait Islander peoples. General practitioners should respect and be sensitive to this. Aboriginal and Torres Strait Islander peoples' views of health and wellbeing differ to, and are more holistic than, those encapsulated by the biomedical model. They include diverse aspects such as social and emotional wellbeing, community relationships and connection to land. General practitioners who incorporate this into their practice will be better able to understand their Aboriginal and/or Torres Strait Islander patients' needs and motivations. Trust plays a very important role in the development of a therapeutic relationship in the Aboriginal and Torres Strait Islander health setting. A GP may find that they are unable to achieve their desired outcomes until a certain level of trust has been established. General practitioners working in the Aboriginal and Torres Strait Islander health setting must ensure at all times that they avoid a paternalistic approach when delivering healthcare.

A partnership approach is more empowering and is more likely to lead to successful outcomes.

### Applied professional knowledge and skills

'Applied professional knowledge and skills', contains further learning objectives relevant to 'Communication skills and the doctor-patient relationship'. Aboriginal and/or Torres Strait Islander people are more likely to have a complex interaction of significant health issues including risk factors and medical conditions as well as underlying social and emotional issues. General practitioners require comprehensive and up-to-date knowledge and skills across the spectrum of these health issues.

Management strategies should incorporate an understanding of the views of health and wellbeing, and the social determinants of health and their influence on health behaviours of Aboriginal and/or Torres Strait Islander people and communities. They should be consistent with the comprehensive patient centred approach outlined in the RACGP *Common learning objectives*<sup>14</sup> curriculum document.

A key component of assessment and management in the Aboriginal and Torres Strait Islander health setting is recognising and incorporating the knowledge and skills of Aboriginal and/or Torres Strait Islander health workers, liaison officers and cultural advisers. The capacity to work in a multidisciplinary team partnership approach is a GP key skill for better health outcomes. There are related learning objectives in domains 4 and 5.

## Population health and the context of general practice

Colonisation and government policy decisions have had and continue to have a profound effect on the wellbeing of past, current and future generations of Aboriginal and Torres Strait Islander people. General practitioners need to understand that the healthcare they deliver is affected by these policies and the social determinants they have influenced.

General practitioners working in an Aboriginal and Torres Strait Islander health setting require a sound knowledge of the epidemiology of Aboriginal and Torres Strait Islander health and relevant preventive and other population health strategies.

Family and community can have a powerful influence on the health of Aboriginal and Torres Strait Islander people and the healthcare of Aboriginal and Torres Strait Islander people needs to be understood in the context of family and social relationships.

Effective primary healthcare in an Aboriginal and Torres Strait Islander health setting requires the provision of equitable access to holistic healthcare that addresses the social determinants of health and the right to self determination.

## Professional and ethical role

Cultural advice is a key component of working in an Aboriginal and Torres Strait Islander health setting.

Each GP needs to be conscious of their worldview and its influence on their work within the Aboriginal and Torres Strait Islander health setting. This is an ongoing process across the learning life of the GP and includes openness to feedback from cultural advisors.

Self care strategies are important in order for GPs to overcome the personal impact of the level of disadvantage and inequity in the Aboriginal and Torres Strait Islander health setting.

General practitioners have a role to play in advocating for their patient group and for Aboriginal and Torres Strait Islander health equity.

In the Aboriginal and Torres Strait Islander health setting, academic roles including those of teacher and researcher have the potential to contribute to reducing health inequalities. These roles require an awareness of ethical considerations specific to this setting.

## Organisational and legal dimensions

There are many models of health service delivery to Aboriginal and Torres Strait Islander people. The ACCHS model has a pivotal role in the delivery of primary healthcare to Aboriginal and Torres Strait Islander Australians and is an expression of self determination.

# Learning objectives across the GP professional life

## Medical student

### Communication skills and the patient-doctor relationship

- Compare Aboriginal and Torres Strait Islander views of health and wellbeing with the prevailing models of healthcare
- Define culturally safe communication with Aboriginal and Torres Strait Islander people
- Demonstrate an understanding of the diversity of Aboriginal and Torres Strait Islander cultures and their relationship to identity in contemporary Australian society
- Explain the importance of establishing trust when communicating with Aboriginal and/or Torres Strait Islander people
- Discuss the differences between a paternalistic approach to health service delivery and an empowering approach and demonstrate how they might influence outcomes in the provision of healthcare to Aboriginal and/or Torres Strait Islander patients.

### Applied professional knowledge and skills

- Describe conditions and diseases that have specific implications for Aboriginal and/or Torres Strait Islander people
- Discuss the interaction between Aboriginal and/or Torres Strait Islander views of health and wellbeing, social determinants of health, health behaviour and health outcomes
- describe the roles of the Aboriginal and/or Torres Strait Islander health worker, liaison officer and other cultural advisors within the multidisciplinary team in the Aboriginal and Torres Strait Islander health setting.

### Population health and the context of general practice

- Examine the significance of cultural contact between Aboriginal and/or Torres Strait Islander people and non-Indigenous Australians and its impact on the social determinants of health
- Present an overview of Aboriginal and Torres Strait Islander health epidemiology
- Discuss how family structure, kinship and social relationships of Aboriginal and/or Torres Strait Islander people and communities impact on health decisions and behaviours
- Discuss the concept of primary healthcare in relation to the Aboriginal and Torres Strait Islander health setting.

### Professional and ethical role

- Discuss how to access cultural advice and why this is important
- Reflect on the GP's own background, worldview and views on health and how this impacts on interactions with Aboriginal and/or Torres Strait Islander people and patients
- Discuss the importance of continual self appraisal of intercultural skills
- Describe the roles of the teacher and the researcher in reducing health inequality in the Aboriginal and Torres Strait Islander health setting
- Explore the issues related to self care when working cross culturally in an Aboriginal and Torres Strait Islander health setting
- Discuss the professional role of a doctor in promoting equity in healthcare outcomes and working against racism among peers, health colleagues, and others in the Australian community.

### Organisational and legal dimensions

- Compare the range of models of healthcare delivery within the Aboriginal and Torres Strait Islander health setting.

## Prevocational doctor (assumed level of knowledge – medical student)

### Communication skills and the patient-doctor relationship

- Demonstrate knowledge of how an Aboriginal and/or Torres Strait Islander person's views on health and wellbeing may impact on their experience of the health system
- Identify strategies for culturally safe communication with Aboriginal and/or Torres Strait Islander people
- Describe the ways in which Aboriginal and/or Torres Strait Islander patients' worldviews may impact on health behaviours including presentations to and interactions with doctors and health services
- Describe skills to establish trust with Aboriginal and/or Torres Strait Islander patients
- Describe the skills required to work in partnership with Aboriginal and/or Torres Strait Islander patients.

### Applied professional knowledge and skills

- Demonstrate skills in diagnosis and management of acute and chronic conditions that have specific implications for Aboriginal and/or Torres Strait Islander people
- Demonstrate patient management strategies that incorporate an understanding of health behaviours and their influences of Aboriginal and/or Torres Strait Islander people
- Discuss ways of working as part of a multidisciplinary team that include primary healthcare providers in the Aboriginal and Torres Strait Islander health setting.

### Population health and the context of general practice

- Discuss the history of government policies in the area of 'Indigenous affairs' and the outcomes of these policies
- Describe population health approaches relevant to the epidemiology of Aboriginal and Torres Strait Islander health
- Demonstrate how use of knowledge of the influences of family and social structures enhances the care provided to Aboriginal and/or Torres Strait Islander patients
- Examine workplace aspects that could facilitate or obstruct health equity and self determination in relation to Aboriginal and Torres Strait Islander people.

### Professional and ethical role

- Demonstrate ability to work in partnership with Aboriginal and/or Torres Strait islander cultural advisors
- Describe how the interaction of worldviews could influence the care provided by a GP in an Aboriginal and Torres Strait Islander health setting
- Describe methods of continual self appraisal of intercultural skills
- Discuss self care strategies to protect against and minimise the potential personal impacts associated with the level of disadvantage when working in an Aboriginal and Torres Strait Islander setting
- Discuss strategies at the systemic, organisational, professional and individual levels to promote health equity and eliminate racism
- Use appropriate guidelines to describe the key features of an ethical approach to research in the Aboriginal and Torres Strait Islander health setting.

### Organisational and legal dimensions

- Analyse the history and pivotal role of community controlled health services in the delivery of primary healthcare.



## Vocational registrar (assumed level of knowledge – prevocational doctor)

### Communication skills and the patient-doctor relationship

- Integrate views of health and wellbeing of Aboriginal and Torres Strait Islander people and communities into a holistic approach to clinical practice
- Demonstrate culturally safe communication with Aboriginal and Torres Strait Islander people
- Demonstrate skills used to establish trust with patients
- Demonstrate skills used to develop a partnership approach with patients.

### Applied professional knowledge and skills

- Demonstrate the skills required when working with complex health presentations
- Demonstrate use of holistic management strategies and working in partnership with health workers, liaison officers and cultural advisors.

### Population health and the context of general practice

- Describe ways to deliver healthcare that can help overcome Aboriginal and/or Torres Strait Islander people's health inequities (including the inequities that are a result of government policies)
- Describe preventive and population health approaches in the local Aboriginal and/or Torres Strait Islander communities
- Identify situations in which family and social relationships influence healthcare for Aboriginal and/or Torres Strait Islander patients and demonstrate strategies to optimise health outcomes in such situations
- Describe principles and processes in the development of an Aboriginal and Torres Strait Islander primary healthcare program.

### Professional and ethical role

- Analyse the role of cultural advisors in the delivery of healthcare to Aboriginal and/or Torres Strait Islander patients
- Describe strategies to ensure positive outcomes from the interaction of world views in an Aboriginal and Torres Strait Islander health setting
- Demonstrate self appraisal methods to improve skills in interacting with people in an Aboriginal and Torres Strait Islander health setting
- Demonstrate self care strategies to protect against and minimise the potential personal impacts associated with the level of disadvantage when working in an Aboriginal and Torres Strait Islander setting
- Describe strategies you have used in promoting equity of health outcomes and working against racism
- Discuss the roles of the GP as teacher, learner and researcher in the Aboriginal and Torres Strait Islander health setting.

### Organisational and legal dimensions

- Discuss the organisational, legal and ethical issues that are relevant to delivering primary healthcare in the Aboriginal and Torres Strait Islander health setting both within the Aboriginal community controlled health sector and more broadly.

## Continuing professional development (assumed level of knowledge – vocational registrar)

### Communication skills and the patient-doctor relationship

- Demonstrate openness to learning about the diverse range of Aboriginal and/or Torres Strait Islander worldviews
- Identify resources for review and improvement of consultation skills with Aboriginal and/or Torres Strait Islander patients.

### Applied professional knowledge and skills

- Identify current evidence based, best practice guidelines for prevention, diagnosis and management of conditions with specific implications for Aboriginal and/or Torres Strait Islander people
- Describe strategies for review and improvement of management strategies that reflect Aboriginal and/or Torres Strait Islander views on health and social determinants of health
- Describe the systems within your work place for involvement of Aboriginal and/or Torres Strait Islander health workers, liaison officers and other cultural advisors in patient care.

### Population health and the context of general practice

- List local resources and services addressing the needs of Aboriginal and/or Torres Strait Islander people
- Describe the GP's responsibility in providing preventive and population health services to Aboriginal and/or Torres Strait Islander people
- Demonstrate awareness of the main health policies that have been designed to address the 'social determinants of health'
- Demonstrate an awareness of changes that could be made in the GP's local area to improve health equity and self determination in relation to Aboriginal and/or Torres Strait Islander people and communities.

### Professional and ethical role

- Describe pathways to access cultural advice appropriate to the GP's current work environment
- Describe methods to regularly review personal values and priorities when working in Aboriginal and Torres Strait Islander health
- List professional supports available to GPs working in an Aboriginal and Torres Strait Islander health settings
- Indicate how a clinician's professional and personal practice promotes health equity, and work against racism
- Identify opportunities for teaching, learning and research related to Aboriginal and Torres Strait Islander health in the practice setting and outline appropriate processes for engaging in these areas.

### Organisational and legal dimensions

- Describe how regular review of systems within the workplace by the GP promotes comprehensive primary healthcare in the Aboriginal and Torres Strait Islander health setting.

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# Aged care

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## Definition

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Aged care in general practice is the management and care of the health of the elderly.

This definition of aged care does not imply debility, as most older people live active lives. Although aging is associated with increasing levels of disability, most older people have a positive view of their own health with the majority of Australians aged 65 years or older (70%) rating their health as either good, very good or excellent, while 30% report their health as being fair or poor.<sup>1</sup>

The term 'frail aged' is used to describe aged people in need of a substantial level of care and support.

The definition of older varies between individuals, communities and cultures. For example, Aboriginal and Torres Strait Islander peoples have a lower life expectancy than most other people living in Australia, and so people from such communities are likely to need aged care services earlier in life compared to the nonindigenous population.<sup>2</sup>

## Rationale

Australia has an aging population. By the year 2010, 14% of the population will be over the age of 65 years.<sup>3</sup> Around 27% of general practice patient encounters are in adults aged 65 years and over, and general practitioners are seeing fewer children and an increasing proportion of older patients, particularly those aged 75 years or more.<sup>4</sup> This presents significant challenges for clinical care, population health and economics of health care.

The underlying pathologies among the elderly are the same as among the whole population, but at higher rates. However, there are specific issues in the diagnosis and management and the functional and social ability of elderly patients, eg:

- symptoms with no clearly identifiable aetiology
- altered patient presentations
- difficulties in cognition and communication
- multiple pathologies
- multisystem disease that often involves chronic disease management
- problems of polypharmacy
- decreased reserves in elderly people (physiological, psychological, financial)
- the importance of functional assessment and support
- sensory deficits such as impaired vision, hearing and balance
- nutrition, physical activity and continence
- the need to relate to carers, relatives and other health professionals
- the need to be aware of community resources
- the importance of continuity of care.

A knowledge of the physiology and epidemiology of aging helps in managing the conditions that have special significance in the elderly, eg. dementia and atherosclerosis.

General practitioners need to try to ensure that the appropriate continuity of care and coordination of management are provided to maintain older people in an optimal state of health in the best possible setting.

Quality aged care in general practice requires:

- the ability to deal with and prioritise the numerous problems that the aged may present with, including associated diagnostic and management dilemmas
- feeling comfortable when working with the aged, their families, carers and friends
- positive attitudes toward empowering elderly patients to take an active part in maintaining their health
- recognising the special issues (including discrimination) facing older people from diverse backgrounds, including issues of gender differences, ethnicity, poverty and issues of sexuality, including sexual preference.

## Other curriculum areas

Most other curriculum areas have implications for aged care, including: *Acute serious illness and trauma* for managing emergencies; *Chronic conditions*; *Mental health*; *Multicultural health* for successful crosscultural communication including the correct use of translators; *Oncology*; *Pain management*; *Palliative care*; and *Population and public health* regarding disease prevention.

## The five domains of general practice – aged care

### Communication skills and the patient-doctor relationship

Communication strategies need to promote comfortable discussion with aged people and accommodate patients with failing sight, hearing and mental capacities. Cultural and linguistic issues can affect patient-doctor communication, as many aged patients will not have English as their first language. Sensitivity is required when communicating with next of kin or carers, particularly in circumstances where the patient lacks the capacity to make an informed decision, or where there is a question of consent for treatment. In some cases, the patient care instructions will be given to carers rather than the patient. Clear direction and instructions are required for caregivers and residential aged care facility staff.

### Applied professional knowledge and skills

The knowledge underlying aged care is the same as in other areas of medicine, although the context and goals of diagnosis and treatment may differ. Optimal care of elderly patients requires the generic background medical knowledge required for disease diagnosis and management, and an awareness of how this differs in the aged patient. This applies to diagnosis, management and prognosis, however, may be affected by the presence of altered presentations, comorbidities (and their treatments), and socioeconomic and cultural factors. Specific skill areas include the ability to:

- understand the biological and psychosocial processes of aging, and how this affects the interpretation of investigations and the metabolism of drugs
- consider and evaluate the role of screening, prevention and health promotion in aged patients
- diagnose and treat the classic geriatric syndromes such as confusion, falls, leg ulcers and incontinence
- be aware of the general practice implications of multiple pathological processes occurring simultaneously
- manage distressing symptoms, even in the absence of demonstrable pathology (eg. dizziness, isolation, constipation and dry skin)
- be aware of the concepts of care versus cure and the impact on quality of life
- consider the goal of maintaining functional status
- manage the wide range of conditions seen mainly in the aged (eg. dementia, congestive heart failure, Parkinson disease)
- manage the problems of polypharmacy, and the importance of systematic recording and review of medications
- make appropriate arrangements for care for the dying and for the bereaved is an important skill in the care of the aged
- perform or refer patients for appropriate practical procedures that are often used in the management of conditions common in the elderly.

### Population health and the context of general practice

Familiarity with government policies that impact upon the aged<sup>5-7</sup> and knowledge of the increased burden of disease in the elderly helps plan general practice aged care. These policies aim to promote health and to prevent and reduce the loss of function from illness, injury and disability. Changes in policy may have implications for general practice aged care. Rational prescribing practices (see *Quality use of medicine* guidelines<sup>8</sup>) that consider the cost and benefits of prescribing medications to individual patients helps incorporate public health initiatives into daily clinical practice. Health promotion and preventive care is becoming increasingly important in the elderly. The cost of different care options such as home support versus institutional care may influence general practice management options. Cultural and linguistic diversity, socioeconomic status, gender, family and

community supports, and geographical location may affect the needs, acceptance and availability of services and activities for the aged. General practitioners need to be aware of the special services available to help meet the needs of Aboriginal and Torres Strait Islander peoples. Cultural differences, perceptions and expectations of aging may affect levels of carer responsibility and involvement. Comprehensive care plans are funded under government chronic disease plans and other initiatives. Assessment of carer stress allows early intervention including the possible need for respite care.

## Professional and ethical role

Professional attitudes and age discrimination can affect the management of older patients. General practitioners need to work as part of a multidisciplinary team and understand the role, knowledge and skills of each member of the aged care team. Informed consent may be impaired in the elderly and the care of aged patients may involve carers, issues of power of attorney and regulatory administrative bodies such as guardianship boards. Informed consent may also involve discussing, formulating and documenting advanced care plans and decisions concerning the end of life. When evaluating the benefits and risks of proposed treatments, patients must not be denied useful treatment purely on the basis of age. General practitioners identifying elder abuse (including physical, psychological, social, financial, sexual abuse and neglect) have legal reporting responsibilities. Patient safety risks need close attention in the aged, especially in relation to inappropriate use of physical restraint, missed diagnoses due to failure to evaluate vague or unclear expressed symptoms, and ensuring that patient information is as clear as possible.

## Organisational and legal dimensions

General practice aged care service provision involves working in conjunction with a variety of government and nongovernment agencies, and specialist aged care assessment teams. This includes working with aged care GP panels initiatives, aged care assessment teams and many other community services.<sup>9</sup>

This can result in complex referrals, service overlaps and gaps, as well as differing criteria for service eligibility. Patients may need to be treated outside of the general practice setting, eg. at home, hospital or aged care facility.

Written health summaries for patients and carers are required to assist continuity of care, including care plans that include the systematic recording of medications to help manage polypharmacy.

Older patients may require assessment for fitness to drive and laws may affect their licence eligibility. Other legal requirements that may require general practice involvement include pension eligibility, taxi concessions, death and cremation certificates. Clinicians need to have a knowledge of legislative reporting obligations to state public health units that may involve older patients.



# Learning objectives across the GP professional life

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## Medical student

### Communication skills and the patient-doctor relationship

- Describe the impact of sensory impairment on effective patient-doctor communication and measures to address these barriers.
- Describe the cultural and social barriers to patient-doctor communication with older people.

### Applied professional knowledge and skills

- Discuss theories of the physiology of aging.
- Summarise the health promotion in the elderly including nutrition and exercise.
- Describe how physical and psychosocial changes of aging affect lifestyle, including how people cope and situations in which they no longer cope.
- Describe common psychological and mental health issues in the elderly.
- Describe methods of assessing patient mental health status and cognitive function.
- Describe the impact of multiple health conditions on patient management.
- Discuss pharmacology in older people including altered drug metabolism.

### Population health and the context of general practice

- Describe the epidemiological patterns of common medical and psychological conditions that affect older people.
- Discuss the social and behavioural impact of aging.
- Discuss how ethnicity, socioeconomic status, gender, family and community supports and geographical location may affect aged care service needs, including acceptance and availability of services and activities.

### Professional and ethical role

- Describe how age discrimination impacts upon patient care and access to services.
- Discuss issues of patient autonomy in older people.
- Describe the principles behind power of attorney, and advanced medical care plans and identify legislative processes that implement them.

### Organisational and legal dimensions

- Summarise the social structure of aged care health services including structures in community, hospital and residential aged care settings.
- Discuss the role of family and carers in providing aged care including carer stress.
- Describe how age discrimination laws may impact upon elderly patients.

# Learning objectives across the GP professional life

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## Prevocational doctor

### Assumed level of knowledge – medical student

#### Communication skills and the patient-doctor relationship

- Describe how consultation environmental factors such as privacy, background noise and location, can affect communication with the elderly.
- Describe how families and carers may affect patient communication.
- Explain and discuss investigations and therapies of common diseases of the elderly to the patient and his/her carers and family.

#### Applied professional knowledge and skills

- Demonstrate how to take a history and examination in order to elicit common diseases that affect the aged, involving carers when appropriate.
- Investigate and refer appropriately for diseases affecting the aged.
- Describe how the biological process of aging affects the interpretation of investigations and the metabolism of drugs.
- Discuss the special issues of drug therapy in the aged, including changes in pharmacokinetics and the special risks of drug therapy including polypharmacy.

#### Population health and the context of general practice

- Identify common medical and psychological conditions that affect older people.
- Outline the care issues resulting from age discrimination.
- Describe the stresses encountered by those who care for the aged.

#### Professional and ethical role

- Identify how age discrimination impacts upon patient care and access to services.
- Discuss the sensitive treatment of older patients, including issues relating to patient autonomy.
- Describe legislation relating to power of attorney and advanced medical plans.

#### Organisational and legal dimensions

- Describe effective discharge planning for the elderly, including planning for continuity of care.
- Describe the indications for and regulatory requirements of various levels of residential care.
- Describe the effect systems of care may have on the health of the elderly.

# Learning objectives across the GP professional life

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## Vocational registrar

### Assumed level of knowledge – prevocational doctor

#### Communication skills and the patient-doctor relationship

- Use strategies that promote comfortable discussion with the aged (including patients with failing sight, hearing, and mental capacities).

#### Applied professional knowledge and skills

- Demonstrate the comprehensive assessment and management of patients who present with aged care problems, including biological, psychological and social aspects.
- Identify how diseases may present differently in the aged compared to younger people (eg. dementia, congestive cardiac failure, Parkinson disease).
- Describe the problems of polypharmacy and the importance of systematic recording and review of medication.
- Describe the changes in normal ranges of laboratory values in older people.
- Manage distressing symptoms, whether or not there is demonstrable pathology (eg. confusion, falls, dizziness, isolation, constipation, decreased morbidity, leg ulcers and disease masquerades).

#### Population health and the context of general practice

- Outline the relevance of aged care to general practice.
- Summarise the complexities of providing services and health care funding to the aged.
- Identify the stresses encountered by those who care for the aged.
- Describe strategies for addressing age discrimination in aged health care.
- Describe the appropriate use of community services and resources for the aged and their carers (eg. nursing homes, hostels, community resources, respite care).

#### Professional and ethical role

- Evaluate specialist treatment recommended for aged patients by discussing the benefits and risks of suggested treatment, and ensure that patients are not denied useful treatment purely on the basis of age.
- Describe how to advocate for the elderly in accessing aged care and other resources.
- Discuss ethical issues related to the aged regarding autonomy, power of attorney, legal and medical plans, including guardianship board, principles of informed consent, and euthanasia.
- Discuss the physical, psychological and financial forms of elder abuse.

#### Organisational and legal dimensions

- Describe the importance of respite care for the wellbeing of patients and their carers.
- Describe the role of each member of the aged care multidisciplinary team.
- Access resources and aids which assist the elderly (eg. visual and hearing aids, dosette boxes, mobility aids and home care services).
- Demonstrate how to use medical records systems and care plans to document the care of older people.
- Outline methods for providing adequate services to meet the needs of patients who are unable to attend the doctor's surgery.
- Describe practice processes to facilitate communication with hospitals and other facilities in relation to discharge planning.
- Arrange and provide appropriate care for the dying and the bereaved.
- Comply with the legal requirements for certificates of sickness, eligibility for pension, taxi concessions, certification of death and cremation.

# Learning objectives across the GP professional life

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## Continuing professional development

### Assumed level of knowledge – vocational registrar

#### Communication skills and the patient-doctor relationship

- Demonstrate maintenance of skill level in communicating with the elderly.

#### Applied professional knowledge and skills

- Maintain up-to-date management of conditions in the elderly.
- Maintain up-to-date knowledge of prescribing issues in the elderly.
- Incorporate evidence based advances into the care of the elderly.
- Consider the need for more specialised training aged care by those practitioners with a high caseload or interest in aged care.

#### Population health and the context of general practice

- Identify the impact of local demography of older patients on the general practice.
- Keep up-to-date with changes in aged care policies.
- Identify the impact of changes and initiatives in government aged care policy on general practice.
- Identify the expectations and the diversity of views presented by culturally and linguistically different patient populations and the impact of these on general practice aged care.

#### Professional and ethical role

- Identify own gaps in knowledge and skills in relation to aged care.
- Consider involvement in residential care facility or nursing home care.
- Incorporate professional development needs for the general practice care of older people into ongoing quality assurance activities.

#### Organisational and legal dimensions

- Seek information and training in the use of government funded programs such as the Aged Care GP Panels Initiative, other aged care initiatives and community services to assist in improving the quality of aged care.
- Consider the use of up-to-date specific assessment tools in managing the elderly.
- Consider use of computerised medical records when managing elderly patients, especially those with multiple comorbidities.
- Review practice processes to facilitate communication with hospitals and other facilities in relation to discharge planning.
- Identify local aged care facilities and resources.
- Maintain a list of locally available aged care resources including community care services (eg. meals on wheels).

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# Children's and young people's health

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## Definition

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General practice care for children and young people covers physical, psychological and social primary health care from birth to adulthood.

The age ranges of childhood and adolescence overlap, reflecting the fact that the developmental transitions through childhood, adolescence and adult life are not determined only by reference to chronological age. Physiological, psychological and social developmental milestones are also markers of maturation, and these vary considerably between individuals.

The ways in which adolescence and young people are defined can be confusing. Over the past 3 decades, the end of adolescence has been marked by the acquisition of skills and responsibilities such as financial independence, entering the workforce and undertaking lifelong partnerships. More recently these skills and responsibilities have not been attained until a later stage in life.<sup>1</sup> For international epidemiological comparisons, most authorities define adolescence as the period between age 10–19 years.<sup>2,3</sup> The term young people is used more loosely internationally. For example, the Australian Institute of Health defines a young people as a person between age 15–24 years,<sup>4</sup> while the preferred use of the term young people by the UK Royal College of General Practitioners is for a person between age 10–19 years.<sup>5</sup>

This statement uses the term young person rather than adolescent. This reflects the current preference of professionals working in the field.

## Rationale

The prenatal, childhood and adolescent phases of development strongly influence an individual's subsequent health, wellbeing and opportunities in life.<sup>6</sup> Therefore the general practice care of children and young people takes on a special role in creating future opportunities, especially for Aboriginal and Torres Strait Islander peoples and other disadvantaged communities.<sup>7–10</sup>

Families consult general practitioners and community nurses for problems arising in infancy more commonly than any other health professional.<sup>11,12</sup> Many presentations that appear medical at first may be related to parenting issues such as parental exhaustion, lack of confidence, or even guilt, eg. the single most common problem for families nurturing infants is poor sleep, which affects up to 45% of families. Sleep deprivation has a high impact on the family in a number of measurable ways. Inappropriate medicalisation of this and similar presenting problems may result in these families missing out on effective evidence based help.<sup>13–15</sup>

General practitioners often see the same young children as community nurses and other health care workers, and need to communicate appropriately for optimal patient care.<sup>16</sup>

Nine percent of consultations in general practice are with patients aged 15–24 years,<sup>17</sup> but many young people do not feel comfortable raising certain important health issues with the doctor<sup>18</sup> while others experience barriers to accessing general practice care. General practitioners often find it challenging to provide optimal care for young people for a number of reasons.<sup>19–22</sup>

General practitioners in Australia are becoming increasingly involved with the adult care of young people with chronic disease or disability who face particular challenges when they become adults and need to move from tertiary paediatric care to adult models of care.<sup>23,24</sup>

Capacity at the 'system level' refers to opportunities for working with others that can only be put in place as a result of negotiation by GP organisations and government in concert with other stakeholder organisations in the community.



## The five domains of general practice – children and young people's health

### Communication skills and the patient-doctor relationship

Achieving an understanding of the patient's real concerns is the most effective and cost efficient way to achieve desired health outcomes.<sup>25</sup>

When the patient is a newborn, an infant or a child, the rewards of the work are enhanced when the doctor is able to establish a social relationship with the patient and their family. This includes insight into the child's view of their situation and managing parental concerns in a way that enhances the parent understanding, self confidence and capacity to manage. Parents report that they value doctors who understand the complexities of family life.<sup>26</sup>

Communication difficulties between doctors and young people, either real or perceived, are barriers to young people accessing medical care in any setting.<sup>27–31</sup> These arise in part because of the unique developmental processes that occur during adolescence which may make the young person self conscious, mistrusting or cautious about authority figures such as doctors. Young people often have critical concerns about privacy and confidentiality and may be anxious about dealing independently with systems of health care which are not familiar to them.

Doctors' confidence in dealing with young people is improved by training in communication skills.<sup>32</sup> Adolescent friendly practices clearly can make the practice attractive to young people (see *Organisational and legal dimensions*).

### Applied professional knowledge and skills

Applied professional knowledge and skills when dealing with children and young people require a synthesis of:

- communication skills
- medical knowledge
- procedural skills
- knowledge of the social and cultural factors that influence the wellbeing of patients and their families.

General practitioners need to manage urgent, life threatening problems (eg. impending upper airway obstruction, significant dehydration or a child or young person at risk).

General practitioners need to be able to deal with situations where serious disease (eg. meningococcal bacteraemia) may be indistinguishable from a common self limiting condition at the initial presentation. These presentations demand that the doctor is able to formulate a differential diagnosis, exclude a serious illness and children at risk of abuse, neglect, homelessness or nonaccidental injury, and negotiate 'safety net' arrangements with the parents. The safety net must be sufficient to cover the dangerous possibilities within the differential diagnosis.

Families under stress may find that minor childhood illness or difficult behaviour threatens their ability to cope, and may then seek inappropriate investigations or treatments. The general practitioner needs to explore the sources of the family's distress in a way that promotes family functioning.

Effective management is required for the common causes of preventable childhood morbidity such as asthma or anxiety. Ear disease is an example of a condition that is a particular threat to the health and wellbeing of Aboriginal and Torres Strait Islander children and young people.<sup>33</sup>

Young patients with a disability may need their general practitioner's help when it comes to finding strategies that build on their strengths and work around their weaknesses. In these instances, patients will benefit if their general practitioner is able to recognise the need and either supply the support or mobilise other providers.

Psychosocial factors affect the wellbeing of young people regardless of whether there is coexisting organic disease or disability. These factors include multiple and often conflicting cultural influences and pressures. Threats to adolescent health and wellbeing largely arise from psychosocial factors<sup>3,4</sup> yet healthy adolescent development often involves behaviours that constitute health risks. General practitioners need to be able to assess risk and protective factors in the context of the developmental tasks of adolescence<sup>35,36</sup>

## Population health and the context of general practice

General practitioners need be able to implement evidence based guidelines for developmental surveillance and early intervention strategies for children and adolescents (aged 0–19 years), including immunisation, as documented in section 3 of the RACGP *Guidelines for preventive activities in general practice* (the 'red book').<sup>37</sup>

General practitioners need to understand their practice communities in order to target identified problem local health areas and priorities.

## Professional and ethical role

When the patient is a child or young person, general practitioners need to recognise professional and ethical issues specific to childhood and adolescence. These include:

- recognising that the best interests of the child or young person may not coincide with the perceived best interests of parents, carers or other significant adults
- taking responsibility to advocate for the child or young person while respecting the views of the child or young person
- involving the child or young person in negotiating treatments or other interventions where appropriate
- encouraging patient and parent independence and confidence in managing problems or illnesses as appropriate
- understanding the negative consequence of utilising guilt as a tool of patient management (eg. when dealing with the choices parents make about infant feeding or lifestyle choices of young people)
- utilising systemic counselling approaches, when appropriate (eg. strengths based counselling which seeks to recognise strengths of families and/or other systems supporting the child/young person and to assist in building on them).<sup>38</sup>

## Organisational and legal dimensions

Individual practitioners need the support of effective systems inside and outside the practice.

Inside the practice there needs to be a child, family and young people friendly philosophy, atmosphere and ease of access.

Externally, systems are needed that enable communication and collaboration with the community, colleagues in general practice and other health professionals.

High quality information management enhances clinical practice especially by supporting audit of clinical work involving children and young people.

The practice needs to:

- ensure confidentiality measures are in place that respect the needs of young people, especially in relation to consent<sup>39</sup>
- minimise the barriers often experienced by young people when seeking access to care in general practice<sup>40</sup>
- recognise and implement reporting requirements mandated by law.

# Learning objectives across the GP professional life

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## Medical student

### Communication skills and the patient-doctor relationship

- For children:
  - outline major communication skills and give examples of each
  - describe how to establish rapport with babies and young children
  - describe the similarities and differences between the processes of admitting a child to a ward and consulting with children in the community.
- For young people:
  - generate useful questions under each subheading of the HEADSS (home environment, education and employment, eating, peer related activities, drugs, sexuality, suicide/depression, and safety from injury and violence) schema<sup>41</sup>
  - explain confidentiality and its limits to young people.

### Applied professional knowledge and skills

- For children:
  - describe the clinical characteristics of life threatening illnesses in childhood
  - describe the clinical characteristics of common illnesses in childhood
  - discuss evidence based interventions for common problems in the first year of life
  - outline developmental milestones
  - discuss resilience and the relation to protective and risk factors in a child's family and social environment.
- For young people:
  - describe the developmental tasks of adolescence
  - discuss cultural factors that might influence a young person's experience of adolescence
  - describe the physiology of puberty
  - describe the clinical characteristics of common adolescent specific health conditions
  - discuss the importance of the substages of adolescent development for understanding risk taking behaviours
  - discuss resilience and its relation to protective and risk factors in a young person's family and social environment.

### Population health and the context of general practice

- Describe strategies for health surveillance, prevention and promotion as recommended in chapter 3 of the RACGP red book for children and young people.
- Describe a systematic approach for understanding factors affecting breastfeeding and apply the framework to other desired health outcomes in this domain.<sup>42</sup>
- Describe the health status of Aboriginal and Torres Strait Islander children and young people.

### Professional and ethical role

- Discuss potential conflicts between the best interests of children and young people and the perceived best interests of their parents or carers.
- Discuss the evidence that young people value confidentiality.

### Organisational and legal dimensions

- Outline the legal requirements to notify children and young people at risk.
- Outline the steps involved in notifying children and young people at risk.
- Discuss the barriers young people face in accessing health care.

## Learning objectives across the GP professional life

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### Prevocational doctor

#### Assumed level of knowledge – medical student

##### Communication skills and the patient-doctor relationship

- For children:
  - demonstrate ability to reflect on their use of communication skills in each consultation with children and their families
  - demonstrate ability to reflect on the structure of each consultation with children and their families
  - demonstrate how to negotiate time alone with parents when the child is better protected from hearing their parents explicit concerns.
- For young people:
  - demonstrate ability to reflect on the strengths and weaknesses of each consultation with a young person
  - demonstrate ability to negotiate time alone with a young person when that is appropriate.

##### Applied professional knowledge and skills

- For children:
  - demonstrate how to institute the immediate management of life threatening illness
  - discuss the elements of a management plans to protect children who may not be seriously ill at the time of presentation, however, could become seriously unwell in the near future
  - describe and implement evidence based strategies in the management of sleep deprivation and feeding difficulties in the first 12 months of life
  - demonstrate how to perform a supra pubic bladder tap or catheter urine
  - show how to able to monitor growth and development.
- For young people:
  - demonstrate the management of common adolescent specific health conditions
  - demonstrate how to assess risk and protective factors, where appropriate, using schema such as HEADSS<sup>41</sup>
  - discuss dangerous conditions (often called 'red flag' conditions) for anxiety, depression, eating disorder and suicidality.

##### Population health and the context of general practice

- Demonstrate the skills required for health surveillance, prevention and promotion as recommended in chapter 3 of the RACGP red book for children and young people.

##### Professional and ethical role

- Discuss the implications of conflict between the management needs of patients, parents or doctors.
- Demonstrate nonjudgmental approach to managing parents or young people.
- Demonstrate the ability to seek assistance/supervision when appropriate.
- Demonstrate management of the professional boundaries between doctors and young people.

##### Organisational and legal dimensions

- Demonstrate competence in the process of notifying children and young people at risk where legally or ethically appropriate.

# Learning objectives across the GP professional life

## Vocational registrar

### Assumed level of knowledge – prevocational doctor

#### Communication skills and the patient-doctor relationship

- For children:
  - demonstrate how to conclude consultations so that parents and children leave feeling that they have been understood and that common ground was negotiated in developing the management plan
  - demonstrate maintenance of parent trust without inappropriate prescribing or investigating
  - demonstrate how to empower parents to have the knowledge and confidence needed to monitor the safety of unwell children.
- For young people:
  - demonstrate ability to develop young peoples' trust
  - demonstrate ability to accurately assess young people, where appropriate, using the HEADSS schema<sup>41</sup> effectively to build trust and understanding
  - able to discuss confidentiality and its limits
  - able to communicate appropriately with parents or carers without breaching confidentiality

#### Applied professional knowledge and skills

- For children:
  - demonstrate recognition and institution of management of life threatening illness
  - show how to assist families manage common concerns, illnesses and disabilities
  - demonstrate the diagnosis and management of common breastfeeding problems
  - demonstrate the management of children at risk of abuse, neglect, homelessness or nonaccidental injury
  - demonstrate ability to monitor growth and development
  - detect elements in a child's environment that favour wellbeing and elements that diminish or risk wellbeing
  - outline how to assist in developing parenting skills.
- For young people:
  - demonstrate minimisation of preventable morbidity by appropriate management of medical conditions common in young people (as detailed in the syllabus)
  - describe how to assist young people in managing their sexual health
  - demonstrate ability to recognise young people at risk of suicide and institute immediate management
  - demonstrate ability to recognise young people at risk of abuse or neglect and institute immediate management
  - demonstrate how to recognise young people whose behaviour is a risk to their health and respond constructively
  - describe how to recognise common psychological and psychiatric problems in adolescent patients
  - outline evidence based management of psychological and psychiatric problems that are common in young people
  - describe how to assist parents of young people to develop their parenting skills for young people.

### **Population health and the context of general practice**

- Discuss health inequality in relation to Australian children and young people including in Aboriginal and Torres Strait Islanders.
- Demonstrate the implementation of health surveillance, prevention and promotion as recommended in chapter 3 of the RACGP red book for children and young people.
- Discuss barriers to implementing these strategies in current general practice.
- Discuss solutions for problems faced by young people with a chronic disease who need to move from paediatric to adult care.

### **Professional and ethical role**

- Demonstrate ability to discuss the special health issues relating to children's and young people's health with illustrations from cases or other examples arising from experience in practice
- Discuss professional strategies used to address key issues.

### **Organisational and legal dimensions**

- Demonstrate the ability to maintain confidentiality in practice.
- Demonstrate features that make the practice child and young people friendly.

# Learning objectives across the GP professional life

## Continuing professional development

### Assumed level of knowledge – vocational registrar

#### Communication skills and the patient-doctor relationship

- For children:
  - demonstrate ongoing review of the communication skills required to understand the real concerns of children and their families
  - demonstrate an understanding of the complexities of family life and how to utilise the consultation in a way that increases parental confidence and competence.
- For young people
  - demonstrate ability to maintain trusting relationships with young people
  - demonstrate ongoing ability to assess health of young people, where appropriate, using schema such as HEADSS<sup>41</sup>
  - demonstrate ability to integrate ongoing confidential health care with young people, their parents, carers and other professionals.

#### Applied professional knowledge and skills

- For children:
  - review knowledge and skills required for effective and efficient health care of children and their families as outlined in the introduction to this domain
  - maintain skills necessary to diagnose and manage common breastfeeding problems.
- For young people:
  - demonstrate the monitoring of competence in assessment and management of medical conditions, sexual health and health risk behaviours of young people, including the recognition of young people at risk of suicide, abuse or neglect and institute immediate management
  - demonstrate the ability to monitor competence in working collaboratively with young people, their parents and carers and other professionals as appropriate, in managing complex problems of adolescence
  - demonstrate the ability to formulate management plans for common psychological and psychiatric problems in adolescent patients.

#### Population health and the context of general practice

- Demonstrate ways of overcoming the barriers to effective implementation of health surveillance, prevention and promotion as recommended in chapter 3 of the RACGP red book for children and young people.
- Describe trends in the morbidity, mortality and 'health inequality' of Australian children and young people.
- Review contributions to the activities of GP organisations in order to progress the goals of this curriculum statement.
- Describe how to contribute to improving the transition from paediatric to adult care for those with chronic disease or disabling conditions.

#### Professional and ethical role

- Demonstrate ongoing review of key professional issues in relation to the health issues of children and young people.

#### Organisational and legal dimensions

- Demonstrate ongoing review to practice policies and procedures that deal with the high quality health care of children and young people.
- Describe and discuss difficulties encountered in implementing these policies.



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# Disability

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## Definition

Modern concepts of disability have broadened the traditional focus on individual impairment to one that recognises that the effect of impairment on an individual depends not only on the underlying condition, but also on the environmental and social factors. Therefore, a person with an impairment may not necessarily be disabled or handicapped by it. Alternatively, inadequate supports in an environment may lead to an unnecessary handicap as a result of an impairment. This new and holistic concept of disability, which combines the medical and social models, is reflected in the World Health Organization's International Classification of Functioning, Disability and Health (ICF).<sup>1,2</sup> The concept of support needs – which can assist the person to overcome some of these limitations – has recently been added to the classification.

The main types of disability are:

<b>Physical disability</b>	A disability associated with physical impairment and physical activity limitation in performing required day to day activities.
<b>Intellectual disability</b>	The presence of significant limitations in intellectual functioning (usually defined as IQ less than 70), and in at least two areas of adaptive behaviour (eg. self care, communication, social skills) with an onset in the developmental period. <sup>3</sup>
<b>Developmental disability</b>	The presence of physical, intellectual and/or social (autism spectrum disorders) impairment with deficits in adaptive functioning, with an onset in the developmental period. Intellectual disability may be a prominent feature in people with developmental disability.

Important note: unless otherwise stated, this curriculum uses the term 'disability' to include physical, intellectual and developmental disability.

Some disabilities are often associated with comorbid conditions (eg. intellectual disability and epilepsy, cerebral palsy and vision impairment or epilepsy). Clinicians need to be aware of the likelihood of these comorbidities, and recognise that cognitive and communication difficulties can present barriers to accessing health care. Clinicians should not let the disability distract from or overshadow these health problems, but to approach them as in any other person without a disability.

Other disabilities may also be acquired in adult life, including sensory, psychiatric, musculoskeletal and neurological disabilities. These can have a significant impact on the affected person's life, and need to be addressed.

## Rationale

In 1998, an estimated 16.2% of Australians reported one or more physical/diverse disabling conditions, 2.7% reported one or more intellectually disabling conditions, 7.5% reported sensory or speech impairment and 12% reported a psychiatric disability.<sup>4</sup> People with disability make up a significant part of most general practice populations due to multiple comorbidities, and general practitioners have a key role in the management of these disabilities and associated health problems. In addition, the disability itself can be a barrier to accessing health services, and the general practitioner will often have a role in facilitating appropriate and timely access to services, as well as providing ongoing management of health issues.

Australian general practitioners and registrars indicate that they receive inadequate training to care for people with intellectual disability and consider that they need better training in the assessment of behaviour problems, mental disorders, communication, sexuality, neurological problems and an increased understanding of other common comorbidities, be they related to a syndrome or not.<sup>5-7</sup> The vast majority of general practitioners are interested in improving their skills, knowledge and management of this population.<sup>8</sup>

In addition to disability related conditions, people with disability will have the full range of medical conditions affecting people without disabilities and will require access to appropriate services. This includes the need for access to the full range of preventive health services such as smoking cessation, nutritional and other population based health initiatives.

People with disability come from a wide range of backgrounds. Practitioners need to recognise the special issues (including discrimination) facing people with disabilities from diverse backgrounds, including issues of gender difference, ethnicity and poverty, and issues of sexuality, including sexual preference.

## The five domains of general practice – disability

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### **Communication skills and patient-doctor relationship**

Effective communication forms the foundation for good general practice management of disabilities. When a patient has significant communication difficulties, whether due to cognitive, social or physical impairment, then additional communication skills and strategies will be required of the medical practitioner to ensure good communication between doctor, patient and, where appropriate, family and/or support workers.

### **Applied professional knowledge and skills**

People with disabilities have the same medical issues as the rest of the population, although certain disabilities may be associated with an increased (or decreased) risk of particular medical conditions. Knowing the cause of the disability therefore informs medical management. The guiding principle when providing medical care to people with a disability, whatever the aetiology, is to employ the same diagnostic and management strategies and standards that apply to patients without a disability.

### **Population health and context of general practice**

People with disabilities are part of, and contribute to, their communities, however, they often encounter barriers to participating in and accessing the services they choose and require. Medical practitioners must be aware of the social, financial and legal frameworks and services that support people with a disability and their families and carers within the community. General practitioners need to be aware of population based measures for disability prevention (eg. periconception folate supplementation).

### **Professional and ethical role**

Patients and families come from diverse social and cultural backgrounds that may influence their attitudes and knowledge with respect to disability. When working with, and providing care to, people with a disability, fundamental principles that guide good practice include clearly focusing on and respecting the person with the disability, an awareness of the impact of the disability on the person's life and the need to employ the same standards of care that apply to patients without a disability.

### **Organisational and legal dimensions**

Legislative frameworks empower individuals and protect those who are not able to advocate for themselves. Good procedures, including those for regular review and follow up, underpin proactive medical management and are particularly important to the care of people, including those with a disability, who find it difficult to understand and organise their medical care.

# Learning objectives across the GP professional life

## Medical student

### Communication skills and the patient-doctor relationship

- Describe the centrality of effective and efficient communication in people's physical, emotional and social wellbeing across the lifespan in relation to people with disability.
- Identify the roles and responsibilities of each person in a communication exchange.
- Explain how different types of disability may impact upon communication.
- Describe the range of communication techniques, including behaviours, that are used by people with disabilities.
- Demonstrate skills and appropriate strategies to optimise communication with people with communication difficulties due to cognitive and/or physical impairment.

### Applied professional knowledge and skills

- Describe the genetic basis and pathophysiology of major disabilities, including Down syndrome, fragile X syndrome, intellectual disability, autism spectrum disorders, cerebral palsy, developmental delay, acquired brain injury, quadriplegia, hemiplegia and the implications of these conditions for various organ systems.
- Explain the importance of making a diagnosis of the underlying cause of a person's disability.
- Outline the likelihood of comorbidities that exist with various syndromes/aetiological diagnoses and their interactions.
- Explain the features and implications of the aetiological (eg. Down syndrome, fragile X syndrome) and functional (eg. cerebral palsy, intellectual disability, autism) diagnostic labels of developmental disability for medical care.
- Describe how medication and medical and psychiatric conditions may affect behaviour.
- Recognise common psychiatric disorders in people with intellectual disabilities that present as changed or disturbed behaviour.
- Explain the importance of proactive orderly health management and preventive health strategies for people with a disability, particularly people who have a cognitive and/or communication impairment.

### Population health and the context of general practice

- Describe the barriers (including physical, communication, attitudinal) to medical care and community participation that may be encountered by people with disabilities.
- Describe the effect of sociocultural factors on the behaviour and lifestyle of people with disabilities.

### Professional and ethical role

- Outline the importance of shared responsibility, teamwork and a coordinated and multidisciplinary approach to ensure that the patient receives high quality medical care.
- Critically reflect on your own and the community's attitudes toward people with developmental and acquired disability.
- Identify the role of the health professional in providing quality health care to people with disabilities within a wider service system.
- Describe the fundamental ethical and legal principles underlying the provision of health care, particularly as they apply to people with a cognitive and/or communication impairment in a clinical setting, including the concepts of duty of care, informed consent and information sharing issues.
- Outline the repercussions of a diagnosis of a disability in a family member on the lives of parents, siblings and the community.

- Demonstrate recognition of some of the commonly held attitudes toward sexuality and disability and understand how they influence the individual's opportunities for full sexual and emotional development.
- Demonstrate respect for modesty of patient and need of patient for privacy during physical examination.

#### **Organisational and legal dimensions**

- Outline the importance of practice procedures that support the proactive provision of health care, including procedures for annual health reviews, patient follow up and recall, and the provision of screening and preventative health care.
- Outline the role of guardianship and administrative boards and tribunals.
- Describe the role that social and financial services have in supporting the person with a disability to play a valued role in their community and to have the life patterns and opportunities available to their nondisabled peers.



# Learning objectives across the GP professional life

## Prevocational doctor

### Assumed level of knowledge – medical student

#### Communication skills and the patient-doctor relationship

- Demonstrate courteous and respectful treatment of people with disability.
- Work effectively with carers, support workers and advocates to optimise health outcomes for people with a disability.
- Develop skills in obtaining recent and past medical history from carers and available patient records.

#### Applied professional knowledge and skills

- Describe the known aetiological factors in each of the major developmental disabilities and know how to approach the task of establishing an aetiological diagnosis, including how to access relevant information and resources.
- Appreciate the availability of and importance of preconception review, advice and medications (eg. anticonvulsant use, folate replete diet/supplementation).
- Demonstrate awareness of the likelihood of comorbidities which exist with various syndromes/ aetiological diagnoses and their interactions.
- Describe possible underlying factors in changed or challenging behaviour as a presentation in people with intellectual disability and acquired brain impairment.
- Demonstrate an understanding of the clinical management of the sexual health of people with disabilities and in particular, developmental disabilities.
- Outline the possible challenges of performing procedures on people with disabilities and be able to discuss ways in which these may be anticipated and managed.
- Demonstrate awareness that the indicators (especially symptoms) of serious illness may be difficult to elicit in people with disabilities with cognitive impairment, and determine ways to overcome these difficulties.

#### Population health and the context of general practice

- Outline the advances in international descriptions of disability in terms of organ impairment, activity limitation and participation restriction and their influence on medicolegal statements.
- Be aware of the research evidence related the health status, need for screening and health needs of people with various disabilities.
- Describe the range of social, financial and legal services available to support people with a disability and their families and carers, and know where to find further information about such services.

#### Professional and ethical role

- Demonstrate advocacy for providing quality health care to people with disabilities within a current working environment.
- Comply with ethical and legal principles underlying the provision of health care, particularly as they apply to people with a cognitive and/or communication impairment in a clinical setting, including the concepts of duty of care, informed consent and information sharing issues.

#### Organisational and legal dimensions

- Identify practice procedures that support the proactive provision of health care, including procedures for annual health reviews, patient follow up and recall, and the provision of immunisation, screening and preventive health care.
- Consider the appropriate clinical environment for the patient with a disability to optimise their access, ease, comfort and participation in the consultation.

- Demonstrate how to establish if a patient with a disability has the capacity to give consent and, if not, know from whom consent should be obtained.
- Demonstrate understanding of the role of the Public Guardian and the Guardianship and Administration Acts or legislative equivalent that applies to the local jurisdiction.

# Learning objectives across the GP professional life

## Vocational registrar

### Assumed level of knowledge – prevocational doctor

#### Communication skills and the patient-doctor relationship

- Demonstrate a range of communication strategies to optimise the participation in the consultation of a patient with communication difficulty resulting from disability.
- Demonstrate an ability to communicate effectively with carers and/or advocates that are providing support to a person with a disability in a general practice context, taking account of both the need to share information with those involved in the patient's care, and the patient's right to confidentiality.
- Demonstrate how to provide sensitive genetic counselling and advice for the patient and their family, and know where to source further genetic information and advice.

#### Applied professional knowledge and skills

- Demonstrate an understanding of the concept and importance of behavioural and physical phenotypes.
- Demonstrate understanding of the health inequalities experienced by people with intellectual disability, the associated barriers to health equity and the role of the GP in overcoming those barriers.
- Describe the role of the main services and systems available within the community that support people with disabilities and their families.

#### Population health and the context of general practice

- Demonstrate recognition of the need for health surveillance of groups with developmental disability including mortality, morbidity and level of population screening.
- Demonstrate encouragement of people with a disability to participate in health promotion programs, especially good nutrition and exercise.
- Demonstrate provision of proactive care to families who have a member with a developmental disability based on an understanding of family lifecycle and changing individual and family needs. This includes being sensitive to the effect on the carer's physical and mental health and being able to identify appropriate local supports and resources.
- Outline the public health implications of antenatal testing and folate supplementation, and the impact of the underlying intent and basis of these on the individual with a developmental disability, their family and their community.
- Demonstrate awareness of the need to initiate and provide an annual health assessment for people with cognitive impairments, including examination.
- Act as an advocate for people with a disability and their families to enhance their access to health and community services.
- Identify the range of social, financial and legal services available to support people with a disability and their families and carers, and know where to find further information about such services.

#### Professional and ethical role

- Demonstrate respect for the right of the individual with a disability to make life choices that may involve a risk to their health, and understanding of the need to balance this right to autonomy with the duty of care.
- Describe the importance of being part of a multidisciplinary team in working with people with disabilities, appreciate the value and role of all members of a multidisciplinary health care team, and understand how the medical practitioner can contribute to health care of someone with a developmental disability through such a team.
- Outline the different cultural understandings of disability and their effect on family reactions and responses to the diagnosis of developmental disability.

### **Organisational and legal dimensions**

- Demonstrate practice procedures that support the proactive provision of health care, including procedures for annual health reviews, patient follow up and recall, and the provision of immunisation, screening and preventive health care.
- Demonstrate practice process to establish if a patient with a disability has the capacity to give consent and, if not, know from whom consent should be obtained.
- Demonstrate practice mechanisms in place to ensure compliance with the role of the Public Guardian and the Guardianship and Administration Act or legislative equivalent that applies to the local jurisdiction.
- Outline practice procedures in place to ensure the appropriate clinical environment is in place for the patient with a disability to optimise their access, ease, comfort and participation in the consultation.

# Learning objectives across the GP professional life

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## Continuing professional development

### Assumed level of knowledge – vocational registrar

#### Communication skills and the patient-doctor relationship

- Demonstrate regular review of communication skills with people with cognitive and physical impairments is part of ongoing professional development activities.

#### Applied professional knowledge and skills

- Demonstrate regular review of advances in knowledge and practice in the care of people with disability.

#### Population health and the context of general practice

- Maintain up-to-date knowledge of the social, financial and legal services available to support people with a disability and their families and carers, and where to find further information about such services.
- Demonstrate that preventive health measures including immunisation and population screening are inclusive of the needs of people with disabilities.
- Demonstrate ability to perform a comprehensive screening health assessment on a person with a disability, understanding the high risk conditions associated with each particular disability.

#### Professional and ethical role

- Maintain up-to-date knowledge of changes in legislative requirements for people with disability.
- Consider further courses or specialist training in the area, as appropriate for the skill level required.

#### Organisational and legal dimensions

- Regularly review practice procedures that support the proactive provision of health care, including procedures for annual health reviews, patient follow up and recall, and the provision of immunisation, screening and preventative health care.
- Regularly review potential practice procedures to ensure access for people with disability.

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# Doctors' health

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## Definition

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Doctors' health is an understanding and practice of safe health behaviours necessary for the doctor to aim for 'a state of complete ideal physical, mental, social wellbeing and not merely the absence of disease and infirmity'<sup>1</sup> and includes aspects of:

- self care
- safe, effective and appropriate utilisation of the health system
- involvement in appropriate personal health screening
- practice of appropriate health promoting behaviours.

Doctors' health also includes the provision of appropriate health care to other doctors and their family members.

Physician impairment is been defined as any physical, mental of behavioural disorder that interferes with ability to engage safely in professional activities.



## Rationale

Doctors have historically been reported to have high rates of mental health problems, alcoholism and drug use disorders,<sup>2</sup> often in the context of disciplinary action taken against them.

Doctors need to see themselves as people who practise medicine and, as such, are people first and foremost, with all the human needs and weaknesses that everyone else can have.<sup>3-5</sup>

Doctors and their families are a disadvantaged group within society by virtue of their poorer access to a doctor of choice, including medical families,<sup>6</sup> and may have poorer health outcomes as patients in the health system due to under- and over-treatment and their failure to utilise their own referral networks when in crisis.

However, in addition to maintaining health for personal wellbeing, doctors have a professional obligation to maintain their own health in order to ensure that they perform optimally when treating patients.

The medical profession needs to support doctors to maintain health by recognising that the benefits are not only personal ones for the doctor, but extend to the wider community as well. A doctor, therefore, has both a personal and a professional responsibility to ensure they are accessing and optimising quality health care.

Doctors have difficulty accessing health care for many reasons. Education to ensure that doctors can effectively confront the barriers to effective health access is essential; these barriers may be personal ones or related to the culture of the medical profession. Reducing these barriers necessarily requires an understanding of what it is like to be a patient and what it is like to be involved in caring for a medical colleague.<sup>7</sup>

Recent literature has concentrated on the mental health issues of doctors including stress, depression and job satisfaction. Doctors' health encompasses more than this and includes the physical health of doctors and the social supports that doctors establish during their lives with their peers and outside their medical circle. Doctors' health includes many diverse issues: illness, impairment, the impact of medicolegal issues and the personal safety of the doctor in their work environment.<sup>8</sup>

Special issues may confront some groups of general practitioners, eg. rural practitioners may be confronted with issues of reduced access to independent care and longer hours of work. Similarly, medical students have unique pressures as do new medical graduates.<sup>9,10</sup>

As a profession, general practitioners have an obligation to all patients, including doctor-patients, in ensuring that they have access to appropriate care.

Boundary issues are a significant component of doctors health, and understanding the boundaries within the doctor-patient relationship is one aspect of this issue. Decisions regarding self treatment and the need for independent health care is another. Medical families may also suffer problems with their access to health care, and it is important that doctors and their families are taught how to recognise the boundary issues involved.

Doctors have a professional obligation to ensure the welfare of impaired colleagues by providing appropriate support in their access of care, ensuring the community is protected from potential harm and assisting those returning to the workplace.

### The doctor as a patient

Doctors need to confront issues relating to being a patient at some stage of life, and to be aware that some doctors find this transition difficult.

Specific issues of confidentiality and participation in the process of shared decision making may need to be considered.

Doctors should be advised of the advantage in having an independent general practitioner to assist with personal health care, and should actively seek to develop rapport with their own general practitioner before developing any significant health issues.

Doctors need to understand the distinction between being ill and being impaired, and to be prepared to voluntarily withdraw from work in the event of impairment and to notify those who will be able to offer assistance.

Doctors, like all patients, have the right to confidentiality and privacy, and should not have any of their details disclosed unless obliged ethically or legally. Fear of lack of access to a confidential doctor is a fear disclosed by some doctors.<sup>11,12</sup>

Doctors have special issues relating to their own health, and treatment should be sensitive to these needs. For example, some doctors may have difficulty accepting a diagnosis when they have spent a large amount of their professional life treating the same or similar conditions. Denial of illness and vulnerability may be an important issue, and doctors may also self medicate, including adjusting dosages without consulting their own treating doctors.

Like all patients, doctors need to take responsibility for their own health, in terms of being proactive about professional and occupational health needs, such as immunisation and complying with legislative health requirements in the case of illness or impairment that threatens patient safety, as well as being proactive about their own health needs, (ie. exercise and other health promotion activities).

## Treating doctors – the doctor as a doctor's doctor

All general practitioners are likely to treat a doctor as a patient during their career and will need to recognise that there are some specific issues that may arise in such consultations.

Doctors treating medical practitioners need to ensure that the same due care is offered when caring for doctors as for other patients. General practitioners should follow their usual method of history taking, examination and investigation as they would with any other patient, without taking shortcuts or making assumptions about a medical patient.

Treating doctors should recognise that doctor-patients require the same explanations of investigations and management and be prepared to act as an advocate within the medical system as they would for all patients.

Doctor-patients often need to be reassured that they have made the right decision to seek medical care even if the problem appears to be a minor one. The barriers that many doctors experience when they access health care need to be recognised. The issues of confidentiality are especially important here. Doctor-patients need to be encouraged to follow the routine preventive health screening and healthy lifestyle practices just as other patients are encouraged. They need to be included in the routine recall system for follow up and screening. They should be encouraged to develop a continuing regular relationship with their practitioner.

Treating doctors should encourage doctor-patients to participate in a shared decision making process with the guidance normally offered to any patient. Doctor-patients should be allowed to be the patient and not be expected to make decisions without support. This therapeutic alliance should take into account the health literacy of the patient without making assumptions but nevertheless acknowledging the doctor-patient's special knowledge. During this process the treating doctor needs to be aware of the issues of transference within the relationship.<sup>13,14</sup>

There is a need to actively negotiate the potential concerns of self treatment. If the treating doctor feels that the doctor-patient should take time off for any illness then this will need to be discussed and the appropriate certificates offered as many doctors expect to work through illness and simply do not consider this option.

When caring for an ill and potentially impaired doctor, treating doctors need to accept the professional and ethical responsibility to ensure that the doctor receives care and that the general community is protected.

## The five domains of general practice – doctors' health

### Communication skills and the patient-doctor relationship

As a basic skill of training, doctors will have learned to communicate effectively with their patients, but communicating with their own health provider involves their ability to take on the role of a patient. This includes seeking medical assistance in appropriate environments, developing a therapeutic partnership that allows them to become aware of, and deal with, their own health concerns, and to promote appropriate positive health behaviours. Doctors may not be personally familiar with the role of patient and may need exposure to this role to feel comfortable.

Doctors treating doctors need specific skills and training in effective communication including:

- skills required to communicate to the doctor when they are a patient
- communicating that their health concerns will be treated confidentially, and
- acknowledging the difficulties that doctors have when taking on the patient role.

### Applied professional knowledge and skills

Doctors need to:

- know the importance of maintaining their own physical and emotional wellbeing and its impact on their provision of health care
- know the factors that influence doctors health
- demonstrate compliance with personal occupational health and safety requirements (eg. vaccination requirements, managing needlestick injuries and complying with requirements if they have an infectious disease including chronic bloodborne viruses), and
- have the necessary skills to recognise and manage stress from both work and outside of work.

Doctors treating other doctors need an awareness of the impact of transference and countertransference within the therapeutic relationship.

### Population health and the context of general practice

As well as doctor specific conditions, doctors experience the same diseases as the general community and need to be aware of how to access and provide the same screening and health promotional activities as the rest of the population. Some doctors have been identified as having high risk of specific conditions including anxiety, relationship difficulties, depression, suicide and the use of psychoactive medication.

Doctors need to ensure compliance with personal occupational health requirements, including vaccinations, as health care workers are at increased risk of acquiring some diseases such as blood borne viruses.

### Professional and ethical role

Doctors have a professional obligation to maintain health to ensure optimal performance in patient care and have a responsibility to seek care and assessment in the event of illness. An impaired doctor who continues to work presents a potentially serious health risk to the community.

Doctors need to:

- develop and seek to use appropriate personal and professional networks to facilitate communication about stressful situations to ensure appropriate support
- limit work hours to a safe level
- develop a relationship with an independent general practitioner that enables the maintenance of health care with appropriate confidentiality

- have a network of personal and professional support to assist resolution of a reaction to difficult personal situations
- ensure the maintenance of personal relationships outside of the medical career
- practise healthy living, including healthy diet and exercise
- actively pursue leisure activities beyond medical practice to maintain a balanced life
- understand the implications of self management of illness, including self prescribing and the risks associated with this behaviour
- ensure that the general practitioner's family has access to independent health care, and
- understand how to deal with a colleague who is exhibiting inappropriate physical, psychological or emotional behaviour, including knowledge of the relevant medical board requirements in this situation.

Doctors treating doctors need to:

- demonstrate compassion toward their colleagues, supporting them through the various crises that occur in life, being aware that the isolation and stigma that colleagues experience often contributes to the problems they face
- have a clear understanding of the need to have well defined personal and professional boundaries when dealing with a distressed colleague
- be aware that treating a sick doctor can be professionally challenging, which may impact upon the ability to care effectively for sick doctors, and
- ensure that they maintain appropriate confidentiality.

## Organisational and legal dimensions

A doctor needs:

- an understanding of the safe personal use of the medical system, including the safe use of medicines
- to actively negotiate to work safe hours in a safe working environment
- to know the relevant medical board and medical indemnity requirements for their own medical care.

Doctors treating doctors need to:

- provide a safe environment for the doctor-patient to raise all relevant health concerns
- to know the relevant medical board and medical indemnity requirements regarding impaired colleagues
- be aware of backup resources for support of both treating doctor and doctor-patient, and
- approach the care of such doctors with the same high standards of care that is delivered to all patients.

# Learning objectives across the GP professional life

## Medical student

### Communication skills and the patient-doctor relationship

- Describe the differences between communicating with doctors in the role of a patient and the communication skills required to treat patients.

### Applied professional knowledge and skill

- Describe the risks of access to drugs in the workplace, self medication and the unique occupational health and safety issues faced by doctors with diagnostic knowledge and prescribing ability.
- Describe the aspects of the professional medical culture that may result in adverse health outcomes for doctors, including invulnerability, adjusting to diagnosis of illness and seeking treatment and support from colleagues.

### Population health and the context of general practice

- Describe contemporary patterns of illness in the medical profession, balancing an understanding of the mental health problems and substance use disorders with an understanding of the physical health and other health issues.

### Professional and ethical role

- Describe the potential tension in the role of being a patient as well as a doctor.
- Describe the potential demands on medical students from their own families and social networks to offer assistance, including advocating for others, due to their increased position of medical knowledge.
- Describe the relationship between ill health and physician impairment in the areas of both mental and physical health.
- Describe the hazards related to the knowledge of and access to drugs in the workplace.
- Reflect on own current level of health system usage and potential personal barriers to accessing own health care.
- Describe the potential stigma experienced by doctors and students when attempting to access help, especially for addiction, including fear of punitive measures.
- Describe the reasons why a doctor should necessarily have their own skilled confidential GP.
- Describe when a doctor should seek health care.
- Demonstrate compliance with occupational vaccination requirements, such as hepatitis B immunisation.
- Demonstrate that they have their own GP.
- Demonstrate personal health promotion self care, life balance and spirituality issues.
- Describe the advantages of confidential personal supportive networks throughout the course and during working experience.
- Describe the professional obligations in assisting colleagues to access support.
- Discuss the impact of early identification of self care problems (eg. as students) which may impact upon future career opportunities.

### Organisational and legal dimensions

- Describe the importance of disability insurance/medical defence insurance.
- Describe the role of the medical boards in physician health.
- Discuss ethical and legal importance of confidentiality in treating doctors.

# Learning objectives across the GP professional life

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## Prevocational doctor

### Assumed level of knowledge – medical student

#### Communication skills and the patient-doctor relationship

- Describe how the culture of medicine impacts on a doctor's ability to communicate their own health needs to other doctors.

#### Applied professional knowledge and skill

- Develop the ability to recognise the signs of a colleague in difficulty.
- Demonstrate the ability to treat other doctors equitably and appropriately.
- Describe the potential pitfalls of self treatment.
- Discuss how to increase personal resilience by developing strategies for dealing with overwork, bullying and lack of control within the workplace.

#### Population health and the context of general practice

- Describe the personal health risks of medical practice and the role of maintaining work-life balance.
- Describe the importance of and strategies for negotiating safe work hours.
- Discuss balance between work life and personal relationships.

#### Professional and ethical role

- Demonstrate an understanding of the association between maintaining good work performance, workplace satisfaction and reduction of stress.
- Describe importance of having an independent GP for personal health care and how doctors can appropriately access of health care.
- Describe barriers that may alter your personal access to health care, including moving to new area or commencing new job.
- Demonstrate that the doctor is meeting their own personal and professional health needs.
- Describe the pitfalls of 'corridor consultations', including how to manage such situations.
- Discuss the role of personal and professional support networks.

#### Organisational and legal dimensions

- Describe professional and personal sources of support that exist external to your workplace.
- Describe workplace health and safety issues that need to be considered.
- Describe potential legal issues related to seeking your own health care and providing health care to doctors.

# Learning objectives across the GP professional life

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## Vocational registrar

### Assumed level of knowledge – prevocational doctor

#### Communication Skills and the patient-doctor relationship

- Demonstrate an understanding of the special issues of communicating with other doctors as a patient and as a treating doctor.

#### Applied professional knowledge and skills

- Describe the importance of negotiating basic expectations early in the consultation when treating a doctor-patient, including costs, length of appointment, time of appointment and after hours care.

#### Population health and the context of general practice

- Describe the ethical responsibilities of interpersonal boundaries in medicine, including sexual boundaries, and describe how impairment with illnesses like depression can confound these issues.
- Demonstrate how to identify danger signs of physician impairment.

#### Professional and ethical role

- Summarise your own personal, professional 'crisis plan' in the event of illness or other crisis.
- Describe personal ability to define achievements in own life while balancing career, life and leisure goals.

#### Organisational and legal dimensions

- Describe sources of professional help available for the impaired physician and those who care for them.
- Understand the benefits of medicolegal cover, disability policies, assets protection, superannuation and financial advice.
- Describe time management priorities and strategies for ensuring a healthy lifestyle with a focus on personal preventive health care.
- Describe strategies for dealing with stresses related to dealing with bureaucracy, 'red tape' and medicolegal cases.
- Identify resources available for negotiating pay, work hours and staff relationships.

## Learning objectives across the GP professional life

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### Continuing professional development

#### **Assumed level of knowledge – vocational registrar**

##### **Communication skills and the patient-doctor relationship**

- Regularly revise special communication skills required when treating doctors.

##### **Applied professional knowledge and skills**

- In the context of taking a thorough history in the routine consultation, describe the health behaviours of doctors that can potentially increase their risks.
- Describe the pitfalls in the consultation with a doctor-patient.
- Describe appropriate management protocols for a doctor-patient that allow shared decision making while assisting the doctor on the path to better care.

##### **Population health and the context of general practice**

- Identify and act upon the signs and symptoms of stress before burnout occurs.
- Demonstrate processes to ensure up-to-date knowledge of medical board directives on health issues.

##### **Professional and ethical role**

- Demonstrate meeting appropriate personal and professional health needs.
- Identify a GP you would be able to seek health care from.
- Describe processes for mentoring and supporting other doctors and the benefits of rolemodelling how to access health care appropriately.

##### **Organisational and legal dimensions**

- Describe the process for regularly reviewing own medicolegal cover and financial advice to ensure you have the best advice for yourself and your family.
- Describe and review safe practice work, including leave, contingency plans for staff illness, after hours rosters especially in rural and remote areas.
- List doctors' health support services.
- Describe the necessary procedures required to ensure that the workplace maximises your personal safety.



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# Genetics

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## Definition

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General practice genetics deals with the general practice management of hereditary issues, problems and conditions, including those involving the mechanisms of hereditary transmission.

Genetic counselling is a procedure by which patients and their families are given support and advice about the nature and consequences of inherited disorders, the possibility of being affected or having affected children, and the various options available for prevention, diagnosis, and management of such conditions.<sup>1</sup>

## Rationale

The last decade has witnessed significant advances in genetic medicine such as the mapping of the human genome and the understanding of genetic causes of disease.

These advances have increasing relevance to clinical care in general practice including the management of people with a family history of cancer and heart disease, carrier testing for common autosomal recessive conditions, and the diagnosis of inherited diseases such as haemochromatosis and thrombophilia.

### The role of the general practitioner in genetics

Australian<sup>2-4</sup> and international<sup>5-7</sup> studies have highlighted the need for general practitioners (GPs) to develop genetic literacy and understand the important role played by primary care in the management of genetic conditions. This includes:

- taking and using the family history to determine the risks of common diseases such as cancer and heart disease
- identifying patients with specific genetic conditions who may benefit from referral for genetic counselling or specialist management
- pre-pregnancy counselling from a genetic perspective, including discussion of prenatal screening and diagnostic tests for genetic conditions
- identifying, assessing and, when appropriate, referring children and adults with developmental delay, developmental disability or dysmorphic features for diagnosis and specialist services
- using genetic tests appropriately including those listed on the Medicare Benefits Schedule
- be aware of the growing field of genomics and the use of genetic markers to determine therapeutics
- discussing newborn screening programs with parents and managing children who test positive
- supporting families with genetic conditions and coordinating their care between clinical genetics services and other clinical specialties.

Genetics can affect many areas of general practice care, and genetic issues may also occur in other curriculum statements.

## The five domains of general practice – genetics

### Communication skills and the patient – doctor relationship

General practitioners need to be able to:

- apply communication strategies, appropriate for those receiving the information, in discussing the implications of a genetic diagnosis or genetic test result including the implications for family members
- address the potential personal impact of a diagnosis of a genetic condition in themselves or their family
- understand the inherent variation in risk perception and use a range of strategies for its communication to support informed decision making
- discuss strategies that the patient may use for communication of genetic risk with other family members
- respect the different belief systems that may impact on perceptions of health, disability, kinship and understanding of genetic risk
- communicate sensitively when exploring family relationships, including issues of adoption, paternity and consanguinity
- communicate the implications and limitations of genetic tests and their potential to lead to uncertainty, and
- recognise and develop strategies to support families in the face of uncertainty or lack of a clinical diagnosis.

### Applied professional knowledge and skills

General practitioners need to:

- use a three generation family history to recognise patterns of inherited disease or disability
- use family history information to identify patients who are at increased risk of common, preventable multifactorial conditions
- be aware of the wide range of conditions that may have a genetic factor in their aetiology and the role of disease predisposition genes
- understand the importance of ethnicity in determining risk of certain common inherited conditions
- understand the implications of genetic conditions for other family members who may benefit from genetic counselling
- know the clinical indications for ordering common genetic tests including those on the Medicare Benefits Schedule, and
- understand the role of genetic tests in the assessment of people with developmental delay, developmental disability and/or dysmorphic features.

### Population health and the context of general practice

General practitioners need to be able to:

- understand the process of newborn screening, which conditions are included, and be aware of issues relating to retention and access to the newborn screening cards
- discuss the value of prepregnancy counselling from a genetic perspective, including discussing prenatal screening and diagnostic tests for genetic conditions and the protective role of folate
- discuss prenatal screening tests that are available in both public and/or private sectors to support informed reproductive choices
- adhere to screening guidelines for genetic conditions as summarised in the RACGP *Guidelines for preventive activities in general practice* (the 'red book')<sup>8</sup>
- recognise that genetic conditions are often lifelong, reflecting many issues related to chronic conditions and disability, and
- be familiar with, and encourage the appropriate use of, community services such as genetic support groups.

## Professional and ethical role

General practitioners need to be able to:

- recognise the impact of rapid scientific developments on the ability to provide current information and diagnosis, and the benefits of specialist referral in this context
- be aware of own values and belief systems and how these may impact on patient care when dealing with the implications of a genetic diagnosis or the result of a genetic test (eg. the decision whether to continue or terminate a pregnancy) and the need where necessary, for extremely timely referral to an alternative medical practitioner
- understand the family context of genetic conditions and the ethical issues, including right of access to, and need for, consent in the disclosure of genetic risk or genetic test results to blood relatives
- discuss the personal and family implications of third party interest (eg. employers and insurers) in a genetic diagnosis in a family member or a predictive genetic test result, and
- recognise the psychosocial impact of a genetic diagnosis or genetic risk and provide patients with appropriate support or referral.

## Organisational and legal dimensions

General practitioners need to:

- discuss the ethical, legal and social implications of common genetic tests
- maintain confidential medical records to include information about genetic conditions and genetic risks
- maintain medical records that adhere to privacy legislation when recording or disclosing information to, or about, other family members
- understand how privacy laws impact on communication about genetic conditions within families, and
- understand the role of clinical genetics services and how to access them.

## Learning objectives across the GP professional life

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### Medical student

#### **Communication skills and the patient-doctor relationship**

- Demonstrate sensitivity to the personal beliefs of patients and their family, and the impact this has on genetic diagnosis and actions that follow.
- Describe how common genetic conditions arise and what their impact may be on the individual and their family.

#### **Applied professional knowledge and skills**

- Be able to notate a three generation family tree and recognise modes of inheritance.
- Describe how DNA technology is applied in diagnostics.
- Demonstrate a functional understanding of the molecular basis of inheritance and the DNA processes involved in different modes of inheritance.

#### **Population health and the context of general practice**

- Describe the importance of gene environment interactions in predisposition to disease and/or disability.

#### **Professional and ethical role**

- Describe the ethical and personal issues and privacy implications for the patient, their family and the doctor in genetic diagnosis.

#### **Organisational and legal dimensions**

- Describe the role of genetic counselling.

## Learning objectives across the GP professional life

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### Prevocational doctor

#### **Assumed level of knowledge – medical student**

##### **Communication skills and the patient-doctor relationship**

- Describe how to undertake pre-pregnancy counselling, advise on available prenatal testing and discuss patient options.

##### **Applied professional knowledge and skills**

- Demonstrate knowledge of common genetic conditions and the GP's place in the team that cares for patients with these conditions.

##### **Population health and the context of general practice**

- Understand the genetic implications in multifactorial, common medical conditions.

##### **Professional and ethical role**

- Demonstrate an awareness of the ethical and personal issues and privacy implications for the patient, their family and the doctor in genetic diagnosis.

##### **Organisational and legal dimensions**

- Understand the appropriate use of genetic testing and referral for assessment and care by clinical genetic services in the prevocational setting.



## Learning objectives across the GP professional life

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### Vocational registrar

#### **Assumed level of knowledge – prevocational doctor**

##### **Communication skills and the patient-doctor relationship**

- Demonstrate the ability to undertake prenatal counselling, recognise complexity and refer accordingly, and support the parents with the consequences of testing.

##### **Applied professional knowledge and skills**

- Demonstrate how to recognise and manage the general practice aspect of the care of patients with genetic conditions over time, including considerations of the patient within their family and community.
- Describe the implications and consequences of predictive, predisposition testing for later onset disorders.

##### **Population health and the context of general practice**

- Develop and apply practice systems that support routine screening for genetic conditions according to the RACGP red book.

##### **Professional and ethical role**

- Manage tensions between the patient with a genetic condition and their right to privacy, the implications for the patient's family, third party interest in the condition, and the doctor's own values and social beliefs.

##### **Organisational and legal dimensions**

- Understand the appropriate use of genetic testing and referral for assessment and care by clinical genetic services in the community setting.

## Learning objectives across the GP professional life

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### Continuing professional development

#### **Assumed level of knowledge – vocational registrar**

##### **Communication skills and the patient-doctor relationship**

- Identify gaps in communication skills and attitudes, including genetic counselling in relation to genetic conditions.

##### **Applied professional knowledge and skills**

- Identify gaps in knowledge, skills and attitudes in relation to genetic conditions, including screening and its consequences.

##### **Population health and the context of general practice**

- Identify gaps in knowledge in relation to population based issues of genetic conditions, including screening and its consequences.

##### **Professional and ethical role**

- Identify and access resources and professional development in the area of genetic conditions and genetic counselling to maintain functional knowledge of this rapidly developing domain.

##### **Organisational and legal dimensions**

- Maintain and update knowledge of community resources to support patients with genetic conditions, including specialist centres and community support groups.

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# Men's health

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## Definition

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Men's health in general practice is defined as the holistic management of health conditions and risks that are most common or specific to men in order to promote optimal physical, emotional and social health in the general practice setting.<sup>1</sup> While male sexual health is important, men's health goes beyond sexual and reproductive health.

## Rationale

Australian males are less healthy than females, dying 6 years earlier than Australian women,<sup>2</sup> especially in the 25–65 years age group – the main working period of men's lives.

The median age at death of Australian males in 2004 was 76.6 years compared with 82.6 years for women, and this shorter life expectancy of men than women occurs when measured across every age group. The overall inequality in mortality burden is 50% larger for males than females in Australia.<sup>3</sup>

General practitioners are well situated to address the specific health care needs of men. Good general practice men's health care not only includes the management of disease, but involves recognising that major improvements to men's health will be achieved by challenging the way masculinity is defined in Australian culture, recognising the importance of how boys develop socially, exploring ways of taking general practitioners and health teams to the men who under attend general practices, as well as addressing the marketing of general practice to men. Building these links between general practices and the community have the potential to enhance the relationships between men and their general practitioners.

General practitioners are less likely to see males in patient encounters than females. In 2004–2005, BEACH reported that of 94 386 patient encounters surveyed, 43.5% of patient encounters were males compared with 56.5% females. This was reflected across all age groups except for children aged less than 15 years and was greatest among the younger adults (15–24 years and 25–44 years).<sup>4</sup> This low rate of presentation of men across the decades of middle and older age develop which has been linked to men's shorter life expectancy.

Deaths in working age males are more common than in working age females. At age 25 years, male deaths are three times as common as female deaths, falling to 1.5 times as common at age 50 years, before beginning to rise again to age 64 years to approach being twice as common.

Among younger working age males (aged 25–44 years), death is more likely to result from external causes rather than other causes. In 2004, the leading single cause of death for males aged 25–44 years was intentional self harm (26 deaths per 100 000 population), followed by transport accidents (14 per 100 000).

Although called 'working age people', relatively few deaths are formally work related, however, over 90% of these deaths are in males, with more than one-third (34%) aged 55 years or over.

In males aged 25–44 years, injury (including suicide and poisoning) is the leading cause of death. Unhealthy behaviours are also more common in men than women. For example, smoking accounts for around 12% of the total burden of disease in males compared with 7% in females.<sup>5</sup> In 2004, 12% of males were found to be more likely to drink daily compared with 5.8% of females,<sup>6</sup> and there were 1.5 million males who had used illicit drugs in the previous 12 months compared with 1.0 million female users<sup>7</sup>. Over 92% of cases of newly diagnosed HIV/AIDS in Australia are in men.<sup>8</sup>

### Gender in health care<sup>9</sup>

Women and men experience health differently. Biological sex differences, such as reproductive health and sexuality, are responsible for health issues traditionally regarded as men's health or women's health issues.

However, gender refers to the different social and cultural roles, expectations, and constraints placed upon men and women because of their sex. When analysing the different experiences and impacts of health on men and women, differences relating to gender in addition to biological sex, need to be considered.

Gender differences can influence both women and men's health through:

- exposure to risk factors
- access to, and understanding of, information about disease management, prevention and control
- subjective experience of illness and its social significance
- attitudes toward the maintenance of one's own health and that of other family members
- patterns of service use, and
- perceptions of quality of care.

Male socialisation and masculinity, social connectedness and work-life balance significantly impact on health. Masculinity has been identified as a key factor leading both men and boys to risk taking and self harming behaviours. Male emotional responses may deny access to the healing effects of emotional release, and valuing their own physical, emotional and mental health. Knowledge of the impact of masculinity on health and health care is critical to the successful provision of effective general practice care.

Masculine identity and behaviour vary over the course of a man's life and also vary considerably according to cultural and ethnic background, sexual identity, socioeconomic and geographical locations. An understanding of masculine behaviours and notions of maleness needs to take into account the wide range of masculinities that exist within multicultural Australia. For example, this includes: men living in rural and isolated areas; non-Australian born men; Aboriginal and Torres Strait Islander men; older men; men with a disability; men affected by mental illness; war and armed service veterans; and men with other special needs such as divorced and separated men who may, or may not be primary carers.

The health of Aboriginal and Torres Strait Islander men is worse than any other subgroup in Australia. Excess morbidity and mortality relates to unemployment, poverty, incarceration and low self esteem.<sup>10</sup> Life expectancy for Aboriginal and Torres Strait Islander men is approximately 20 years less than other Australians at age 56 years.

Men are more likely to be both the perpetrators of violence and its victims. Violence is a significant health issue for Australian men for many reasons including the effects on victims, the health impacts of imprisonment on perpetrators and the deleterious effects on healthy relationships.

Males are responsible for the vast majority of cases of domestic violence and general practitioners have responsibilities to deal with its effects. Exposure of boys to violence during their formative years contributes to a range of issues including homelessness, drug use, depression, relationship difficulties and perpetuation of the cycle of violence later in their lives.

In addition to the clinic, general practitioners may become involved in community activities where men congregate to provide services, heighten the awareness of men's health issues and act as advocates for male patients.

Refer to curriculum statements: *Population and public health* regarding health promotion programs; *Philosophy and foundation of general practice* for general consultation issues; *Mental health* for the general mental health issues that affect men; and *Multicultural health* for successful crosscultural communication including the correct use of translators.

## The five domains of general practice – men's health

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### Communication skills and the patient-doctor relationship

Men are less likely to discuss their health problems with their GP than women for emotional, cultural and gender related issues. Nonjudgmental communication helps to reduce any associated embarrassment when attending for treatment.

General practice communication strategies should focus on strategies to help improve the ability of male patients to disclose their health concerns. This may include detecting whether a male patient prefers to see a male doctor. Communicating with young men and adolescent men poses particular challenges for clinicians.

### Applied professional knowledge and skills

Men are at higher risk of mortality than women at all ages, although they may be dismissive of their own risks and health problems. General practice care requires knowledge of key men's medical problems and lifestyle risks throughout the entire male lifecycle. This includes men's mental health and wellbeing.

General practitioners should educate men about how their bodies function and their special health needs, especially in the link between lifestyle risks and diseases.

Knowledge of the role of men in the family, their roles in the workplace and the problems caused by unemployment among men is critical to successful men's health care.

In addition to the primary care presentation of male genitourinary problems, general practitioners must be aware of potential genitourinary emergencies such as testicular torsion and penile injuries.

### Population health and the context of general practice

General practitioners need to be aware of the range of key medical conditions and lifestyle risk factors affecting men in order to successfully promote men's health needs. Knowledge of the conditions affecting men at each age helps to identify key health promotion issues and opportunities.

Familiarity with the impact of demographic factors, such as socioeconomic status and ethnicity, helps target health promotion activities. This includes men living in rural and isolated areas, non-Australian born men, Aboriginal and Torres Strait Islander men, older men, men who have sex with men, men with a disability, mental illness or other special needs. Circumcision is also important for some religious beliefs.

Some areas of men's health promotion such as prostate screening, are controversial and up-to-date knowledge and skilful counselling may be required to help patients reach informed decisions.

### Professional and ethical role

General practitioners need to identify when a male patient may prefer to see a male doctor, respect this choice and to arrange this when practical. Men are more likely to be involved in a variety of activities that involve the law and general practitioners may need to adapt their management appropriately. These include accidental or self inflicted injury, work related injuries and incidents, and violence including partner abuse.

### Organisational and legal dimensions

General practices need to be aware of the requirements for effective delivery of men's health care. This awareness may involve evaluating the practice's effectiveness in providing men's health services or incorporating routine opportunistic health promotion into male patient consultations, especially for those patients who do not attend regularly.



Other interventions may involve creating more male friendly environments such as: using men's health posters and displays of information related to men; providing evening clinics or appointment schedules that accommodate men working shifts or commuting over distances; promoting a front of office culture which acknowledges men's problems with appointments and waiting times; and providing as broad a range of services as possible either within the walls of general practices or via cooperative arrangements with other local providers.

General practitioners may need to offer services in areas where men congregate such as offering clinics at sporting facilities, in workplaces or entertainment areas, while seeking to coordinate and cooperate with existing general practices and other health service providers.

# Learning objectives across the GP professional life

## Medical student

- Communication skills and the patient-doctor relationship.
- Identify why men may be less likely to discuss their health problems with health care providers.
- Discuss the need for nonjudgmental communication with male patients.

## Applied professional knowledge and skills

- Describe the clinical characteristics of common male specific health conditions and risks in Australia and relate them to each part of the male life cycle.
- Describe the impact of gender on lifestyle related diseases.
- Describe and discuss the demographic diversity that exists within male patients and the impact on masculinity and health. This includes men in rural and isolated areas, non-Australian born men; Aboriginal and Torres Strait Islander men, older men, men who have sex with men, men with a disability, a mental illness or other special needs.
- Describe the presentations of men's sexual health emergencies such as testicular torsion.
- Discuss the social construction of masculinities, eg. how boys are raised compared to girls and the effect of cultural attitudes on the social development of boys.
- Summarise the psychosocial and health impacts caused by unemployment among men.

## Population health and the context of general practice

- Describe the epidemiology of common male specific health conditions and risks in Australia and relate them to each part of the male life cycle.
- Discuss community attitudes toward sexual violence, the characteristics of perpetrators and myths about violent acts.
- Describe national men's health priorities in Australia.
- Describe the importance of male circumcision for certain religious groups in Australia.

## Professional and ethical role

- Examine the reasons and ethics when a male patient chooses only to see a male doctor.
- Discuss the impact of men's socially constructed attitudes, values and behaviours on their emotional, physiological and physical health, and their social relationships.
- Understand and support the changes required to make the health care system and general practice more responsive to men's needs.

## Organisational and legal dimensions

- Examine barriers that men may experience when accessing general practice services, especially young men.

# Learning objectives across the GP professional life

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## Prevocational doctor

### Assumed level of knowledge – medical student

#### Communication skills and the patient-doctor relationship

- Outline how men may not perceive or discuss their own health risks.
- Explain to patients how common illnesses and presentations are related to lifestyle factors, especially for smoking, nutrition, alcohol and physical activity.<sup>11</sup>

#### Applied professional knowledge and skills

- Identify situations where men may use health care less commonly than women, but may still have significant morbidity and risk behaviours.
- Identify occupational conditions more common in men such as deafness, back problems, stress and injury.
- Identify important testicular or penile emergencies such as testicular torsion or paraphimosis.
- Demonstrate the ability to catheterise a male patient.

#### Population health and the context of general practice

- Identify the effects of male violence to self and others in the consultation.
- Describe the differences in men's health according to social, cultural and economic factors.

#### Professional and ethical role

- Demonstrate a nonjudgmental approach to patients and their lifestyle choices.
- Counsel patients about the need for testing for infectious diseases, including the need for disease notification if the test is positive.

#### Organisational and legal dimensions

- Identify when a male patient may choose to see only a male doctor.
- Identify that men from different cultures may respond to health services differently.
- Comply with the legal provisions that protect at risk persons, eg. legal rulings restricting behaviour (ie. restraining and apprehended violence orders, reporting to police for criminal activities), sexually transmitted infection notification regulations and contact tracing.

# Learning objectives across the GP professional life

## Vocational registrar

### Assumed level of knowledge – prevocational doctor

#### Communication skills and the patient-doctor relationship

- Demonstrate the ability to listen to, and understand, the needs of male patients.
- Identify strategies for overcoming male specific barriers to patient-doctor communication.
- Promote the importance of sensitively discussing sexuality and other intimate issues to assist men to make positive health changes.
- Use empathy and supportive strategies to assist male patients to show emotions and express needs.
- Demonstrate the ability to develop a partnership with male patients to enable them to understand how behaviours, attitudes and values cause health problems.

#### Applied professional knowledge and skills

- Take a sexual history and perform male specific basic procedural skills and treatments.
- Demonstrate an ability to counsel male patients about their health risks, especially the SNAP<sup>11</sup> risk factors.
- Demonstrate ability to counsel men on the advantages and disadvantages of prostate cancer screening.
- Outline sexually transmissible infection and HIV/AIDS screening protocols including antibody testing and management.
- Describe support systems for those caring for a person in the final stages of AIDS.

#### Population health and the context of general practice

- Demonstrate how to provide evidence based opportunistic health promotion and disease prevention for men in the general practice.<sup>12</sup>
- Use evidence based health promotion strategies to reduce the over representation of men with cardiovascular disease, cancer, injuries, suicide, and violence related issues.
- Outline harm minimisation strategies, interventions and therapeutic programs for men such as preventing and minimising violence; hazardous drinking, and self harm.
- Understand how the national men's health policies relate to general practice and how they influence funding for men's health care.

#### Professional and ethical role

- Educate men proactively on the relationship between lifestyle and health.
- Reflect on own attitudes about masculinity, sexuality, sexual behaviours and violence, and how this impacts on relationships with patients, their family, and the victims.

#### Organisational and legal dimensions

- Identify men who attend the practice less frequently as an opportunity for lifestyle risk assessment and health promotion.

## Learning objectives across the GP professional life

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### Continuing professional development

#### **Assumed level of knowledge – vocational registrar**

##### **Communication skills and the patient-doctor relationship**

- Review communication skills required for the effective delivery of men's health care in general practice.

##### **Applied professional knowledge and skills**

- Monitor changes in knowledge in men's health conditions especially prostate cancer health promotion issues.
- Consider, where appropriate, how to incorporate the general practice of men's health care into the training of medical practitioners, other health care workers and other stakeholders.

##### **Population health and the context of general practice**

- Implement population based approaches to men's health needs in the general practice setting.
- Consider participating in outreach and community based men's health initiatives.

##### **Professional and ethical role**

- Describe how GPs can act as an advocate for men's health needs, especially in the local community.
- Identify and, where appropriate, network with professional organisations that seek to promote policy, program and funding change for men's health.

##### **Organisational and legal dimensions**

- Review how effective the general practice is in the delivery of men's health services.
- Demonstrate familiarity with local support services, networks and groups for men and encourage their use.
- Describe how to make the general practice more sensitive to the health needs of men.

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# Multicultural health

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## Definition

Multicultural health in Australian general practice reflects how the core principles of multiculturalism operate within the context of general practice, including ensuring that the training of general practitioners has a strong and specific emphasis on building cultural competence and effectiveness, ie. the ability to work competently and effectively in a culturally diverse workplace and with encounters with people from different cultural backgrounds to ensure the delivery high quality general practice care.

The concept of multiculturalism in Australia is based on the principles of pluralism which recognises, accepts and respects the rights of all Australians to express and share their individual cultural heritage within an overriding commitment to Australia, its people and the basic structures and values of Australian society. The key to Australian multiculturalism is inclusiveness rather than division.

Terms often used within discussions of multicultural health include:

**NESB:** Non-English speaking background (NESB) is used most frequently to describe people who were born in a country where the predominant language is not English. They are first generation NESB. Their children are second generation NESB.

**CALD:** Culturally and linguistically diverse (CALD)<sup>1</sup> refers to the wide range of cultural groups that make up the Australian population and Australian communities. The term acknowledges that groups and individuals differ according to religion and spirituality, racial backgrounds and ethnicity as well as language. The term 'culturally and linguistically diverse background' is used to reflect intergenerational and contextual issues, not only migrant experience.

CALD is a term used in policy documents but is often poorly defined. The term is commonly used to refer to people living within culturally diverse communities in Australia that may differ from mainstream dominant culture.

Specific general practice issues affecting people from CALD in Australia are many and diverse, eg. the effect on the provision of high quality culturally relevant, appropriate and accessible services and information; recognising the potential for discrimination as a result of services targeted toward mainstream dominant culture being inappropriate for people of different cultural and linguistic backgrounds; and the use of language services to best effect and the specific needs of different communities and promoting the benefits of a culturally diverse community. These are only a few examples of the many complex issues impacting upon people from CALD and Australian general practice.

**Ethnic:** This term is no longer favoured and not officially used in some states and territories of Australia, and is largely understood to refer to people born in a non-English speaking country or whose parents are born in a non-English speaking country.

Multicultural health recognises that the issues addressed in this curriculum are interconnected with many but not all indigenous health issues. Even so, the users of this curriculum statement should not apply it directly in developing teaching and training materials for Aboriginal and Torres Strait Islander health.



## Rationale

A patient's presentation of illness is influenced by culture. The general practitioner needs to understand how the cultural background of both the doctor and the patient influences the general practice consultation. Multicultural health in Australian general practice involves making a holistic assessment of the patient's needs, recognising the impact of cultural issues in the Australian environment.

Every individual constructs the meaning of their experience of health from within their cultural background. The social group within which we live influences our interpretation of the meaning of our experience of health and illness and affects our understanding of what symptoms are significant. Cultures help determine the behaviours we use when presenting to the general practitioner.

The development of cultural competency is an integral skill in general practice.

Cultural competence<sup>2</sup> is a set of congruent behaviours, attitudes and policies that come together in a system, agency or health service or among professionals and enable the organisation or those professions to work effectively in crosscultural situations. Cultural competence is much more than awareness of cultural differences, as it focuses on the capacity of the health system to improve health and wellbeing by integrating culture into the delivery of health services. To become more culturally competent, a health service or professional or system needs to:

- value diversity
- have the capacity for cultural self assessment
- be conscious of the dynamics that occur when cultures interact
- institutionalise cultural knowledge, and
- adapt service delivery so that it reflects an understanding of the diversity between and within cultures.

This involves challenging practitioner cultural assumptions, developing empathy for patients and colleagues with a different worldview, and developing the necessary skills to ensure that appropriate communication and interaction occurs within the consultation to result in quality care.

### Multicultural health issues impacting upon general practice

Multicultural health issues can adversely impact upon primary care and general practitioners are in a strong position to be advocates to improve the health of people from CALD backgrounds.

Australia's society is linguistically and culturally diverse consisting of 3% of Australians being of indigenous origin, while 97% who have settled or are descendants of settlers over the past 200 years.<sup>3</sup>

Multicultural diversity in Australia is increasing. In 2001, 23.1% of people living in Australia were born overseas compared to 14.35% in 1991. Those born in the United Kingdom (5.6%) and Europe (11.6%) are decreasing but those born in east, central or southern Asia (6.0%) are increasing over the past 10 years.<sup>4</sup> Forty-three percent of Australians were either born overseas or had at least one parent born overseas compared with 26% in 1991, and 25.2% spoke a language other than English at home in 2001 compared to 18.9% in 1991.<sup>5</sup>

Issues in multicultural health in Australian general practice are complex and exist at every level of the health system, community and individual social and environments. These issues include:

- access to health care is expected for all Australians. Patients from a CALD background may find they have specific problems accessing health care compared to others. Like many others in the community poverty, poor educational levels, difficulty with transport are likely issues to impact health opportunities for those from a CALD background. In addition to these well documented social determinants of health, those from a CALD background may not be aware of the care available in the community and may not be able to access that is readily available because of language, religious or other cultural barriers

- equity of health care access is important for all Australians and is difficult to achieve when access issues are not addressed. As well as these issues, some patients from a CALD background experience discrimination from the health care system due to their country of origin, cultural background and religious beliefs. Health care professionals need to recognise this potential and be prepared to advocate for their patients when necessary to ensure adequate care. Social discrimination in health is experienced by many people from a CALD background, as well as inequality in employment, education and other areas
- language difficulties can negatively impact upon the care received by those from a CALD background. Over 200 languages are spoken in Australia, and in addition, nonverbal communication, communication styles, use of family or a third person for communication support and differing understandings of English words and phrases can all impact on clinical care. Different cultures attach different meanings to parts of the body and types of illness and this can impact upon the presentation of the illness or the compliance with treatment.
- culture encompasses many issues and there are significant cultural differences even between those that speak the same language or come from the same country. Cultural issues that need to be considered are:
  - cultural lens: each person, including health professionals, needs to recognise that they have their own unique personal worldview influenced by the cultures that nurtured them. This ‘cultural lens’ may influence the way a health professional may judge and make assumptions about patients of a different background, and recognising this cultural bias is a necessary step for clinical effectiveness in a crosscultural environment
  - diversity within diversity: there are issues of age, gender, sexuality and social issues within each group reflecting the diversity within each cultural group. General practice care needs to remember this diversity in its provision of health care
  - religious issues: can alter the management of a patient. Religion can determine the patient’s worldview and has a major influence over a person’s life, lifestyle and understanding of illness. It may affect diet and use of medications. All major religions are worshipped in Australia.

Multicultural health in general practice involves tackling health inequalities and in reducing barriers to accessing general practice care.

The general practitioner also has a role to play in breaking down cultural stereotypes through the provision of high quality care for people from CALD backgrounds to address these inequalities.

Multicultural health in general practice includes recognising the ‘diversity within diversity’ and avoids treating all migrants and humanitarian entrants the same category terms of social and environmental determinants of health, health care experiences and health status.

# The five domains of general practice

## – multicultural health

### Communication skills and the patient-doctor relationship

Cultural competence in general practice is demonstrated through effective communication.

Language difficulties are a major barrier to the delivery of general practice services. Even when the patient speaks English, lack of English proficiency can cause communication problems resulting potentially serious medical situations such as giving details in how to take medications; subtle misunderstandings which can be critical in emotionally charged issues and mental health issues; and cultural assumptions resulting in important issues not addressed.

Skilful and effective use of interpreters and the avoidance of potential problems encountered during translation are central to general practice quality care. During translation, the conversation needs to be directed between doctor and patient and not directed to the interpreter, and not interfere in the patient doctor interaction. Confidentiality must be assured, especially in small communities, and health professionals need to be aware of the pitfalls of using families in this role. There may also be different factions within a community that are important to the patient.

Lack of awareness of culturally specific spiritual needs, beliefs and practices may impede addressing specific cultural issues such as, female genital mutilation, domestic violence, sexual violence, as well as being a potential cause of offending patients.

Awareness of the risk of mental health issues in CALD communities, as a result of trauma, torture, social isolation and language isolation, may impact on effective communication.

There are many relevant written materials available for patients from a CALD background seeking medical information. Educational background and literacy levels may be difficult to assess when there is a language barrier and the relevance of educational materials will vary for each individual. Some people speak one particular language but only read in another. This will have implication when offering reading materials when determining which resources are appropriate for the patient.

Health professionals also need to be aware of their own cultural lens when communicating with patients. This includes health care providers' worldviews, beliefs about disease, health and health care, impact of faith, religious beliefs and ethnopharmacology.

### Applied professional knowledge and skills

Social and environmental determinants of health are a major aspect of quality multicultural general practice care such as:

- diseases from the country of origin of the patient – nutritional deficiencies, health effects of war, torture and trauma, tuberculosis
- diseases relating to migration including refugee health
- diseases of settlement – lifestyle diseases of host country
- mental health
- specific diseases common to certain populations such as thalassaemia, sickle cell anaemia, haemochromatosis, and
- culturally specific practices such as female genital mutilation.

In addition, social, linguistic and cultural isolation commonly experienced by patients from a CALD background have the potential to escalate minor health problems into serious health concerns.

Due to a lack of evidence base and the emergence of new conditions, clinicians require an innovative approach to accessing new knowledge such as relying on specialist multicultural agency advice and online information access. General practitioners should be prepared to pool new knowledge with others to increase the general awareness of issues that have risen within the medical community to enhance the profession's ability to care for these communities.

Refugees can have major health problems and access can be limited due to systemic barriers. General practitioners need to be aware of these patients' individual health issues, complexity of family structures and health issues related to their communities, and how to ensure adjustment and ongoing access to the Australian health system.

A holistic approach helps address multicultural health including attention to factors at the level of the:

- individual – physical and emotional dimensions
- family – social and relationship dimensions
- community – cultural and political dimensions.

As a health professional's own perspectives will have significant impact on their interaction with patients from different culture and thus affect health outcomes, GPs need to develop skills including:

- tolerating ambiguity
- suspending judgment
- developing empathy.

### **Population health and the context of general practice**

There is limited access to evidence based information for some problems faced within CALD communities and the GP needs to be prepared to deal with these culturally specific conditions despite the lack of evidence.

Language barriers and cultural acceptability are major barriers to accessing specific services such as breast screening, Pap tests, palliative care and immunisation.

The experiences of people of CALD background in accessing health care in their country of origin have an impact on their level of access in the Australian health care setting. People with better access in their country for various reasons (including socioeconomic status and level of education) would have relatively improved access to health services in the Australian health system compared to those who have had little past experience of accessing health care.

The Australian health system has been set up for the majority culture, which may be culturally very different to that of some CALD communities.

Population health risks can change with time, acculturation and in subsequent generations.

### **Professional and ethical role**

General practitioners need to be aware that they are cultural beings and since there is a power differential between patient and doctor, their personal cultural beliefs and attitudes will impact on management outcomes for patients of CALD background. In many countries, medical practitioners have been involved in the torture of political detainees and that this can impact upon the trust that is often assumed within the doctor-patient relationship. Patients may have a specific concern accessing services in a large government hospital if they have had previously negative experiences in a similar context in the countries they have left.

Important professional issues may be experienced or perceived differently by people of CALD background including:

- privacy and confidentiality
- informed consent

- autonomy and adherence to treatment and treatment plans, and
- equality and partnership in management.

### Organisation and legal dimensions

Necessary cultural information needs to be recorded within the medical records in a culturally sensitive manner that still enables others within the practice to access the relevant information needed to enhance a patient's care.

Practices and practice staff needs to:

- supplement their previous medical education with knowledge of illnesses that are not common within the general community to enable them to care adequately for those from a CALD background
- be innovative in their approach to accessing this knowledge such as relying on specialist advice and internet searches
- engage within and beyond the medical settings to enhance the practice's ability to care for these communities
- access health information in different languages
- cater for family groups
- have systems for efficient access to interpreters before and during consultations
- manage time and costs involved in providing culturally appropriate and inclusive services
- detail how to gain access to interpreter services for routine and emergency consultations and be aware of the costs, and
- have opportunities for training to ensure effective service delivery to CALD background patients from the initial contact and throughout the health care process.

# Learning objectives across the GP working life

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## Medical student

### Communication skills and the patient-doctor relationship

- Describe common challenges in crosscultural communication: trust, rapport, verbal and nonverbal cues and style.
- Outline the importance of curiosity, empathy and respect in patient care.
- Describe models of effective crosscultural communication, assessment and negotiation.
- Describe the function of the interpreter and list effective ways of working with interpreters.
- Elicit a culture, social and medical history including patients' health beliefs and explanatory models of their illness.

### Applied professional knowledge and skills

- Define contemporary and accepted terms in multicultural health such as ethnicity, race, culture, NESB, CALD and their implications in health care.
- Describe national health data in a worldwide immigration context.
- List prevalent health problems in CALD communities and how it differs to the general Australian population.
- Discuss the role of culture in the context of the medical interview and health care.
- Describe the importance of diversity in health care and the challenges posed.

### Population health and the context of general practice

- Understand the population health issues related to those from a CALD background.
- Understand the pattern of health among specific groups from a CALD background may initially reflect patterns of the country origin and that patterns can change following migration, settlement and assimilation.
- Identify reasons for intra- and inter-group difference in health experiences of CALD communities and have an awareness of diversity within specific CALD communities.
- Describe the social and environmental determinants of health in relation to people of CALD communities – education, employment, SES, housing, culture, gender.
- Understand how those from CALD communities may experience health issues differently because of their language, religious and cultural beliefs.
- List the sociocultural and environmental determinants of health that are applicable to people of CALD background.
- Outline the epidemiological and demographics of CALD communities in Australia.

### Professional and ethical role

- Describe own cultural background and biases (cultural lens).
- Discuss the ethical principles of patient centred care.

### Organisational and legal dimensions

- Outline why a different approach to assessment and management is required for patient from CALD communities.

# Learning objectives across the GP working life

## Prevocational doctor

### Assumed level of knowledge – medical student

#### Communication skills and the patient-doctor relationship

- Use negotiation and problem solving skills in shared decision making with patients of CALD background.
- Assess and enhance patient adherence based on patients' explanatory model of health and illness.
- Apply models of effective crosscultural communication in consultations.
- Identify when an interpreter is required and work with the interpreters effectively.
- Describe the inherent power imbalance between doctor and patient and how it effects the clinical encounter.
- Be aware of referral agencies and resources that may be useful in communication with and education of patients of CALD background.
- Demonstrate respect for a patients culture and health beliefs.

#### Applied professional knowledge and skills

- Identify how factors in multicultural health (ie. culture, CALD status) affect health and health care quality, cost and consequences.
- Identify patients' and families' healing traditions, beliefs and ethnomedical beliefs.
- Assess and manage common health problems of CALD communities.

#### Population health and the context of general practice

- Describe systemic factors other than biomedical such as historical, political, social, environmental and institutional that impact on health and health care disparities.
- Describe the epidemiology of CALD communities including recently arrived refugees.
- Discuss the public health implications of government policy on refugees and asylum seekers.
- List relevant and appropriate public and private community resources that patients of CALD background can access.
- Discuss the historical and political impact of discrimination on health and health care for people of CALD background.
- List strategies used to address prevalent public health issues in CALD communities.
- Discuss barriers to eliminating health disparities.

#### Professional and ethical role

- Identify how own cultural background and biases (cultural lens) may impact health care delivery to CALD communities.
- Apply ethical principles to patients of CALD background in an appropriate and sensitive way knowing that there may be differences in values.
- Outline the role of the health professional as an advocate for patients from CALD communities.

#### Organisational and legal dimensions

- Identify strategies used in hospitals to reduce risks and adverse events to patients from CALD background.
- List legal issues and standpoint of Australian legal system on some cultural practices, eg. female genital mutilation.

## Learning objectives across the GP working life

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### Vocational registrar

#### Assumed level of knowledge – prevocational doctor

##### Communication skills and the patient-doctor relationship

- Outline the possible implications of the patient's use of English as a second language on their health, treatment and compliance.
- Communicate effectively and sensitively with patients from different cultures.
- Identify the need to provide gender specific health education which takes into account cultural and gender attitudes, gender power and appropriate examination procedures.
- In assessing people of CALD background recognise the need for interpreters, know how to access and utilise different types of interpreting services.
- Recognise and manage the impact of bias, class and power in consultations.
- Utilise referral agencies and resources that may be useful in communication with and education of patients of CALD background.
- Apply strategies for overcoming critical communication barriers to the diagnosis and management of health problems.

##### Applied professional knowledge and skills

- Outline the health related issues specific to pre-migration, migration, settlement, ethnicity and culture.
- Identify cultural groups that are potentially torture and trauma sufferers, recognise the common presenting symptoms and outline appropriate management strategies.
- Identify strategies to overcome low usage of specific services and preventive activities.
- Outline strategies in assessment and management of common health issues of recently arrived refugees.
- Outline strategies for the management of culture specific issues that affect health, eg. late presentation of illness, nonadherence.

##### Population health and the context of general practice

- Discuss the cultural, language, social, economic, emotional, biological and political issues that can potentially affect the health of CALD communities:
  - diseases from the country of origin of the patient, eg. nutritional deficiencies, health effects of war, torture and trauma, tuberculosis
  - diseases relating to migration including refugee health
  - diseases of settlement, eg. lifestyle diseases of host country
  - mental health
  - specific diseases common to certain populations such as thalassaemia, sickle cell anaemia, haemochromatosis
  - culturally specific practices such as female genital mutilation.
- List relevant public health issues of people coming from a CALD background.
- Identify local and relevant services in the mainstream and those specific for people of CALD background to improve equity of access.
- Apply a holistic approach to health assessment and management of CALD patients.

##### Professional and ethical role

- List strategies to deal with potential effects of personal cultural experiences, beliefs and behaviour on the outcome of consultations with patients of CALD background.



- Awareness of different cultural views on legal and ethical aspects of health care and health service.
- Identify strategies to act as advocate for people of CALD background in multidisciplinary care environment.
- Identify the political climate that they live and work in to ensure they are effective in delivering appropriate health care to CALD communities and recently arrived refugees.

### **Organisational and legal dimensions**

- Outline how to identify and the importance of recording CALD status.
- Describe the impact on practices servicing the needs of CALD patients.
- Identify strategies used in general practice to reduce risks and adverse events to patients from CALD background.
- Identify strategies to improve efficient and effective use of interpreting services.
- Outline strategies to improve follow up and recall of patients from CALD background.
- Identify systems required to access relevant health and health care information to aid in the assessment and management of patients from CALD communities.

## Learning objectives across the GP working life

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### Continuing professional development

#### **Assumed level of knowledge – vocational registrar**

##### **Communication skills and the patient-doctor relationship**

- Actively seek to identify gaps in their knowledge, skills and attitudes to communicating effectively with people of CALD background.

##### **Applied professional knowledge and skills**

- Actively seek to identify gaps in their knowledge, skills and attitudes to cultural competence and health disparities for CALD communities.

##### **Population health and the context of general practice**

- Keep up-to-date of changes in the field of multicultural health and the needs of local CALD communities.
- List strategies to improve access for patient of CALD background.
- Discuss the specific social, medical and mental health problems faced by asylum seekers placed in detention.
- Institute strategies for effective and culturally appropriate health education and health promotion in local practices.

##### **Professional and ethical role**

- Identify deficiency in knowledge of, skills and attitudes to, ethical and legal aspect of consultation with patients of CALD background.
- Identify ways to engage, involve or consult with local CALD groups in matters relating to health service delivery to CALD communities.
- Avail themselves and be involved in local CALD community health related activities especially when approached.
- Describe strategies for collaborating with CALD communities to eliminate stereotyping and other bias from health care.

##### **Organisational and legal dimensions**

- Outline a practice policy for collecting information about CALD background of patients that attends to the issues of confidentiality and sensitivity.
- Use practice audits or similar activities to access practice demographics and determine whether CALD group needs are met.

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# Population health and public health

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## Definition

The consensus statement of the joint advisory group on general practice and population health has defined general practice and population health as:

*‘the prevention of illness, injury and disability, reduction in the burden of illness and rehabilitation of those with a chronic disease. This recognises the social, cultural and political determinants of health. This is achieved through the organised and systematic responses to improve, protect and restore the health of populations and individuals. This includes both opportunistic and planned interventions in the general practice setting.’<sup>1</sup>*

Population health is the study of health and disease in a population as specified by geographical, cultural or political guidelines. This includes defining health problems and needs, identifying the means by which these needs may be met, and providing the health services required to meet these needs.<sup>2</sup> Other related terms commonly used in general practice include: community medicine which tends to apply more to the integration of population based health interventions in a clinical context, and community health which is often used to describe the application of broad based public health interventions at a community or individual level.

Public health is the efforts organised by a society to protect, promote and restore the people’s health.

Population and public health are the combination of sciences, skills and beliefs directed to the maintenance and improvement of the health of all people through collective or social actions.

There is considerable overlap between population and public health, and differing models of this interface have been developed. A continuum can be considered between population health activities within general practices, public health activities with the community, and what have been termed ‘new public health’ movements which include the engagement of communities, organisational development, and specialisation or leadership in fields such as policy development. Some health professionals use the terms population health and public health interchangeably, however, there are subtle nuances between these two disciplines.<sup>3–7</sup>

Preventive medicine is the application of preventive measures into medical practice by focusing clinical skills on the health of defined populations in order to promote and maintain health and wellbeing, and prevent disease, disability and premature death.

Health promotion is a range of practices including health education, community development, preventive services, policy advocacy and regulations which seek to better health at the individual and population level, and goes beyond simple prevention.

In general practice, population health represents an extension and expansion of existing clinical roles toward an emphasis on prevention and a focus on groups or populations rather than on individual patients. This may involve activities such as immunisation, risk assessment and management, patient education and screening in which general practitioners are already engaged within their practice. General practice public health also involves notification of diseases of public health importance to the relevant government agency.

## Rationale

General practice care goes beyond the individual patient to involve patient populations. 'General practice is the provision of primary continuing comprehensive whole patient medical care to individuals, families and their communities.'<sup>8</sup>

General practitioners are ideally placed to implement population based health activities as about 85% of Australians attend a general practitioner at least once during any one year.<sup>9</sup> In the 2004–2005 financial year, there were about 94 million unreferral Medicare attendances at an average rate of 4.5 general practitioner visits per person.<sup>10</sup>

### Integrating population health into general practice

A population health approach means implementing these activities more effectively and consistently across a whole population.

Population based health activities in general practice should include, as a priority, activities that are designed to meet the specific needs of disadvantaged population groups. General practice also has an important advocacy role around the structural issues that affect health status, especially for socially disadvantaged groups.

The best outcomes from general practice population health activities result from:

- better integration across disciplines within primary care, and
- a partnership between general practice and public health services, and consumer and community organisations.

Population based approaches to prevention and health promotion often require approaches across and beyond the health system.

A useful strategic framework for strengthening and extending general practice involvement in population health at national, state, division and practice levels in Australia includes focus at the following levels:<sup>11</sup>

- organisational structures and roles – developing organisational and practice structures and systems to enable general practitioners to identify and undertake effective population health activities and interventions, and to facilitate collaboration with outside services and professionals.
- communication – including community awareness, patient education and communication between population health and general practice agencies.
- information management/information technology – developing population health data collection, dissemination and analysis, and relevant clinical tools and guidelines for information management and decision support
- workforce planning, education and training – developing materials to improve access by general practice staff to education, training and quality assurance programs; and increasing understanding and skills in relation to the population health role of general practice, patient risk assessment and effective interventions
- financial systems – implementing appropriate incentives and payment systems to support the engagement of general practitioners in effective population health activities both inside and outside the practice
- partnership and referral mechanisms – developing and implementing organisational supports to facilitate effective collaboration between general practice and others working in a population health context, and
- evaluation and research – participating in research and evaluating alternative models of general practice organisation, funding and integration.

## National health priorities

The Australian Government has established national goals,<sup>12</sup> targets and strategies for better health outcomes into the next century. These focus on the prevention, early detection and management of specific chronic problems including:

- cardiovascular health
- cancer control
- injury prevention and control
- mental health
- diabetes
- asthma
- musculoskeletal conditions, and
- renal disease.

General practitioners need to be aware of the Australian Population Health Development Principal Committee (APHDPC) and the Australian Health Protection Principal Committee (AHPPC) incorporates the national public health partnership,<sup>13</sup> and previously brought the Australian Government and states together on public health issues.

The Australian health protection principal committee and the APHDPC will advise all Australian jurisdictions in the integration of prevention across all aspects of chronic disease management and bring a greater focus to health protection, especially pandemic readiness.

Issues identified include:

- controlling communicable diseases (including immunisation, HIV/AIDS and hepatitis C programs)
- bioterrorism preparedness
- environmental health
- nutrition
- physical activity
- injury prevention
- child, youth and mother's health
- chronic disease prevention
- Aboriginal and Torres Strait Islander health, and
- health of prisoners.

# The five domains of general practice – population health and public health

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## Communication skills and the patient-doctor relationship

Enabling patients to take control of their health involves two way communication in the formation of a patient-doctor partnership.

General practitioners need to be able to assess risk factors of the individual patients and the broader population, explain and implement preventive health interventions in general practice, including the modification of lifestyle risk factors.

## Applied professional knowledge and skills

General practitioners need to be able to describe the epidemiology of common conditions encountered in Australia and internationally, as well as the recommended preventive activities conducted in the Australian community including general practice, and access current guidelines for screening and prevention. In addition, general practitioners need to be able to assess health needs of a specific population, eg. the elderly, men, women or young people.

## Population health and the context of general practice

General practitioners need to be able to describe national health priorities, methods for assessing the health status of a community, and population health and public health approaches to prevention in general practice and the broader community.

## Professional and ethical role

General practitioners need to be able to compare and contrast their professional and ethical role in their obligations to the patient and the broader community, eg. the rights of the individual versus the rights of the community, or patient confidentiality versus the public good. General practitioners also need to be able to describe methods of infectious disease control.

General practitioners need to liaise with other health professionals to optimise population health care outcomes and advocate on behalf of patients.

## Organisational and legal dimensions

General practitioners need to be able to describe the role of population based general practice activities within the context of the Australian health system, as well as work effectively within these systems to improve the health of patients and the broader community. General practitioners also need to be able to describe the medicolegal duties of the general practitioner in public health.



# Learning objectives across the GP professional life

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## Medical student

### Communication skills and the patient-doctor relationship

- Take a patient history including risk factors relevant to socioeconomic determinants of health.
- Demonstrate the ability to counsel patients about their health risks (especially the SNAP<sup>14</sup> risk factors).
- Outline the use of focused brief advice and other strategies such as cognitive behavioural therapy and motivational interviewing in consultations about the common lifestyle factors of smoking, nutrition alcohol and physical activities.

### Applied professional knowledge and skills

- Describe the epidemiology of common conditions in Australia and internationally.
- Describe the Australian national health priorities and programs targeting these conditions in Australia.
- Compare and contrast common causes of Australian mortality to common causes of Australian morbidity reducing quality of life.
- Describe how socioeconomic determinants of health are related to common illnesses and presentations and be conversant with the evidence supporting this relationship.
- Describe the principles of screening and apply these to screening for important diseases in clinical practice.

### Population health and the context of general practice

- Describe what health and health outcomes are, how health is measured, national health and public health priorities and their burden of disease.
- Discuss the health needs of groups within the Australian population.
- Outline preventive programs within Australia including their rationale and evidence for their implementation including in general practice.
- Describe the roles of various professional groups, services and programs in prevention of disease and health promotion.
- Describe the global burden of disease and the response of the World Health Organization in relation to primary care and general practice.

### Professional and ethical role

- Describe principles of confidentiality and notification of communicable diseases to public health authorities.
- Describe the ethical issues involved in balancing the individual and public good.
- Describe methods for infectious disease control including immunisation, basic hygiene measures (ie. hand washing), quarantine, and control of disease vectors.

### Organisational and legal dimensions

- Describe the Australian health care system including responsibilities of commonwealth, state, nongovernment organisations and the private sector.
- Describe clinical and population health/public health functions within this system.

## Learning objectives across the GP professional life

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### Prevocational doctor

#### Assumed level of knowledge – medical student

##### Communication skills and the patient-doctor relationship

- Demonstrate how to explain to patients how common illnesses and presentations are related to lifestyle factors, especially for smoking, nutrition, alcohol and physical activity.
- Counsel patients on their need for preventive measures such as Pap tests and immunisations.
- Describe the principles of communicating health risks to patients.
- Demonstrate discussion of risks with patients.

##### Applied professional knowledge and skills

- Demonstrate the ability to counsel women about cervical smears, perform a Pap test and to explain its result (see *Women's health* curriculum statement).
- Describe common infectious diseases in Australia, including their diagnosis, treatment and management (including immunisation and other forms of prevention).

##### Population health and the context of general practice

- Describe the roles of different parts of the health system in conducting screening and surveillance for diseases in the hospital and community context.
- Explain the role of GPs in working with hospital based services to reduce the burden of diseases within a community.

##### Professional and ethical role

- Demonstrate a nonjudgmental approach to patients and their lifestyle choices.
- Counsel patients about the need for testing for infectious diseases, including the need for disease notification if the test is positive.

##### Organisational and legal dimensions

- Discuss principles of patient information and recall systems, screening and measures and program to improve patient safety in clinical care including electronic systems.

# Learning objectives across the GP professional life

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## Vocational registrar

### Assumed level of knowledge — prevocational doctor

#### Communication skills and the patient-doctor relationship

- Give focused brief advice and consider the appropriateness of other strategies such as cognitive behavioural therapy and motivational interviewing in consultations about the common lifestyle factors of smoking, nutrition alcohol and physical activities.
- Explain to patients that lifestyle factors may cause many common illnesses and modification of these risk factors needs to be part of the management plan of these patients.
- Counsel patients about recommended screening tests including tests which are not universally recommended but which patients may requests, eg. prostatic specific antigen or chest X-ray.
- Describe methods for liaising with other health professionals within the health care system to optimise health care and advocate on behalf of the patient.
- Describe strategies for implementing a public health approach in the general practice setting.

#### Applied professional knowledge and skills

- Describe preventive guidelines in Australian general practice and the rationale and evidence for their development.
- Undertake a needs assessment in a community to identify health priorities. This could include capacity to interpret printed information and papers, interpreting health data and skills in liaising with key stakeholders in a community.
- Apply principles of epidemiology and biostatistics sufficient to critically interpret papers.
- Describe the epidemiology of illness in special populations including rural areas of Australia.
- Describe the impact of rural and remote practice on equity and access to health services.

#### Population health and the context of general practice

- Describe the roles of different parts of the health system in conducting screening and surveillance for diseases in the general practice context.
- Develop recall systems and other measures in the general practice setting to implement preventive guidelines including electronic systems.
- Audit performance of self and practice in relation to population health activities, especially immunisation, screening and management of lifestyle risk factors.
- Conduct an assessment of the health needs within the general practice and the local community.
- Discuss the advantages and disadvantages of preventive practices and individualise this advice to the patient's needs.
- Work with a multidisciplinary team to implement preventive strategies in a practice or community.
- Identify occupational health factors which may influence disease.

#### Professional and ethical role

- Differentiate between clinical and public health roles to the broader community (disease notification, involvement in surveillance networks) in general practice.
- Describe specific public health issues relevant to rural practice and other close communities such as confidentiality and the fact small population may be identified in research undertaken by the GP.
- Manage patients found to have infectious disease, including notification requirements.

**Organisational and legal dimensions**

- Be conversant with aspects of public health legislation relevant to general practice.
- Implement population approaches in their general practice work.
- Discuss the advantages and disadvantages of implementing population health approaches into general practice activities.
- Develop strategies to overcome barriers to the implementing population health approaches in general practice as outlined in the RACGP *Putting prevention into practice* (the 'green book').<sup>15</sup>
- Evaluate recall systems to ensure patients at risk receive necessary follow up.
- Describe the role of GP as part of a larger health care system.
- Explain the role of health informatics in improving the general practice contribution to population health.
- Develop skills in evaluation (clinical audit) to assess the process indicators, impact and outcomes of population health strategies implemented in practice.

## Learning objectives across the GP professional life

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### Continuing professional development

#### **Assumed level of knowledge – vocational GP**

##### **Communication skills and the patient-doctor relationship**

- Describe and explain to patients the current and emerging public health problems (eg. SARS, avian influenza) and the appropriate response to these.

##### **Applied professional knowledge and skills**

- Describe successful strategies to encourage disadvantaged groups to present to general practice for preventive care.
- Develop evaluation and research method skills.

##### **Population health and the context of general practice**

- Maintain a practice register and extract information from it.
- Implement prevention and health promotion among particular population groups, including people from culturally and linguistically diverse backgrounds, refugees and Aboriginal and Torres Strait islander peoples.
- Describe strategies for mental health promotion in general practice among particular population groups.
- Describe and implement strategies in general practice for injury and violence prevention.

##### **Professional and ethical role**

- Demonstrate ability to access latest relevant population health data, including the use of information technology.
- Demonstrate that general practice standards and professional development of population health are regularly reviewed.
- Describe the ethics of resource allocation in health care, eg. different geographical areas, and the role of the medical profession in advocacy for individual patients and population groups.
- Demonstrate the ability to work as a part of a team, both within the practice and with health professionals outside the practice to promote health and reduce health inequalities.
- Consider, where appropriate, further studies in public health such as a Masters of Public Health, faculty of public health medicine training or other opportunities for public health training for GPs.

##### **Organisational and legal dimensions**

- Demonstrate implementation of legislative changes affecting population based health.
- Regularly review practice systems in place, including electronic process for recall systems to ensure patients at risk receive necessary follow up.

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# Rural general practice

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## Definition

In addition to general practice as defined by The Royal Australian College of General Practitioners (RACGP),<sup>1</sup> rural general practice provides its own diversity of contexts and characteristics of general practice.

In rural and remote Australia, geographical and demographic features lead to great diversity in both the ranges of presentations general practitioners may encounter and the facilities that may be available to administer primary care.

Research has shown<sup>2-7</sup> that rural general practitioners are more likely to: provide in-hospital care as well as private consulting room care; provide after hours services; engage in public health roles expected of them by discrete communities in which there are few doctors to choose from; engage in clinical procedures; engage in emergency care; encounter a higher burden of complex or chronic health presentations; and encounter larger proportions of Aboriginal or Torres Strait Islander patients in their overall patient load.

The extent to which the general practitioner will engage in any of these activities and roles, however, will depend on the rural or remote practice context and the range of general practice skills in which they are required, ie. some rural doctors in smaller rural towns are based primarily at the local hospital, but the practice they conduct is still predominantly primary medical care, even though some secondary and tertiary care are also possible due to the hospital facilities.

Rural general practitioners often value:

- professional autonomy<sup>3</sup>
- the variety of medicine practised
- practising to the extent of their clinical knowledge and skills
- value the communities in which they work, and
- being valued by the community.<sup>8</sup>

Rural general practitioners are more likely to experience professional and social isolation than their peers in urban contexts.<sup>4</sup>

While rural practice requirements conform to the core curriculum set for the Fellowship of the RACGP (FRACGP), they will also involve specific skills sets appropriate to the rural and/or remote health context. These skills sets may be practised at an extended or advanced level, depending on patient requirements. These characteristics and practices are supported by the RACGP *Standards of general practices* and a curriculum developed and maintained by the RACGP and reflected in the dual awards of Fellowship of Advanced Rural General Practice (FARGP) and the RACGP Graduate Diploma of Rural General Practice (Grad Dip Rural).



## Rationale

Australia is predominantly an urban society. In 2005, of the estimated 20 328 159 people living in Australia, about 66% of the population was living in major cities, 21.2% in inner regional Australia, 10.2% in outer regional Australia, 1.6% living in remote Australia and 0.9% living in very remote Australia.<sup>9</sup> According to analysis of national data by the Australian Medical Workforce Advisory,<sup>10</sup> 26.4% of the whole patient load on medical practitioners in Australia is to be found in what most people would regard as 'rural' Australia. The proportion of general practitioners per patient population decreases with increasing rurality.<sup>11</sup> Geographical isolation and social accessibility are significant factors in the decision to attend a general practitioner for rural patients.<sup>12</sup>

Health outcomes such as higher death rates tend to be poorer outside major cities.<sup>13</sup> The main contributors to higher death rates in regional and remote areas are coronary heart disease and other circulatory diseases, chronic obstructive pulmonary disease, motor vehicle accidents, diabetes, suicide, other injuries and some cancers such as lung cancer perhaps reflecting differences in access to services, risk factors and the regional/remote environment.

Rural areas have lower rates of some hospital surgical procedures, lower rates of general practice consultation and generally higher rates of hospital admission in regional and remote areas than in major cities. People from regional and remote areas tend to be more likely to smoke and drink alcohol in harmful or hazardous quantities than people in major cities. Environmental issues such as more physically dangerous occupations and factors associated with hazardous driving play a part in higher accident rates and related injury death in country areas.<sup>14</sup>

Higher death rates and poorer health outcomes outside major cities, especially in remote areas, also reflects the higher proportions of the populations in those areas who are Aboriginal or Torres Strait Islander<sup>15</sup> associated with higher mortality and morbidity (see Australian Institute of Health and Welfare studies<sup>16</sup>).

### Rural general practice training in addition to the FRACGP

Vocational training is structured to ensure all doctors to have some rural exposure and an understanding of what may be helpful for working in different environments such as procedural skills and knowledge of Aboriginal health, hospital work and population health. This rural exposure is an essential part of preparing a general practice for unsupervised practice anywhere in Australia. This curriculum will assist any general practitioner understand the knowledge, skills and competencies helpful for unsupervised practice anywhere in rural Australia.

Doctors with a particular interest in rural general practice can integrate enhanced rural training with general practice vocational training toward the FRACGP under the formal framework offered by the RACGP FARGP/Grad Dip Rural.

These doctors may also wish to undertake advanced rural skills (ARS) training in curriculum shared with other medical specialties, such as anaesthesia, obstetrics, emergency medicine and mental health, which has additional curriculum requirements to those of the FRACGP. Specific curriculum statements have been developed by joint consultative committees between the RACGP and relevant specialist colleges in the areas of anaesthetics, obstetrics, emergency medicine, mental health, child and adolescent health, adult internal medicine, Aboriginal and Torres Strait Islander health and surgery. Curricula are in development in areas such as palliative and aged care, musculoskeletal medicine, rehabilitation, medical education or research.

These advanced rural skills are not required for attainment of the FRACGP or included in this rural general practice curriculum statement. However, 12 months of training in accredited ARS posts is required for attainment of the FARGP and Grad Dip Rural. Doctors planning to undertake ARS training are encouraged to integrate these into their general practice vocational training, under the

FARGP/Grad Dip Rural framework. Medical students, postgraduate doctors and general practice registrars are encouraged to undertake as much of their education and training in rural general practice as practicable.

Most RACGP curriculum statements will refer to rural and remote contexts. This rural curriculum statement serves both as the rural statement of the RACGP curriculum in general and as the baseline curriculum for the RACGP FARGP and Grad Dip Rural. The Grad Dip Rural will only be available as an accredited tertiary qualification until 28 February 2010.

As qualifications beyond vocational FRACGP, FARGP and Grad Dip Rural candidates, for which the full 12 months of ARS training is undertaken in the one ARS curriculum, can include that curriculum in their postnominals, ie. a 12 months ARS training post in obstetrics, the postnominal is FARGP (Obst) and Grad Dip Rural (Obst). This assists the graduate in seeking visiting medical officer credentialing in rural hospitals.

Please check the FARGP information available on the National Rural Faculty page of the RACGP website for specific educational and assessment requirements of the FARGP and Grad Dip Rural.

## The five domains of general practice – rural general practice

### Communication skills and the patient-doctor relationship

Effective communication skills enable a general practitioner to develop a relationship with their patient so as to understand both the illness and the patient's experience of that illness, and to move freely between clinical problem solving and the patient's experience of the problem.

The communication skills of the rural general practitioner are especially important because of the likelihood of higher than average workloads and the greater reluctance of many patients to freely discuss problems they may experience.

In a local rural environment, where patients are friends and neighbours, special care is required to communicate with patients in a manner not likely to confuse professional, social and personal boundaries.

Rural general practitioners need to:

- establish rapport and be empathetic with patients from different socioeconomic, occupational and cultural background within rural communities
- adopt appropriate verbal and nonverbal communication styles adapted to the needs of patients in rural communities
- develop a capacity to place special emphasis on health promotion and education to increase patients willingness to look after themselves, especially in relation to major risk factors in rural communities
- communicate to patients appropriate doctor-patient boundaries associated with living within a close knit rural community
- develop a specific cultural awareness of the indigenous populations living within the boundaries of the medical practice
- manage with sensitivity communication on issues such as family arrangements during transfer to a major centre for treatment
- ability to work effectively as part of a multidisciplinary team
- appreciate the different cultural norms of interpersonal communication for specific patient populations (eg. Aboriginal and Torres Strait Islander peoples, non-English speaking people), and acquire knowledge to be able to communicate effectively with these patient groups, and
- appreciate and maintain good working relationship with all members of hospital staff/hierarchy.

### Applied professional knowledge and skills

Rural general practitioners are likely to be called upon to manage a wider range of patient presentations, including emergency treatment, obstetrics and minor and major procedures without referral. Rural communities place great reliance on the applied professional skills of their resident general practitioners whose response must be skilful and appropriate in order to instil confidence and trust.

Rural general practitioners need to:

- recognise the range of common and significant patient presentations found in rural communities
- demonstrate a comprehensive knowledge of relevant anatomy, physiology, pathology and psychology, including related research findings in the management of conditions commonly found in rural practice
- competently manage the range of illness and disease occurring in their community, including possible serious illness which may be inherent in many common presentations
- demonstrate enhanced clinical skills in the management of common conditions

- demonstrate continual improvement of their repertoire of procedural and clinical skills required for effective general practice in their rural communities, and the ability to perform appropriate medical procedures under minimal or no supervision
- demonstrate the ability to manage emergencies to the level of skill attained in recognised intensive emergency medicine courses such as the early management of severe trauma (EMST), advanced paediatric life support (APLS), advanced life support obstetrics (ALSO) and emergency life support (ELS), including the management of emergencies in the rural hospital setting
- demonstrate a level of competence in those aspects of medicine, surgery, paediatrics, obstetrics, intensive care, and anaesthesia appropriate to the practice of a rural general practitioner taking part in inpatient/hospital care
- demonstrate ability to take X-rays and use teleradiology facilities, when necessary
- demonstrate competent implementation of procedures for evacuation, disaster, trauma management and retrieval
- recognise and take into account the factors which need to be balanced when arranging an evacuation, including family considerations
- implement appropriate protocols for arranging an evacuation and for undertaking the preparations required in a community for air evacuations
- demonstrate competence performance of appropriate diagnostic procedures relevant to the advanced skills of rural general practice, and
- make decisions with confidence and accept the outcomes of these decisions while working within their limitations.

## Population health and the context of general practice

Because rural communities in general have higher levels of morbidity and mortality, the rural general practitioner has an important and evolving role, with the potential to influence change at the individual patient, practice, and community levels within the health care system. Rural general practitioners are more likely to be called upon by local authorities to plan a public health role, eg. as a police medical officer. To optimise their effectiveness in providing primary health care to their communities, the rural general practitioner needs to develop a detailed understanding of the particular sociopolitical, economic, geographical, cultural, and family influences on the health of their patients. These factors contribute substantially to the unique context of rural general practice.

Rural general practitioners need to:

- provide or contribute to ongoing health education and health promotion sessions to other rural health professionals and members of their rural community
- develop a detailed working knowledge of their rural community's patterns of morbidity and mortality, health services, and be able to participate in regional and national community based prevention and education strategies
- apply public health principles including disease control management and utilise the appropriate health and community service networks as part of their rural practice
- participate in a range of public health roles
- understand the need for multidisciplinary teamwork and work collaboratively with other health care practitioners in rural areas
- deliver an appropriate level of care while understanding the limitations of resources in rural general practice
- involve consumer groups in the development of policies relating to health service provision
- utilise relevant protocols and guidelines and, where necessary, participate in development of these guidelines, both for acute and preventive care
- demonstrate an understanding of the environmental, social and cultural influences on illness, health needs and priorities of rural and remote people and their communities
- recognise the importance of the family unit and the home environment in illness and health, and acknowledge the extended support structures

- utilise the extended role of other health care practitioners in rural areas, recognising the value of multidisciplinary teamwork, and
- deliver an appropriate level of care while understanding the limitations of resources in rural general practice.

## Professional and ethical role

Exercising a special duty of care is particularly relevant to the rural general practitioner who may deal with more emergency cases and problems requiring procedural skills than urban based general practitioners. All general practitioners are legally liable for the consequences of their own actions, however, rural general practitioners need to develop awareness of the particular clinical practices in which their need to minimise risk may be higher than others such as procedural practice.

The dependence of rural communities on their local general practitioner means it is especially important that rural general practitioners continually review their own practice. It is essential for rural general practitioners, who must deal with a broad range of often complex patient presentations, to keep abreast of new developments and ensure that their own practice – like all of general practice – reflects current best practice based on scientific evidence.

Rural general practitioners need to:

- ensure that they exercise due care and responsibility, have respect for patients rights and be willing to act as advocate for their patients
- clarify the potential ethical dilemmas arising from the multiple roles which general practitioners fulfil in small communities
- be clear about the many roles rural general practitioners can undertake in their community hospital, including combining of primary and secondary care and participating in hospital committees
- improve their skills in critical self reflection and evaluation of their practice to ensure that the needs of the rural communities they serve are met as effectively as possible
- develop skills in balancing the case load and demands of:
  - working in isolation in a rural practice with the associated social and personal responsibilities
  - self care and self reliance
  - family, and
  - professional and social boundaries which can be difficult in a small rural community.
- demonstrate an ability to establish professional networks and utilise available rural resources and referral agencies
- demonstrate an understanding of the difficulties and importance of maintaining confidentiality in small communities
- critically review relevant literature, analysing and utilising it appropriately in the workplace
- develop a commitment to continuing self directed learning and professional development sufficient to provide quality medical care
- be skilled in providing mentoring support for peers and others in the rural general practitioner learning life cycle, and
- outline the protocols for media involvement in emergency and disaster situations.

## Organisational and legal dimensions

There are a wide range of practice types in rural communities, although they are frequently characterised by high patient loads and shortages of general practitioners to meet the demand in rural communities. This places a special burden on rural practices to be managed and administered as efficiently and effectively as possible.

Rural general practitioners need to:

- balance time management between the demands of the consulting rooms and the community hospital
- be aware of local issues which impact upon the general practitioner's decision to treat the patient locally or to refer on
- develop an understanding of the principles of small business management relevant to a rural general practice
- utilise the principles of triage and disaster management in the rural setting
- utilise appropriate protocols for hospital, home and hostel visiting
- understand the principles of public health, including disease control arrangements within their state and utilise appropriately public health infrastructure
- outline legal responsibilities regarding notification of disease, birth, death, autopsy, nonaccidental injury and substance abuse
- appropriately prioritise patient management in rural general practice, according to individual patient needs, time, and other resources available
- recognise stress and grief symptoms in staff, patients, their relatives and friends, and provide empathic and culturally appropriate support and follow up
- clearly outline patient consent procedures
- clearly outline the consent procedures in emergency care
- clearly outline the local transfer and evacuation processes from the rural community
- apply the principles of retrieval medicine
- establish and utilise a comprehensive professional emergency referral network
- be able to apply the state legislation relevant to involuntary admission to a psychiatric unit power of attorney, child protection and abuse and guardianship
- outline how to access the metropolitan clinical, academic, research, literature, hotline and legal resources available
- keep comprehensive patient records and be able to articulate why this is important, and
- be aware of local issues which influence the general practitioner's decision to treat a patient locally or refer on.

# Learning objectives across the GP professional life

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## Medical student

### Communication skills and the patient-doctor relationship

- Demonstrate how to establish rapport and empathy with patients from different socioeconomic, occupational and cultural background within rural communities.

### Applied professional knowledge and skills

- Demonstrate the ability to recognise the range of common and significant patient presentations found in rural communities.
- Outline the basic management of the range of illness and disease occurring in their rural communities, including possible serious illness which may be inherent in many common presentations.
- Identify crosscultural issues applying to rural general practice including in Aboriginal and Torres Strait Islander health in rural and remote communities.

### Population health and the context of general practice

- Outline how the socioeconomic, environmental and social factors of rural and remote areas contribute to poorer health outcomes, including those of Aboriginal and Torres Strait Islander peoples.
- Outline differences in basic public health issues relevant to rural communities such as access to clean water, adequate housing and sanitation.
- Outline the structures and processes in place to address pandemic or epidemic disease, prevent general morbidities and preserve health and wellbeing in rural Australia.

### Professional and ethical role

- Describe the professional challenges and rewards of rural general practice and the role of the GP in addressing the rural health inequities.
- Describe the professional role of a GP in a rural community, including community trust, and the responsibility to practice medicine safely, with due care and strictly within guidelines of professional conduct.
- Outline ethical questions that arise specifically in rural practice, and formulate potential responses.
- Describe the ethical issues associated with maintaining patient confidentiality in the range of general practice contexts found in rural Australia.

### Organisational and legal dimensions

- Describe local issues which influence the GP's decision to treat the patient locally or to refer to other service.
- Outline the principles of triage or disaster management in the rural setting.

# Learning objectives across the GP professional life

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## Prevocational doctor

### Assumed level of knowledge – medical student

#### Communication skills and the patient-doctor relationship

- Demonstrate use of appropriate verbal and nonverbal skills for a rural setting.
- Demonstrate how to communicate to patients the restrictions of appropriate doctor-patient boundaries associated with living within a close knit rural community.

#### Applied professional knowledge and skills

- Demonstrate development in the competent management of the range of common and significant patient presentations in the rural setting.
- Demonstrate improvement in procedural and clinical skills required for effective general practice in their rural communities, including those skills required for the management of emergencies.

#### Population health and the context of general practice

- Demonstrate application of public and population health principles (see also curriculum statement on *Population health*) in a rural setting.
- Observe and outline the relationship between socioeconomic disadvantage and poor health in rural communities, ideally through clinical experience in a range of rural health facilities.

#### Professional and ethical role

- Describe the role of the rural GP in their community, including both primary and secondary, and sometimes tertiary secondary care.
- Document exposure to, and work within, a rural environment to the professional limit of the skills acquired and supervision necessary.
- Describe the ethical questions that arise in rural practice and potential responses.
- Outline how best to balance the potential conflicts in professional role and the ethical concerns arising both from the complexity of rural practice and patients, and from the multiple roles which GPs fill in small communities.
- Demonstrate preliminary steps taken in ensuring a balance of work, self care and family, both at present and for a future medical career.

#### Organisational and legal dimensions

- Outline time management strategies to balance the competing demands of consulting rooms and community hospital commitments in rural practice.
- Identify local issues which influence your general practice's decision to treat a patient locally or to refer on.
- Articulate the operational principles of triage and disaster management relevant to rural general practice.
- Appropriately prioritise patient needs, time and other resources available.
- Demonstrate knowledge of patient consent procedures.



# Learning objectives across the GP professional life

## Vocational registrar

### Assumed level of knowledge – prevocational doctor

#### Communication skills and the patient-doctor relationship

- Demonstrate the adaptation of appropriate verbal and nonverbal communication styles to the needs of patients in rural communities.
- Demonstrate a capacity to use health promotion and education to increase patient willingness to look after themselves, especially in relation to major risk factors in rural communities.
- Show how to communicate to patients appropriate doctor-patient boundaries associated with living within a close knit rural community.
- Demonstrate multicultural awareness of people from culturally and linguistically diverse backgrounds living within the patient catchment of the medical practice.
- Demonstrate specific cultural awareness of the indigenous populations living within the patient catchment of the medical practice.

#### Applied professional knowledge and skills

- Demonstrate the competent management of the range of common and significant patient presentations in the rural setting.
- Demonstrate further improvement in procedural and clinical skills required for effective general practice in their rural communities, including those skills required for the management of emergencies.
- Competently implement procedures for evacuation, disaster, trauma management and retrieval.

#### Population health and the context of general practice

- Demonstrate participation in ongoing health education and health promotion in rural communities.
- Describe local rural community patterns of morbidity and mortality, the health services available to address these and any improvement in services required.
- Apply public health principles to disease control management in the practice and hospital setting.
- Utilise the appropriate health and community service networks as part of rural practice.
- Demonstrate an informed commitment to primary health care delivery through inter-professional cooperation.

#### Professional and ethical role

- Demonstrate appropriate care, responsibility, and respect for patient rights and a preparedness to act as advocate for patients.
- Outline the difficulties and importance of maintaining confidentiality in small communities.
- Describe the difficulties and potential ethical dilemmas arising from the multiple roles which GPs fill in small or rural communities.
- Outline the avenues with which ethical concerns or professional conflict can be discussed and resolved, including referral agencies.
- Demonstrate steps required to ensure a balance between work, self care and family, both during registrar training in the rural setting and beyond vocational fellowship.

### **Organisational and legal dimensions**

- Demonstrate an understanding of the principles of practice/small business management relevant to rural general practice.
- Implement the principles of triage and disaster management in the rural setting.
- Outline legal responsibilities regarding notification of disease, births, deaths, autopsy, nonaccidental injury and substance use in the rural setting.
- Establish and utilise comprehensive professional referral network appropriate to the rural setting.

# Learning objectives across the GP professional life

## Continuing professional development

### Assumed level of knowledge – vocational registrar

#### Communication skills and the patient-doctor relationship

- Develop a specific cultural awareness of the indigenous populations living within the boundaries of the medical practice in the rural setting.
- Demonstrate improvement in the ability to manage communication with sensitivity when sensitive issues are involved, eg. family issues when a patient is transferred to a major centre.
- Engage in periodic review or audit of communication skills.

#### Applied professional knowledge and skills

- Demonstrate engagement with continuing improvement activities in all curricular areas including procedural and emergency skills.
- Demonstrate ongoing competence in diagnostic and clinical skills appropriate to the rural setting.

#### Population health and the context of general practice

- Demonstrate the development of the capacity to place special emphasis on health promotion and education to increase patients' willingness to look after themselves, especially in relation to major risk factors in rural communities.
- Review the changing approaches to public health issues including changing causes of morbidity and mortality in the rural setting.

#### Professional and ethical role

- Demonstrate critical assessment of the sources of learning and application of new managements/ treatments/technologies with competence in the rural context where appropriate.
- Provide a professional example to medical students, interns and registrars of the highest possible standard, especially in relation to respecting patient rights, advocacy and confidentiality within the community.
- Facilitate exposure of professional and ethical dilemmas to medical students, junior doctors and registrars in a teaching environment.
- Demonstrate ongoing critical self reflection and evaluation of rural general practice to ensure that the needs of the rural communities are met as effectively as possible.
- Demonstrate the ability to effective use and maintain professional networks and utilise available rural resources and referral agencies in a context of continuous improvement.
- Develop a commitment to continuing self directed learning and professional development in rural practice sufficient to improve the quality of medical care provided.
- Demonstrate ongoing improvement in balancing the demands of working in isolation in a rural practice with social and personal responsibilities, self care and family.

#### Organisational and legal dimensions

- Demonstrate the delivery of appropriate level of care and prioritise patient management in rural general practice according to individual needs, time and the limits of resource in rural general practice.
- Assist medical students, interns and registrars in understanding the role of the GP in the community hospital, and in other public health roles found in rural contexts.
- Demonstrate improving competence in the delivery of a combination of primary and secondary care.
- Assist medical students, interns and registrars in understanding the local issues which impact upon the GP's decisions to treat the patient locally or to refer on.
- Modify practice business models to maximise practice sustainability within the workforce constraints and higher and more complex patient demands of rural primary health care.

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# Women's health

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## Definition

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The general practice management of women's health involves a holistic patient centred approach to the physical, mental and emotional health of women, their families and relationships.<sup>1</sup> Women's health needs to be understood in the context of their psychosocial and cultural environment.<sup>2</sup>

## Rationale

As 50.9% of Australian general practice consultations are with women aged 15 years or older, the gender specific primary health needs of women constitute a significant proportion of the general practice workload.<sup>3</sup>

Women tend to make most health care decisions for their family, tend to request more information than men, expect a greater role in decision making, and often have higher expectations of timeliness and quality of health care provision.<sup>4</sup>

Barriers to accessing general practice may include:

- general access and equity issues such as financial restrictions, lack of available child care, lack of access to transport
- cultural issues impacting on access to health care related to a lack of availability of the appropriate gender or culture of primary health provider and language barriers, and
- fear of discrimination and disclosure of sensitive issues for a wide range of marginalised and vulnerable groups, including Aboriginal and Torres Strait Islander peoples, immigrant, same sex attracted, disabled, abused, homeless and refugee women.

Gender specific health issues in general practice care across the women's lifespan often involve accessing multiple health care providers, including those in relation to reproductive issues. Regular preventive health care is also a large part of women's health.<sup>5</sup>

Specific health problems can be related to gender power differences such as lower incomes than men or being subjected to violence.

The key principles for delivering quality women's health care in general practice include:<sup>6,7</sup>

- understanding key gender differences in health and illness
- responding to the particular health needs of women associated with their social roles, responsibilities and position, and the health needs of their reproductive roles
- understanding the need for women to have access to sensitive health care and choice in health care provider
- being aware of common differences in practice styles of female general practitioners, including a tendency to provide longer consultations, more preventive health and mental health/counselling, and
- understanding the strengths, weaknesses and limitations of general practice in meeting women's health needs, including issues of equity and access to health information and services for women.

## The five domains of general practice – women's health

### Communication skills and the patient-doctor relationship

An understanding of the roles and position of women in Australian society is critical to delivering quality primary care. Similarly, quality care involves recognising that certain cultural groups will need to see only female doctors, and recognising that there are differing health beliefs and health seeking behaviours of women from diverse cultures.

Gender, power and cultural differences can influence the dynamic of the patient-doctor relationship and consequent effective communication.

The doctor's gender may also impact upon the disclosure of sensitive issues.

### Applied professional knowledge and skills

General practitioners need to be able to manage a wide range of gender specific health conditions.

An evidenced based knowledge of the physical, psychological, social and cultural factors impacting upon these conditions facilitates quality women's general practice health care. For example, understanding the impact of hormonal fluctuations on women's physical and mental health including menarche; menopause; premenstrual syndrome; pregnancy; breastfeeding; and postnatal changes, and that these occur within a framework of diverse cultural, social, economic, psychological and emotional factors impacting upon care.

In the clinic, sensitivity to history and examination processes and respecting patient autonomy facilitates good patient care, eg. obtaining consent for physical examination including adequate explanation of its purpose, the use of screens, drapes and the role of chaperones.

### Population health and the context of general practice

General practice care should address the health inequalities of socially disadvantaged groups of women including Aboriginal and Torres Strait Islander women; women from culturally and linguistically diverse backgrounds, including those with language barriers; disabled women; women living in rural and remote areas; lesbian, bisexual and same sex attracted women; single mothers; injecting drug users; homeless women; refugees and asylum seekers; women in prison; and women who have experienced abuse at any stage of their life.

Health promotion and public health prevention programs for women are diverse and need to incorporate gender sensitive strategies that incorporate the specific role of general practice in meeting these national health priorities.

General practitioners need to be able to work in conjunction with the other women's health groups to effectively deliver quality care to women such as women's health centres, BreastScreen Australia, as well as community based organisations.

### Professional and ethical role

The general practitioner needs to have respect for women's autonomy in their health care and decision making and be aware of his/her own values, and the potential impact upon his/her management decisions, especially in sensitive issues such as reproductive medicine.

Effective management of the practical considerations of consent and confidentiality is facilitated by a gender sensitive trusting doctor-patient relationship.

Ethical considerations include referring to female doctors on request, the use of chaperones when appropriate, reproductive ethics and the role of the general practitioner as a patient advocate.



## Organisational and legal dimensions

Attention to patient confidentiality and the recording of sensitive medical information are critical to protecting women's health, especially when in vulnerable situations such as intimate partner abuse.

The general practitioner also needs to be aware of how legal obligations (ie. notification of child abuse, sexually transmissible infections) and antidiscrimination laws impact upon their role in caring for women.

# Learning objectives across the GP professional life

## Medical student

### Communication skills and the patient-doctor relationship

- Apply principles of women centred clinical care, including encouraging an equal partnership, shared decision making and recognising the role of gender and power in the patient-doctor relationship.
- Outline cultural issues in communication pertaining to gender including:
  - understanding Australian society and the health care needs of women
  - being aware that some cultural groups prefer to see doctors of a particular gender or cultural background
  - acknowledging the health beliefs and health seeking behaviours of women from diverse cultures, and
  - understanding the influence of the doctor's gender on disclosure of sensitive issues.
- Demonstrate facilitation of communication with women attending with dependants such as children, disabled/elderly family or friends.
- Demonstrate sensitive and empathic facilitation of disclosure with regard to intimate issues including sexual health, sexual orientation, gender identity, body image, and all forms of abuse.

### Applied professional knowledge and skills

- Demonstrate skills in physical examination, in medically justified circumstances, that create a sense of comfort and safety for the patient.
- Demonstrate ability to perform intimate examinations under supervision with sensitivity and care, allowing the woman to control the process, including:
  - cervical screening
  - pelvic examination
  - breast examination.
- Discuss the effect of biological factors on women's health.
- Demonstrate knowledge of women's health issues, problems, conditions and diseases.
- Describe how adolescence, pregnancy, breastfeeding, parenting, menopause and aging are natural events and not pathology.
- Describe the psychosocial component of women's health.
- Outline how forms of abuse including physical, sexual, emotional, financial, psychological impact upon health.
- Describe the importance of the role of the GP in maintaining and enhancing women's health and wellbeing while avoiding overmedicalisation.

### Population health and the context of general practice

- Describe the particular groups of women that are more likely to suffer health inequalities and describe the impact of these, including barriers to accessing care (ie. a lack of availability of a culturally and/or gender appropriate primary health provider), reduced screening rates, and increased health risks.
- Describe prevention and screening strategies relevant to women and detail the evidence for their use (using the RACGP *Guidelines for preventive activities in general practice*<sup>8</sup> and NHMRC guidelines, if available).

### Professional and ethical role

- Describe the preference of some women to see a primary health care provider of the appropriate culture and/or gender, while also considering the need for all doctors to acquire and maintain skills in women's health.

- Demonstrate respect for women's autonomy for health decisions.
- Discuss and reflect on own values, attitudes and approach to ethical issues (ie. termination of pregnancy, contraception for minors, cosmetic surgery).
- Describe the ethical and legal issues of women in Australia to access abortion services and the GP's professional obligation to be nonjudgmental in care when women seek abortion.
- Develop competencies for a team approach to health care and inter-professional practice, specifically to enable continuity of care for women seeing more than one health care provider.

**Organisational and legal dimensions**

- Describe the legal issues surrounding abortion in Australia (as they may vary in each state).

## Learning objectives across the GP professional life

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### Prevocational doctor

#### **Assumed level of knowledge – medical student**

##### **Communication skills and the patient-doctor relationship**

- Demonstrate the ability to meet all the objectives listed for medical students at a more complex level of skill in all areas.

##### **Applied professional knowledge and skills**

- Show competency in the skills of physical examination, in medically justified circumstances, that create a sense of comfort and safety for the patient.
- Demonstrate the ability to perform intimate examinations independently with sensitivity and care, allowing the woman to control the process including:
  - cervical screening
  - pelvic examination
  - breast examination.
- Provide emotional support for the psychosocial component of women's health.

##### **Professional and ethical role**

- Demonstrate willingness to arrange appropriate referral if own personal values prevent provision of a service, such as termination of pregnancy, contraception for minors, cosmetic surgery.

##### **Organisational and legal dimensions**

- Describe the GP's role in issues relating to guardianship and informed consent for girls and women presenting to hospital for contraception, sterilisation, or termination of pregnancy.

# Learning objectives across the GP professional life

## Vocational registrar

### Assumed level of knowledge – prevocational doctor

#### Communication skills and the patient-doctor relationship

- Demonstrate the ability to meet all the objectives listed for prevocational doctors at a more complex level of skill in all areas and in the general practice setting.

#### Applied professional knowledge and skills

- Understand and work with women's priorities for their health, including conflicting priorities that arise as a result of their role as carers.
- Be able to pick up cues for a history of physical, sexual, emotional, financial abuse and support any subsequent psychological impact upon health.

#### Population health and the context of general practice

- Discuss the advantages and disadvantages of prevention and screening strategies with individual women and the evidence for their use (using the RACGP *Guidelines for preventive activities in general practice*<sup>8</sup> and NHMRC guidelines, if available).
- Understand the role of the GP in contributing to women's health in the broader community, including the ability to work with, and refer to, community women's health groups.

#### Professional and ethical role

- Describe the role of the GP in advocacy for women's health such as human rights and women's health, social justice and social responses to violence against women, and facilitating access and equity with regard to service provision.

#### Organisational and legal dimensions

- Examine how practice management issues impact on the provision of care to women, including the maintenance of confidentiality by all practice staff.
- Describe the GP's legal obligation to ensure that follow up and recall systems for women's health screening and contraception are reliable and effective.
- Outline legislation and policy relevant to women's health and how these relate to general practice, including mandatory reporting.
- Understand the GP's role in advocacy and support for women who are discriminated against as a result of their gender, sexual orientation, ethnicity or other personal attribute.

## Learning objectives across the GP professional life

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### Continuing professional development

#### **Assumed level of knowledge – vocational registrar**

##### **Communication skills and the patient-doctor relationship**

- Demonstrate maintenance and ongoing development of communication skills specific to women's health in ongoing professional development needs.

##### **Applied professional knowledge and skills**

- Demonstrate maintenance and ongoing development of professional knowledge and skills specific to women's health in ongoing professional development needs.
- Understand and work with women's priorities for their health including conflicting priorities that arise as a result of their role as carers.
- Be able to pick up cues for a history of physical, sexual, emotional, financial abuse and support any subsequent psychological impact upon health.

##### **Population health and the context of general practice**

- Keep up-to-date with changes to prevention and screening guidelines and their evidence base.
- Understand national and state women's health policies and apply these to general practice.
- Demonstrate the ability to discuss the advantages and disadvantages of prevention and screening strategies with individual women, and the evidence for their use (using the RACGP *Guidelines for preventive activities in general practice*<sup>8</sup> and NHMRC guidelines, if available).
- Understand the role in contributing to women's health in the broader community, including the ability to work with and refer to community women's health groups.

##### **Professional and ethical role**

- Demonstrate how to apply the role in advocacy for women's health such as human rights and women's health, social justice and social responses to violence against women, and facilitating access and equity with regard to service provision.

##### **Organisational and legal dimensions**

- Demonstrate ongoing review of practice policies and procedures in identifying and dealing with barriers to women accessing health care.

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# Acute serious illnesses and trauma

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## Definition

Acute serious illnesses and traumatic injuries in general practice are conditions that require immediate care to relieve suffering. Some of these conditions may be life threatening, requiring urgent intervention.

The core skills required for the competent general practice management of acute serious illness and trauma presentations are similar to those required to manage emergency department presentations, including major trauma.

Acute serious illnesses and trauma can occur in patients of any age, may involve one or more body systems, and the context of the history may contribute to the required treatment response (eg. the collapsed patient or an accident site).

Acute serious illnesses can be classified by body systems including cardiovascular, respiratory, gastrointestinal, musculoskeletal, neurological, immune system, dermatological and metabolic conditions.

These presentations can also be classed into groups such as paediatric, obstetric, gynaecology, orthopaedic, surgical, general medical, psychiatric, ophthalmology, eye, and ear, nose and throat, among many others.

Traumatic conditions (accidents and injury to self and others) can generally be divided according to the causes, eg. road trauma, environmental, toxicological, envenomation, assaults and occupational injuries.

## Rationale

Emergency life threatening presentations in general practice are uncommon and the presentation of traumatic injuries to general practice is decreasing with a trend for hospital emergency departments being used as the first line of management for physical injuries.<sup>1</sup> This creates a professional development challenge as general practitioners need to maintain skill levels even for the management of rare life threatening conditions, as well as for the more common conditions that present to general practice.

General practitioners are more likely to see acute serious illness in the early stages when early recognition of warning signs, early investigation and referral may be life saving. Early treatment and patient education may help prevent disease exacerbations and avoid conditions deteriorating into more serious and potentially life threatening conditions.

The diagnosis of acute serious illnesses may be clearer in patients presenting later in the natural history of the condition, but these patients may bypass the general practice and go to an emergency department.

Trauma due to injury may vary in severity of presentation. Minor trauma such as musculoskeletal injuries and lacerations can be managed in general practice.

As with serious acute illness, patients with major trauma are less likely to present to general practice and may go straight to emergency departments, but these may be staffed by GPs, especially in smaller or remoter rural hospitals.

General practitioners in rural and remote areas require a higher level of emergency care skills due to lower numbers of general practitioners, reduced access to specialist services, and the logistic and geographic difficulties of evacuating seriously ill patients. There is also a higher incidence of farming, mining, industrial and motor vehicle accidents and greater access to firearms in isolated areas.

General practitioners may also be required to treat acute conditions outside of the general practice or hospital setting such as a collapse on a street or an accident site.

Acutely ill patients require stabilisation and transfer and admission to an acute care setting. This may involve advocating for the admission of a patient.

Continuity of care for seriously ill patients requires the use of handover skills.

Emergency situations may require general practitioners to provide clear instructions to staff, take control of situations and demonstrate the ability to lead the general practice or another team. This may occur outside the general practice setting such as an accident site where leadership skills in sometimes chaotic and dangerous settings are critical to effective emergency management.

Personal safety issues for the general practitioner and practice staff are of more concern in emergency situations such as the management of acute psychiatric conditions or at the scene of an accident.

General practitioners need to be prepared to manage complex medicolegal and ethical decisions in the acute care setting such as the management of the unconscious patient, the patient with impaired ability to give informed consent when ill, next of kin issues, and being sensitive to patient and next of kin choices that may not accord with best possible treatment outcomes.

General practices also need to be able to prioritise patients according to treatment urgency. Within the context of regular general practice appointment systems, this will require the time management and organisational skills of both the GP and the general practice systems.

Acute serious illnesses may occur outside of usual practice hours. General practitioners require skills in after hours care, including telephone triage, to ensure that patients have access to appropriate levels of care.

The management of acute serious conditions has the potential to cause fear, fatigue and stress, and may be a significant risk to the doctor's own health and may impair clinical performance. General practitioners need to ensure that they have self care strategies in place to prevent and manage work related stress.

Refer to other curriculum areas as required. Acute serious illnesses and trauma can occur in any medical specialty area, although there is a common set of management skills required in managing any emergency situation. For specific areas consult other curriculum statements including *Aged care* for management of acute fractures in the elderly; *Children and young people's health* for consent issues in an emergency if no accompanying parent; *Chronic conditions* for medical emergencies; *Drug and alcohol medicine* for drug overdose and trauma including legal implications; *Men's health* for traumatic injury; *Mental health* for acute psychoses and follow up to manage post-traumatic stress disorder; *Multicultural health* for the use of translators; *Occupational health* for emergency workplace injuries; *Pain management* for acute pain management principles; *Sports medicine* for acute musculoskeletal injuries; and *Women's health* for domestic violence, partner abuse, and pregnancy.

## The five domains of general practice – acute serious illnesses and trauma

### Communication skills and the patient-doctor relationship

General practitioners need to communicate clearly with patients and their carers when managing acute illnesses and trauma. During times of crisis, patients and carers are often distressed. Skilful, sensitive and accurate patient communication is critical in allaying anxieties and achieving successful management, especially in potentially life threatening situations. The patient may be unconscious or severely ill, impairing their ability to provide informed consent. Communicating with acutely ill patients may be influenced by age, and other factors including gender and ethnicity. Sensitive, empathic communication is also required when breaking bad news to patients and carers, in times of bereavement, for issues around certifying death, and coroner and police involvement. General practitioners providing out of hours emergency care will require appropriate telephone triage communication skills.

### Applied professional knowledge and skills

Maintaining skill levels in general practice for the management of acute illnesses is educationally challenging as emergency presentations are not common, but require immediate skillful treatment by the clinician. Some general practitioners, such as those in rural and remote settings, may require a higher level of emergency general practice skills. Emergency general practice care involves the diagnosis and immediate management of a range of life threatening medical, surgical and psychiatric conditions. General practitioners need to be able to recognise and evaluate acutely ill adults and children, and identify which patients require immediate resuscitation and transfer to acute care settings. An appropriate level of care is required when transferring severely ill patients from the general practice to the acute care setting. Time management skills will be required to prioritise patients according to the seriousness of the patient's condition. Identifying which patients are likely to become progressively more ill and providing management advice, including how to access care if the condition deteriorates, helps prevent acute serious illness in the general practice setting. General practitioners may also have to deal with manipulative patients who request inappropriate emergency treatment. Out of hours management skills are required to manage acute serious illnesses and trauma, which may occur when the practice is closed. General practitioners will need to be able to diagnose and certify patient death.

### Population health and the context of general practice

Although acute illnesses and trauma are not common in the general practice setting, knowledge of the range of presentations is necessary to be able to identify and manage acute illnesses and identify potentially life threatening situations. Cultural, occupational or other factors may affect management of acute illnesses and trauma in the general practice setting. Carers may be involved at the time of the acutely ill person's presentation in the general practice setting and there may be conflict between patients and their relatives. Education of the patient and carers may also help to prevent disease exacerbations and the frequency of preventable emergency presentations, eg. the use of preventive asthma medications to prevent asthma attacks.

### Professional and ethical role

Complex ethical decisions often need to be made when managing acute illnesses and trauma, and the patient's choices and wishes need to be respected. Decisions are often best made in consultation with colleagues. Leadership is required in times of crisis such as the management of acute illness. General practice staff will look for clear direction and instruction in the management of acute illness, trauma and crisis situations. The general practitioner may need to act as an advocate for patients requiring admission when referral centres refuse admission where another doctor has not assessed

the patient. The management of acute illnesses and trauma can engender fear and stress in the general practitioner, staff and others. Self care strategies need to be in place to reduce the potential health adverse effects on clinicians who care for acutely ill patients. This is for personal occupational health and safety, and to prevent stress related performance impairment. Colleagues in distress may require intervention and support.

## **Organisational and legal dimensions**

Acute serious conditions and trauma may present to general practice at unexpected times, requiring that patient consultation times be prioritised according to the severity of the presenting illness. Triage procedures need to be in place to ensure that seriously ill patients are seen first, and the clinician will need to manage time accordingly. Seriously ill patients needing referral and transfer from general practice to the acute care setting require clear communication between the general practitioner and other health workers within and outside of the practice. Patient transport requires that an appropriate level of care is maintained throughout the journey to the acute care setting. Acutely ill patients need to be able to access appropriate out of hours general practice care and the management of acute illnesses and trauma may take place outside of the general practice setting at accident sites or in the patient home. Some serious conditions may present potential significant personal security risks to self, staff, patients and others, eg. in an acutely disturbed psychiatric patient or at an accident site. Patients will require follow up after referral to the acute care setting and some patients may require rehabilitation services to help recover from serious conditions. Handover skills and procedures are vital to ensure continuity of care for acutely ill patients. Some serious illnesses will require exercising legal responsibilities such as using mental health regulations, certifying death or contacting the police and coroner. Sick adults may have an impaired ability to give informed consent and there are special issues when obtaining informed consent for treating an ill child.

# Learning objectives across the GP professional life

## Medical student

### Communication skills and the patient-doctor relationship

- Describe why a patient centred approach is used in the management of acutely ill patients with diminished capacity for autonomous treatment decisions due to illness.
- Describe how communication in acutely ill patients may be influenced by age and other factors such as gender, ethnicity.
- Describe the principles involved in breaking bad news to patients and carers.

### Applied professional knowledge and skills

- Describe the abnormal physiology and manifestations of critical illness.
- Recognise how an acute illness may be an acute exacerbation of a chronic disease.
- Discuss the principles of medical triage.
- Describe why resuscitation may need to precede full assessment.
- Demonstrate the basic principles of airway management, ventilatory and circulatory support.
- Describe contemporary practices in basic and advanced life support.
- Demonstrate cardiopulmonary resuscitation.
- Describe how to assess patient vital signs.
- Describe the general clinical presentations of important acute serious illnesses and trauma.
- Describe the diagnosis and management of common and important acute serious illnesses and traumatic conditions including eye problems, chest pain, the collapsed patient, acute abdominal pain, respiratory problems (eg. asthma), major trauma (eg. face and spine), and common fractures (eg. hip fractures in older people, wrist fractures in the young).
- Understand safe practice of common clinical skills such as intramuscular injections, blood taking (including blood cultures, preparation of intravenous fluids), use of nebuliser, simple suture and current tetanus recommendations.

### Population health and the context of general practice

- Describe the role of general practice in the primary care management of acute illness and traumatic injury.
- Describe the patterns of presentation and care of acute serious illnesses and traumatic injury in the Australian health care setting.
- Describe the epidemiology of common presentations of acute serious illness and traumatic illnesses listed in the previous section, *Applied professional knowledge and skills*.

### Professional and ethical role

- Discuss the impact of clinician fear, fatigue and stress associated with the treatment of seriously ill patients
- Describe the personal health risks to doctors providing acute health care including personal safety, fatigue and stress, and the potential impact of practitioner impairment on patient health.
- Describe the importance of infection control in the acute health care setting.

### Organisational and legal dimensions

- Discuss the role of informed consent in the treatment of acutely ill patients.
- Describe processes for obtaining informed consent in acutely ill minors.
- Describe potential threats to personal safety in the treatment of acutely ill patients.
- Describe the application of mental health legislation to patients with severe mental illness.
- Describe the laws that relate to certifying death.
- Describe mandatory reporting requirements, including when the coroner and police need to be notified in cases of death.

# Learning objectives across the GP professional life

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## Prevocational doctor

### Assumed level of knowledge – medical student

#### Communication skills and the patient-doctor relationship

- Use a patient centred approach to manage acutely ill patients who may have a decreased ability to make autonomous treatment decisions because of their illness.
- Use clear, culturally appropriate communication to manage patients with acute illnesses and trauma.
- Demonstrate how to discuss serious illness and bereavement with patients and their carer including breaking bad news.

#### Applied professional knowledge and skills

- Recognise and evaluate acutely ill patients.
- Identify which acutely ill patients require immediate resuscitation and when to call for assistance.
- Identify the clinical presentations of important acute serious illnesses and trauma.
- Demonstrate the assessment of a sick child.
- Accurately and efficiently diagnose and manage common and important acute serious illnesses and traumatic conditions including eye problems, chest pain and respiratory problems (eg. asthma).
- Perform and interpret an electrocardiogram.
- Demonstrate:
  - cardiopulmonary resuscitation of children and adults including the use of a defibrillator
  - how to control haemorrhage
  - how to suture a wound
  - how to use a nebuliser
  - male and female catheterisation
  - basic airway management, ventilatory and circulatory support.
- Diagnose death and write death certificates.

#### Population health and the context of general practice

- Describe how cultural, occupational or other factors may affect patient management in the acute care setting.
- Demonstrate the ability to identify conflicts that may exist between patients and their carers, and act in the best interests of the patient.

#### Professional and ethical role

- Describe ethical complexities of caring for acutely ill patients.
- Describe the impact of acute illness and trauma on the ability to give informed consent.
- Participate in decision making and debriefing when ceasing resuscitation.
- Describe the leadership role that may be required of a doctor in emergency situations.
- Show an ability to work well within medical teams during emergencies.
- Outline measures that can be taken to promote clinician self care.
- Demonstrate how to recognise a clinician in difficulty.
- Describe how to consult colleagues about ethical concerns.

### Organisational and legal dimensions

- Demonstrate accurate note taking and recording in emergency situations.
- Demonstrate how to give high priority to acutely ill patients.
- Demonstrate handover procedures for acutely ill patients.
- Describe the management of the aggressive patient.
- Describe legal responsibilities regarding death certification, including when to involve the coroner and police.
- Describe how to apply mental health regulations for detaining acutely mentally ill patients.
- Describe the importance of maintaining or increasing the level of care during transport.



## Learning objectives across the GP professional life

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### Vocational registrar

#### **Assumed level of knowledge – prevocational doctor**

##### **Communication skills and the patient-doctor relationship**

- Demonstrate consultation skills appropriate to the management of acute illness and trauma in the general practice setting.
- Demonstrate clear communication with the patient and their family in the general practice setting during times of crisis.
- Demonstrate how to triage patients by telephone and decide whether to give telephone advice, arrange to see patient at an appropriate time, or to arrange emergency transfer.
- Describe how to sensitively communicate to patients and carers in life threatening situations or at times of bereavement, including issues around certifying death, and coroner and police involvement.

##### **Applied professional knowledge and skills**

- Demonstrate a range of essential procedures and skills for the management of acute illness and trauma presentations.
- Demonstrate decision making skills in the effective management of acute illness and trauma presentations.
- Identify which patients may become acutely ill and give management advice including how to access care if condition deteriorates.
- Demonstrate the management of common medical, surgical and psychiatric emergencies in the out of hours setting.
- Describe when resuscitation or intensive care may be inappropriate.
- Demonstrate the appropriate level of care of resuscitation and stabilisation required to transfer severely ill patients from the general practice setting to the acute care setting.
- Demonstrate essential advanced life support skills.
- Describe procedures for managing manipulative patients to prevent the inappropriate use of health care resources.

##### **Population health and the context of general practice**

- Demonstrate how to use patient education to help reduce the number and frequency of preventable presentations.
- Describe the needs of carers involved at the time of the acutely ill person's presentation in the general practice setting.

##### **Professional and ethical role**

- Demonstrate an ability to make complex ethical decisions in accordance with a patient's wishes.
- Show how to use a team based approach in the management of acute illness in the general practice setting including how to provide leadership and how to follow instructions.
- Describe how to act as an advocate for patients requiring admission when referral centres refuse admission when they have not yet assessed the patient.
- Describe the strategies in place to reduce the potential impact of providing acute care on the health of the GP and to help prevent stress related performance impairment.

**Organisational and legal dimensions**

- Demonstrate how to prioritise patient consultation times according to the severity of the presenting illness.
- Describe procedures for the appropriate referral and transfer of acutely serious patients from the general practice to the acute care setting including the role of effective communication with other health workers.
- Describe how acutely ill patients can access out of hours care in the general practice setting.
- Evaluate the awareness and management of the personal security risks to self, staff, patients and others, eg. at an accident site.
- Outline geographical and logistical transport issues for acutely unwell patients from rural and remote areas to tertiary centres.
- Describe how patients are followed up after transfer to the acute care setting.
- Describe the rehabilitation services available for patients who have suffered acute serious illness or trauma.

## Learning objectives across the GP professional life

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### Continuing professional development

#### **Assumed level of knowledge – vocational registrar**

##### **Communication skills and the patient-doctor relationship**

- Review special communication needs of practice populations such as use of interpreters.
- Review educational needs to maintain communication skills.

##### **Applied professional knowledge and skills**

- Maintain competency in advanced life support skills, including through structured courses and professional development.
- Consider developing further advanced life support skills, especially in rural and remote areas.

##### **Population health and the context of general practice**

- Consider use of patient education to prevent acute exacerbations of chronic conditions.
- Consider the need for differing or increased general practice in provisions of local emergency health services, eg. in rural and remote areas.
- Consider the role of the practice in the event of bioterrorism or other emergency.

##### **Professional and ethical role**

- Review skill levels in emergency medicine to ensure ongoing skill level maintenance.
- Review self care strategies.

##### **Organisational and legal dimensions**

- Review practice staff safety procedures and measures.
- Review practice staff capacity for dealing with acute situations.

## References

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1. Britt H, Miller GC, Knox S, et al. General practice activity in Australia 2004-05. AIHW Cat. no. GEP 18. Canberra: Australian Institute of Health and Welfare, 2005, p. 91.

# Chronic diseases

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## Definition

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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.<sup>1</sup>

Chronic diseases are defined by the World Health Organization as having one or more of the following characteristics: they are permanent, leave residual disability, are caused by nonreversible pathological alteration, require special training of the patient for rehabilitation, or may be expected to require a long period of supervision and care.<sup>2</sup>

A chronic condition is defined as including any form of chronic illness, disease or symptom complex or disability.

A distinction needs to be made between chronic illness, which impacts on the wellbeing and the holistic functioning of the patient, and chronic disease, which may have little impact on the day-to-day life of the patient other than the medical management required to prevent future mortality and morbidity. For instance, hypertension and hypercholesterolaemia are chronic diseases that require effective management and monitoring to prevent future cardiovascular events, but these diseases are unlikely to have a significant impact on the daily wellbeing of the patient.

## Rationale

Chronic disease represents a substantial and increasing portion of health care expenditure and practitioner workloads.<sup>3</sup> The burden of chronic diseases is rapidly increasing worldwide, with chronic diseases contributing approximately 60% of the 56.5 million total reported deaths in the world and approximately 46% of the global burden of disease. The proportion of the burden of noncommunicable disease is expected to increase to 57% by 2020.<sup>4</sup>

The rate of chronic problems managed by general practitioners significantly increased from 46.5 to 50.8 per 100 encounters in 2004–2005,<sup>5</sup> resulting in an estimated average annual national increase of 180 000 occasions of general practice management of a chronic problem (ie. 1.1 million more occasions of chronic problem management in 2004–2005 than in 1998–1999).

Most working age Australians consider their health to be good, but results from the 2004–2005 Australian Bureau of Statistics National Health Survey indicate that 87% had at least one long term health condition.<sup>6</sup> Most common among these were problems with eyesight, including long or short sightedness (affecting 32% and 27% respectively) and back and disc problems (21%). Other commonly reported conditions include hay fever and allergic rhinitis (19%), chronic sinusitis (12%), asthma (9%), arthritis (17%), complete or partial hearing loss (10%) and hypertensive disease (11%). The prevalence of these diseases increases with age and nearly all people in Australia aged 65 years and over report at least one long term condition.<sup>7</sup>

Two chronic conditions, cardiovascular disease and cancer, constitute the two major causes of death in the Australian community. The Australian Institute of Health and Welfare identifies the following conditions as having a large impact on the burden of disease in Australia: coronary heart disease, stroke, lung cancer, colorectal cancer, depression, diabetes, asthma, chronic obstructive pulmonary disease, chronic kidney disease, oral diseases, arthritis and osteoporosis.<sup>8</sup>

## The role of the GP

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 long term care management.

General practice care models have been shifting in recent times from professional and service centred management to care that emphasises the individual managing and living with chronic disease, illness and disability. This has been identified as helping health outcomes.<sup>9</sup> In addition, the primary aim of chronic disease management shifts from cure to reducing the progression of symptoms and further complications.

Patients with chronic disease will have varying needs for medical management and support, depending on the type of the disease, the disability that is associated with the disease and the stage of the disease. Health system responses, including general practice, will need to match the appropriate level of health care need (see *Figure 1*).<sup>10</sup>

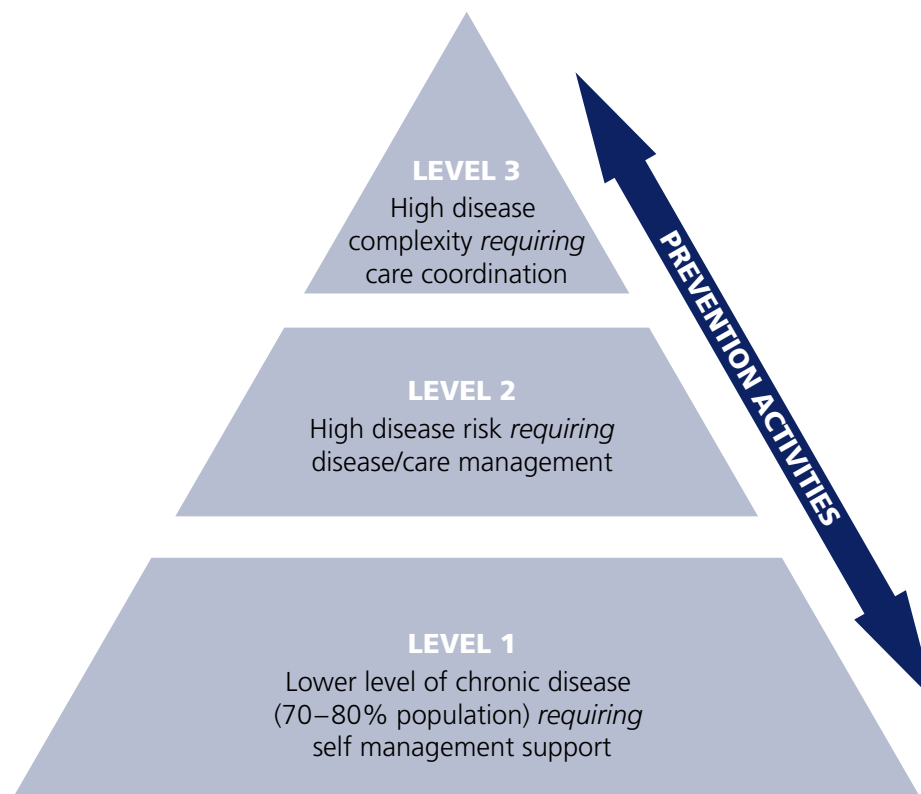


Figure 1. Levels of health care need to be matched to the care needs level of chronic disease



## Lifestyle modification, general practice and chronic disease

There are many complex determinants of chronic disease, including social, economic and cultural factors. While some strategies that are needed to attenuate the effects of these factors, such as income support or population health initiatives require action at governmental and societal levels, modification of lifestyle factors is particularly important in managing chronic disease in general practice.

Important common lifestyle factors in the development of chronic disease identified for change in general practice are the SNAP<sup>11</sup> risk factors – smoking, nutrition, alcohol and physical activity. Lessening exposure to these risk factors helps prevent and control chronic disease. Much of the reduction in the incidence of ischaemic heart disease in recent decades has been due to primary care strategies to reduce risk factors such as assisting with smoking cessation.

## A multidisciplinary approach to general practice chronic disease

Care for patients with chronic illness is complex and needs to be supported by a systematic approach to self management, information management and multidisciplinary teamwork.<sup>12–14</sup>

The increasing prevalence of chronic disease has led to major changes in the methods of health care delivery and the role of different health professionals in delivering such care.

The role of the general practitioner in chronic disease management varies over time but is central for most patients. General practitioners have an ongoing relationship with their patients, which provides a central point of coordination for long term chronic disease management. Continuity of care, which is a key feature of general practice, has been shown to improve the quality of care and health outcomes for patients with chronic diseases.<sup>15</sup>

This continuity of care is particularly important in the significant proportion of patients who have more than one chronic disease that cause the management of the disease to be relatively complex. General practitioners can coordinate care and are able to provide more holistic care for patients than the primarily disease focused care of the secondary and tertiary health care.

The health care team includes the team within a general practice (general practitioners and practice nurses), other primary health care professionals (eg. pharmacists, physiotherapists, psychologists) and health care professionals from the secondary sector.

In particular, practice nurses have an increasingly important role in the delivery of systematic care for chronic diseases in the general practice setting, and are similarly becoming better placed to participate in holistic rather than just disease specific care.

In some locations and practices (eg. in rural and remote settings) the boundaries between primary and secondary care may be less distinct, and the general practitioner may be responsible for a greater proportion of the in-hospital patient care.

Patients and their carers have an extremely important role in the management of chronic diseases. Supporting and educating patients in their self management is a critical role for general practitioners and general practice staff involved in the care of patients with chronic disease.

## National health priorities

The Australian Government has established national goals, targets and strategies for better health outcomes into the next century. These focus on specific chronic problems that are most important in terms of their contribution to the burden of disease: cardiovascular disease, cancer, injury, mental illness, diabetes, asthma, musculoskeletal conditions.<sup>16</sup> Other important priorities include immunisation and HIV/AIDS.

These priorities are based on the burden of disease at a national level but the priorities within an individual clinical practice may vary. The priority for a general practitioner is always determined by the patients who present at each point in time and the practice population over the longer term.

Refer also to curriculum statement: *Population health*.

## The five domains of general practice – chronic diseases

### Communication skills and the patient-doctor relationship

General practitioners need skills in the following areas of chronic disease management:

- diagnosis:
  - use of appropriate verbal and nonverbal communication techniques (eg. open and closed questions, reflection, summarising) to gather additional history from patients and, when appropriate, family members, carers and/or other members of the multidisciplinary team, especially relating to lifestyle factors and chronic disease
  - nonjudgmental assessment of adherence to medication regimens and ability to sympathetically ascertain from the patient or, where appropriate, family members, carers and/or other members of the multidisciplinary team, factors contributing to adherence
  - explain need for specific physical examinations to be made in the context of a specific consultation at one point of time and obtain patient consent to perform these examinations or, when appropriate, the consent of a family member or carer
  - effective communication of diagnoses of chronic diseases including comorbidities, acute exacerbations, complications to patients and, when appropriate, family members, carers, and other members of the multidisciplinary team
- investigating conditions:
  - explain the role of tests and investigations (including pre and posttest counselling) at different time points in the disease course for prevalent chronic diseases (including at times of potential acute exacerbation or acute complication) and obtain patient consent to perform those tests/ investigations or, when appropriate, that of a family member or carer; this should include explanations when tests and investigations are not required
  - communicate test and investigation results in the context of particular chronic disease(s) to patients and, when appropriate, family members, carers, and/or other members of the multidisciplinary team
- management:
  - use a patient centred, supportive approach and develop long term relationships that help patients with chronic conditions to take as much responsibility as possible for their own chronic diseases health outcomes
  - understand the patient's knowledge, attitudes and meaning of their illness
  - understand the importance of patient centred communication in improving health outcomes
  - be responsive and empathetic to fluctuations in the physical and mental state of patients with chronic conditions
  - negotiate and document appropriate management plans to optimise patient wellbeing, autonomy and personal control of their chronic disease health outcomes, emphasising a shared approach to decisions regarding management
  - appropriately refer to secondary care physicians where necessary
  - effectively document and communicate negotiated management plans for chronic diseases including comorbidities, acute exacerbations and/or acute complications of the diseases, when appropriate, to family members, carers, and/or other members of the multidisciplinary team including specialist physicians
  - maintain long term, supportive relationships with patients who do not respond to, or cooperate with, medical management
  - use patient reminders to facilitate appropriate proactive care
  - use, when appropriate, tools to assess readiness to change and techniques that motivate, educate and facilitate behavioural change

- prevention:
  - negotiate secondary and tertiary prevention strategies for patients with chronic disease(s), taking into account the presence of risk factors, the stage of the disease(s) and the potential for a changing risk/benefit ratio of medications or other treatments used for the disease(s) over time
- education:
  - assess patients understanding and educate them about their condition and any impact of disease
  - assist patients, if asked, to contact others with similar conditions and/or relevant support organisations

## Applied professional knowledge and skills

General practitioners require the following knowledge and skills for effective general practice care of chronic conditions:

- knowledge:
  - understand the principles of diagnosis, management and monitoring of chronic diseases and comorbidities, and how these may relate to disease course over time
  - outline 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
  - understand how the presence of comorbidities can impact on disease prognosis and management
  - outline the relevant anatomy, physiology, pathology and psychology appropriate to the management of common chronic conditions, the current best evidence for their management and the potential harms of pharmacological and nonpharmacological forms of treatment
  - identify relevant risk factors for future health events in the context of chronic disease, including adverse effects of medications and other medical interventions used to manage chronic disease
  - identify medical, nursing, allied health, pharmacy and other health professionals involved in the care of patients with chronic diseases
  - understand the importance, benefits and limitations of medical generalists in the provision of care for chronic conditions.
- skills:
  - demonstrate the skills of history taking and examination for internal medicine and chronic conditions that are relevant to high quality general practice
  - evaluate various physical, psychological and social levels of function, and disablement processes
  - identify barriers impacting on patients' accessing optimal care for their chronic conditions, and practical strategies patients can adopt to overcome these barriers
  - use appropriately written records (eg. patient records including referral letters out and correspondence in, prescriptions, previous results of tests and investigations) to gather relevant patient history
  - identify and implement practical and pragmatic approaches to managing chronic diseases and comorbidity in the context of general practice, that explicitly takes into account the inherent uncertainty and complexity in biopsychosocial domains
  - utilise techniques that support and maintain healthy lifestyle changes (eg. motivational interviewing, appropriate referral to other primary health care providers and specialist providers)
  - appropriately and effectively refer patients with chronic diseases to other members of the multidisciplinary team, and liaise with those members regarding patient care
  - describe and demonstrate systematic approaches to case management, care coordination and advocacy (demonstrating an understanding of the need for continuity of care and remedial action as appropriate), including effective follow up and review processes for chronically ill patients
  - critically reflect on and implement modifications to approaches to chronic disease management in the context of general practice in the light of emergent evidence based patient management
  - establish and make use of established methods to assure quality of care in patients with chronic disease
  - be able to embrace new technologies that have been demonstrated to improve health outcomes.

## Population health and the context of general practice

The effective general practice management of chronic conditions in the primary care setting requires that general practitioners be able to:

- understand the meaning of chronic illness and disease, and the variable impact it has on the quality of life of an affected person, their family, and community
- understand the environmental, social, cultural and economic factors which contribute to the development and persistence of chronic conditions
- utilise the various health and community resources available for the support, prevention, diagnosis, and management of chronic conditions
- understand government policies and administrative requirements which relate to assisting people with chronic conditions
- help and support patients to overcome barriers related to their chronic condition (including stigmatisation, stoicism, social stereotyping, and cultural norms)
- discuss the problems faced by patients (and their families and carers) in fulfilling underlying needs for better social support, coping skills, and sense of patient autonomy and control
- discuss the chronic health problems of specific community groups (eg. Aboriginal and Torres Strait Islander peoples, people from culturally and linguistically diverse backgrounds, and people with a developmental disability)
- use screening procedures appropriate to identifying asymptomatic individuals at risk for common chronic diseases, and those who already have chronic conditions (secondary prevention)
- advocate for people with chronic conditions to support their access to services, benefits and entitlements
- discuss the balancing of decisions that need to be made for populations versus those for individuals (eg. allocation of funding)
- have the capacity to work effectively in a team, and as a team leader to provide optimal care to people with a chronic disease
- describe opportunities for prevention of chronic disease, especially among high risk groups.

## Professional and ethical role

The effective general practice management of chronic conditions in the primary care setting requires that general practitioners need to be able to:

- actively participate in multidisciplinary primary care teams
- have a role in shared care and ongoing care with hospital specialist teams
- provide support at times of crisis and transition (eg. at time of diagnosis)
- provide support at times of transition through health care system (eg. on discharge from hospital)
- implement methods for monitoring and evaluating quality long term care, being responsive to feedback
- discuss the ethical principles underlying the care of patients with chronic conditions in general practice (eg. consent, privacy, autonomy, legitimacy and issues associated with dying)
- undertake home and nursing home visits and discuss the importance of these services in the management of chronic conditions
- actively develop team leadership skills
- effectively engage other members of the multidisciplinary team or wider health service networks in appropriate educative (including reinforcement of key messages) activities.

## Organisation and legal dimensions

The effective general practice management of chronic conditions in the primary care setting requires that general practitioners be able to:

- develop, maintain, coordinate and evaluate disease management programs, including recall and prompted care systems and multidisciplinary teams
- use and have readily accessible evidence based guidelines for chronic disease management
- be aware of currently funded programs to assist in the management of chronic conditions (eg. National Chronic Disease Strategy)
- provide timely, accurate and evidence based information to patients and carers on chronic diseases
- use medical record systems appropriate to the care of patients with chronic conditions (eg. effective long term follow up, systematic periodic review)
- discuss strategies for time management, taking into consideration demands on time and effort when managing complex medical problems and chronically ill patients
- use modern medical information systems effectively to assist in the prevention, diagnosis, and management of chronic conditions
- be aware of ethical considerations of team approaches to health care (eg. sharing of health records)
- be able to discuss the legal and advocacy aspects of chronic conditions (eg. certification, confidentiality, legal report writing, legal requirements of prescribing and refusal, withholding and withdrawal of treatment)
- understand the full potential of computer records in disease management and prevention, including the use of electronic communication between other health care providers
- understand the importance of involving practice staff in care of people with chronic disease.

# Learning objectives across the GP professional life

## Medical student

### Communication skills and the patient-doctor relationship

- Describe the use of appropriate verbal and nonverbal communication techniques (eg. open and closed questions, reflection, summarising) to gather additional history from patients and, when appropriate, family members, carers, and/or other members of the multidisciplinary team, especially relating to lifestyle factors and chronic disease.
- Outline the nonjudgmental assessment of adherence to medication regimens and sympathetically ascertain from the patient – or, where appropriate, family members, carers, and/or other members of the multidisciplinary team – factors contributing to adherence.
- Explain the need for specific physical examinations to be made in the context of a specific consultation at one point of time and obtain the patient's consent – or, where appropriate, the consent of family members or carers – to perform those examinations.
- Outline effective communication of diagnoses of chronic disease(s) including comorbidities, acute exacerbations and/or acute complications of the diseases to patients and, when appropriate, family members, carers, and/or other members of the multidisciplinary team.
- Outline the role of indicated tests and investigations (including pre- and post-test counselling) at different time points in the disease journey for prevalent chronic diseases (including at times of potential acute exacerbation or acute complication) and obtain the patient's consent – or, where appropriate, the consent of family members or carers – to perform those tests or investigations; also outline the same for tests and investigations that are not indicated.
- Outline principles for communicating test and investigation results in the context of particular chronic diseases to patients and, when appropriate, family members, carers, and/or other members of the multidisciplinary team.
- Describe the use of a patient centred, supportive approach and develop ongoing relationships that help patients with chronic conditions to take as much responsibility as possible for their own chronic disease outcomes.
- Describe the role of gaining an understanding of the patient's knowledge, attitudes and meaning of their illness.
- Describe the use of patient centred communication in improving chronic disease health outcomes.
- Describe the principles in negotiating and documenting appropriate management plans to maximise patients' wellbeing, autonomy and personal control of their chronic disease outcomes, emphasising a shared approach to decisions of patient management.
- Describe attitudes and behaviours related to chronic conditions that may be barriers to positive health outcomes, including stigmatisation, stoicism, social stereotyping, and cultural norms.

### Applied professional knowledge and skills

- Describe relevant history and examination skills for high quality management of internal medicine and chronic conditions.
- Describe the principles of diagnosis, management and monitoring of chronic diseases and comorbidities and how these may relate to disease course over time.
- Outline the natural history, prognosis, treatment and management of the chronic conditions commonly encountered in general practice, including the differing ways in which treatments may affect some people.
- Describe how the presence of comorbidities can impact on disease prognosis and management.
- Describe various physical, psychological and social levels of function and disability.
- Outline the relevant anatomy, physiology, pathology and psychology appropriate to the management of common chronic conditions, the current best evidence for their management and the potential harms of pharmacological and nonpharmacological forms of treatment.

- Describe the relevant risk factors for the future development of chronic disease, including adverse effects of medications and other medical interventions used to manage chronic disease.
- Describe systematic approaches to case management, care coordination and advocacy, including effective follow up and review processes for chronically ill patients.
- Describe the physical and mental state of patients with chronic conditions.
- Describe the appropriate use of tools to assess readiness to change and techniques that motivate, educate and facilitate behavioural change for chronic disease control.

### **Population health and the context of general practice**

- Outline the meaning of chronic illness and disease, and the variable impact it has on the quality of life of an affected person, their family, and community.
- Describe appropriate screening procedures required to identify asymptomatic individuals, individuals at risk of common chronic diseases, and those who already have chronic conditions (secondary prevention).
- Describe the use of evidence based guidelines for chronic disease management.
- Describe barriers that impacting upon patients accessing optimal care for chronic conditions and practical strategies that can be adopted to overcome these barriers.
- Describe the environmental, social, cultural and economic factors which contribute to the development and persistence of chronic conditions.
- Describe the problems faced by patients (and their families and carers) in fulfilling underlying needs for better social support, coping skills and sense of patient autonomy and control.
- Outline the chronic health problems of specific community groups (eg. Aboriginal and Torres Strait Islander peoples, people from culturally and linguistically diverse backgrounds and people with a developmental disability).
- Outline the balancing of policy decisions that need to be made for populations versus those for individuals (eg. in the allocation of funding).

### **Professional and ethical role**

- Outline how to provide support at times of crisis and transition (eg. at time of diagnosis).
- Describe the role of the GP in a multidisciplinary team in helping to provide optimal care to people with a chronic disease in the primary care setting.
- Outline the ethical principles underlying the care of patients with chronic conditions in general practice (eg. consent, privacy, autonomy, legitimacy and issues associated with dying) within the hospital setting.

### **Organisational and legal dimensions**

- Identify and describe the medical, nursing, allied health, pharmacy and other health professionals involved in the care of patients with chronic diseases.
- Describe methods of managing patients with chronic disease.
- Describe the full potential of computer records in disease management and prevention, including the use of electronic communication between other health care providers.
- Describe the various health and community resources available for the support, prevention, diagnosis, and management of chronic conditions.
- Describe the role of assisting patients in contacting others with similar conditions and relevant support organisations such as self help groups.

# Learning objectives across the GP professional life

## Prevocational doctor

### Assumed level of knowledge – medical student

#### Communication skills and the patient-doctor relationship

- Demonstrate the use of appropriate verbal and nonverbal communication techniques (eg. open and closed questions, reflection, summarising) in the hospital setting to gather additional history from patients and, when appropriate, from family members, carers, and other members of the multidisciplinary team, especially relating to lifestyle factors and chronic disease.
- Demonstrate the nonjudgmental assessment of adherence to medication regimens and sympathetically ascertain from the patient – or, where appropriate, family members, carers, and/or other members of the multidisciplinary team – factors contributing to adherence in the hospital setting.
- Demonstrate ability to effectively communicate diagnoses of chronic disease(s) including comorbidities, acute exacerbations and/or acute complications of the diseases to patients and, when appropriate, family members, carers, and/or other members of the multidisciplinary team.
- Demonstrate ability to explain the role of indicated tests and investigations (including pre- and post-test counselling) at different time points in the disease course for prevalent chronic diseases (including at times of potential acute exacerbation or acute complication) and obtain patient consent (or the consent of family member or carer where appropriate) to perform those tests/ investigations; also demonstrate the same for tests and investigations that are not indicated.
- Demonstrate ability for communicating test and investigation results in the context of particular chronic diseases to patients and, when appropriate, family members, carers, and/or other members of the multidisciplinary team in the hospital setting.
- Demonstrate use of a patient centred, supportive approach and develop ongoing relationships that help patients with chronic conditions to take as much responsibility as possible for their own chronic disease outcomes.
- Demonstrate ability to gain an understanding of the patient's knowledge, attitudes and meaning of their illness in the hospital setting.
- Demonstrate use of patient centred communication in improving chronic disease health outcomes in the hospital setting.
- Demonstrate the negotiation and documentation of appropriate management plans to maximise patients' wellbeing, autonomy and personal control of their chronic disease health outcomes emphasising a shared approach to management decisions in the hospital setting.
- Outline approaches for the long term management of patients who do not respond to, or cooperate, with medical management.

#### Applied professional knowledge and skills

- Demonstrate history and examination skills for internal medicine and chronic conditions that are relevant to high quality hospital based medicine.
- Demonstrate ability to assess various physical, psychological and social levels of function and disability in the hospital setting.
- Demonstrate the appropriate use of tools to assess readiness to change and techniques that motivate, educate and facilitate behavioural change for chronic disease control in the hospital setting.
- Demonstrate ability to be responsive and empathetic to fluctuations in the physical and mental state of patients with chronic conditions in the hospital setting.
- Demonstrate support for overcoming barriers to positive health outcomes for people with chronic attitudes and behaviours including stigmatisation, stoicism, social stereotyping and cultural norms.
- Demonstrate ability to identify the relevant risk factors for the future development of chronic disease, including adverse effects of medications and other medical interventions used to manage chronic disease in the hospital setting.



- Demonstrate use of all information sources (eg. patient records, including referral letters, prescriptions, previous results of tests and investigations to gather relevant patient history) when formulating management plans.
- Demonstrate systematic approaches to case management, care coordination and advocacy including effective follow up and review processes for chronically ill patients in the hospital setting.

### **Population health and the context of general practice**

- Demonstrate ability to identify barriers impacting on patients' accessing optimal care for their chronic conditions in the hospital setting and practical strategies patients can adopt to overcome these barriers.
- Demonstrate appropriate screening procedures required to identify asymptomatic individuals at risk of common chronic diseases, and those who already have chronic conditions (secondary prevention).
- Review opportunities for prevention of chronic disease especially among high risk groups.

### **Professional and ethical role**

- Demonstrate the capacity to work effectively in a team and as a team leader to provide optimal care to people with a chronic disease.
- Provide support at times of transition through health care system (eg. on discharge from hospital).
- Describe the ethical principles underlying the care of patients with chronic conditions in general practice (eg. consent, privacy, autonomy, legitimacy, and issues associated with dying) within the hospital setting.
- Be aware of ethical considerations of team approaches to health care (eg. sharing of health records).
- Describe the legal and advocacy aspects of chronic conditions (eg. certification, confidentiality, legal report writing, legal requirements of prescribing and refusal, withholding and withdrawal of treatment).

### **Organisational and legal dimensions**

- Demonstrate the use of evidence based guidelines for chronic disease management.
- Identify and describe the relevant medical, nursing, allied health, pharmacy and other health professionals involved in the care of patients with chronic diseases in the hospital setting.
- Demonstrate the use of the various health and community resources available for the support, prevention, diagnosis, and management of chronic conditions.
- Describe how hospital links to general practice in methods of managing patients with chronic disease.
- Demonstrate appropriate and effective referral and liaison of patients with chronic diseases to other members of the multidisciplinary team in the hospital setting.
- Demonstrate the appropriate referral of assisting patients to contact others with similar conditions and relevant support organisations such as self help groups in the hospital setting.
- Discuss strategies for time management, taking into consideration demands on time and effort when managing complex medical problems and chronically ill patients.

# Learning objectives across the GP professional life

## Vocational registrar

### Assumed level of knowledge – prevocational doctor

#### Communication skills and the patient-doctor relationship

- Demonstrate the use of appropriate verbal and nonverbal communication techniques (eg. open and closed questions, reflection, summarising) in the general practice setting to gather additional history from patients, and, when appropriate, from family members, carers, and other members of the multidisciplinary team, especially relating to lifestyle factors and chronic disease.
- Demonstrate the nonjudgmental assessment of adherence to medication regimens and sympathetically ascertain from the patient or, where appropriate, family members, carers, and/or other members of the multidisciplinary team, factors contributing to adherence in the general practice setting.
- Demonstrate ability for communicating test and investigation results in the context of particular chronic disease(s) to patients and, when appropriate, family members, carers, and/or other members of the multidisciplinary team in the general practice setting.
- Demonstrate use of a patient centred, supportive approach and develop long term relationships to help patients with chronic conditions take as much responsibility as possible for their own chronic disease health outcomes in the general practice setting.
- Demonstrate ability to gain an understanding of the patient's knowledge, attitudes and meaning of their illness in the general practice setting.
- Demonstrate use of patient centred communication in improving chronic disease health outcomes in the general practice setting.
- Demonstrate the negotiation and documentation of appropriate management plans to maximise patients' wellbeing, autonomy and personal control of their chronic disease health outcomes, emphasising a shared approach to management decisions in the general practice setting.
- Demonstrate systematic approaches to case management, care coordination and advocacy, including effective follow up and review processes for chronically ill patients in the general practice setting.
- Demonstrate ability to perform appropriate medical procedures for chronic disease management in the general practice setting.
- Demonstrate skills to support patients who do not respond to, or cooperate with, medical management in the general practice setting.

#### Applied professional knowledge and skills

- Demonstrate history and examination skills for internal medicine and chronic conditions that are relevant to high quality general practice.
- Demonstrate ability to identify the relevant risk factors for the future development of chronic disease, including adverse effects of medications and other medical interventions used to manage chronic disease in the general practice setting.
- Demonstrate negotiation of secondary and tertiary prevention strategies for patients with chronic disease, taking into account the presence of risk factors, disease stage and potential for changing risk/benefit ratio of medications or other treatments used over time in the general practice setting.
- Demonstrate the appropriate use of tools to assess readiness to change and techniques that motivate, educate and facilitate behavioural change for chronic disease control in the general practice setting.
- Demonstrate ability to assess various physical, psychological and social levels of function, and disability in the general practice setting.

- Demonstrate ability to identify and implement practical and pragmatic approaches to managing chronic diseases and comorbidities in the general practice setting that take explicit account of the uncertainties and complexities across biopsychosocial domains.
- Demonstrate use of techniques to support and maintain healthy lifestyle changes (eg. motivational interviewing, appropriate referral to other primary health care providers and/or specialist providers).
- Demonstrate ability to be responsive and empathetic to fluctuations in the physical and mental state of patients with chronic conditions in the general practice setting.

### **Population health and the context of general practice**

- Outline current government chronic disease programs policies which relate to assisting people with chronic conditions in the general practice setting.
- Demonstrate ability to identify barriers impacting on patients' access to optimal care for their chronic conditions in the general practice setting and practical strategies patients can adopt to overcome these barriers.
- Demonstrate appropriate screening procedures required to identify asymptomatic individuals, individuals at risk for common chronic diseases, and those who already have chronic conditions (secondary prevention) in the primary care setting.

### **Professional and ethical role**

- Demonstrate provision of support at times of crisis and transition (eg. at time of diagnosis).
- Demonstrate the capacity to work effectively in a team and as a team leader to provide optimal care to people with a chronic disease in the primary care setting.
- Demonstrate application of ethical principles underlying the care of patients with chronic conditions in general practice (eg. consent, privacy, autonomy, legitimacy, and issues associated with dying).
- Demonstrate the review of new technologies that have been demonstrated to improve health outcomes for people with chronic conditions.

### **Organisational and legal dimensions**

- Demonstrate methods of managing patients with chronic disease.
- Demonstrate ready access to and use of evidence based guidelines for chronic disease management.
- Identify and describe the relevant medical, nursing, allied health, pharmacy and other health professionals involved in the care of patients with chronic diseases in the general practice setting.
- Demonstrate the use of the various health and community resources available for the support, prevention, diagnosis, and management of chronic conditions available to your general practice population.
- Demonstrate appropriate and effective referral and liaison of patients with chronic diseases to other members of the multidisciplinary team in the general practice setting.
- Incorporate new technologies that have been demonstrated to improve health outcomes for people with chronic conditions.
- Demonstrate advocacy for people with chronic conditions to support their access to services, benefits and entitlements in the primary care setting.
- Outline the management of chronic conditions as they apply to home and nursing home visits.
- Demonstrate how to appropriately assist patients contact others with similar conditions and relevant support organisations such as self help groups in the general practice setting.
- Demonstrate use of government policies and administrative requirements that relate to assisting people with chronic conditions.

## Learning objectives across the GP professional life

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### Continuing professional development

#### **Assumed level of knowledge – vocational registrar**

##### **Communication skills and the patient-doctor relationship**

- Outline the general practice maintenance, coordination and evaluation of disease management programs, including recall and prompted care systems and multidisciplinary teams.
- Demonstrate the ongoing negotiation and documentation of appropriate management plans to maximise patients' wellbeing, autonomy and personal control of their chronic disease health outcomes, emphasising a shared approach to management decisions in the general practice setting.
- Review processes for supporting patients who do not respond to or cooperate with medical management in the general practice setting.

##### **Applied professional knowledge and skills**

- Demonstrate critical reflection and implement modifications to approaches for general practice chronic disease management as new evidence based patient management approaches emerge.

##### **Population health and the context of general practice**

- Demonstrate review of government chronic disease programs and policies that relate to assisting people with chronic conditions in the general practice setting.

##### **Professional and ethical role**

- Consider ongoing review of leadership skills with respect to multidisciplinary team management and chronic conditions.
- Demonstrate the role in shared care and ongoing care with hospital specialist teams.

##### **Organisational and legal dimensions**

- Demonstrate ongoing review of the relevant medical, nursing, allied health, pharmacy and other health professionals involved in the care of patients with chronic diseases within own general practice and local community setting.
- Demonstrate regular review of health and community resources available for the support, prevention, diagnosis and management of chronic conditions available to own general practice population.
- Demonstrate implementation of methods for monitoring and evaluating quality long term care and responsiveness to feedback.

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# Dermatology

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## Definition

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General practice dermatology refers to the assessment, treatment and referral of disorders affecting the skin, nail, hair or mucous membranes.

## Rationale

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Skin conditions account for 15.6 out of every 100 patient encounters in general practice, accounting for 10.4% of total reasons of encounters making skin complaints one of the most common presentations in Australian general practices.<sup>1</sup>

In addition to being a major source of patient morbidity, skin conditions can be the first presentation of serious systemic disease including infection and malignancy. Skin cancers are a major and increasing source of premature death in Australia,<sup>2,3</sup> highlighting the importance of prompt diagnosis and management.



## The five domains of general practice – dermatology

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### Communication skills and the patient-doctor relationship

Clinicians must be able to take an accurate and complete history as skin conditions may reflect serious systemic or psychiatric disturbance.

In addition, skin diseases may be influenced by lifestyle, work, psychological state, cultural practices, geography and travel.

Skin conditions also impact on the patient's family and community. When chronic, their full assessment demands special attention to the long term physical, psychological and social impact of the disease on that patient. A patient's own conception of their disease can markedly affect the management and outcomes

### Applied professional knowledge and skills

Clinicians require knowledge of regional anatomy relevant to skin surgery. They need to be able to describe skin lesions using standard dermatological terms. Clinicians also require knowledge of the clinical and historical features of major common diseases including:

- eczemas: atopic, contact and seborrhoeic
- psoriasis
- acne
- rosacea
- urticaria
- bacterial infections: cellulitis, erysipelas, impetigo
- viral infections: herpes simplex, herpes zoster, warts, pityriasis rosea, exanthems, enanthems
- fungal infections: dermatophytes, pityriasis versicolor, candidiasis
- insect infections: lice, scabies
- benign growths: epidermoid cysts, seborrhoeic keratoses, solar lentigos
- malignancy and premalignant conditions: solar keratosis, basal cell carcinoma, squamous cell carcinoma, keratoacanthoma, melanoma
- pruritus
- hair diseases: alopecia areata, androgenic alopecia and telogen effluvium
- nail diseases: fungal, psoriatic, neoplastic nails disease
- ulcers: including venous, arterial, malignant and pressure ulcers
- systemic lupus erythematosus, lichen planus, purpura, keratosis pilaris, sarcoidosis.

General practitioners need to be able to perform a competent skin examination, choose appropriate investigations and perform appropriate dermatological procedures. Such procedures may include:

- biopsy: shave, punch, and excisional biopsy
- cryotherapy
- diathermy
- curettage
- skin and nail scrapings for fungal disease
- skin swabs for bacterial or viral disease
- dermoscopy.

Clinicians must also be able to recognise life threatening dermatological emergencies including:

- meningococcal septicaemia
- ocular Herpes simplex and zoster
- toxic epidermal necrolysis and Stevens-Johnson syndrome
- erythroderma: exfoliative dermatitis and pustular psoriasis
- Kawasaki disease
- scalded skin syndrome
- angioedema/anaphylaxis
- pemphigus vulgaris
- necrotising fasciitis
- polyarteritis nodosum
- eczema herpeticum
- periorbital cellulitis
- spider and snake bites.

## Population health and the context of general practice

Population based preventive general practice medicine includes patient education about the avoidance of environmental hazards such as solar radiation, workplace or household exposures that may cause skin problems.

Skin condition morbidity and mortality is significant, and public health measures exist to help reduce the health burden of adverse outcomes such as disease notification requirements.

While each patient presenting with a skin condition is unique, some significant skin conditions are more common among particular groups within Australia. Indigenous Australians are prone to streptococcal skin disease and to secondary renal disease. Travellers can present with unusual skin problems such as cutaneous larvae migrans. The vulnerability to skin cancers including melanoma is increased in the highly immune suppressed, especially transplant recipients. Refugees may have tropical skin infections or dermatological manifestations of systemic diseases uncommon in Australia (eg. tuberculosis).

## Professional and ethical role

Managing skin conditions may involve a team approach using specialist colleagues in dermatology, plastic surgery or skilled nursing staff. It is important to acknowledge the limitations within general practice and refer patients in a timely and appropriate manner when necessary.

## Organisational and legal dimensions

Clinicians need to recognise which dermatological treatments are appropriate to the general practice setting, and to refer those which are not; referral strategies need to be in place. Accurate documentation of examinations, care and patient outcomes is an essential organisational requirement to ensure quality in patient care. Clinicians need to be aware of standards required for practical procedures (eg. infection control) and ensure that their practice complies with these.

# Learning objectives across the GP professional life

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## Medical student

### Communication skills and the patient-doctor relationship

- Demonstrate how to establish rapport with a patient, carer and/or parent
- Describe the impact of skin disease on work, daily life and psychological wellbeing
- Demonstrate how to take a history of skin problem without neglecting other health issues
- Describe patient concerns and understanding about their skin problem
- Describe the impact on of patient concerns and understanding on the individual and their family
- Demonstrate patient friendly explanations the pathological process, natural history and treatment of their condition.

### Applied professional knowledge and skill

- Describe skin anatomy, physiology and function
- Describe the manner in which skin disease manifests
- Describe the aetiology, symptoms, examination and investigative techniques to be able to diagnose and manage the common dermatological diseases
- Recognise skin signs of serious or life threatening illness
- Clearly summarise a history of the presenting skin problem
- Describe the skin condition using standard dermatological terms
- Demonstrate the how to perform a sensitive, thorough skin examination which includes hair, nails and mucous membranes
- Describe the investigative techniques useful for diagnosis
- Outline the commonly used topical and systemic therapy available for common skin conditions
- Describe the major side effects of the most commonly used medications, especially topical steroids
- Understand the principles of basic skin surgery.

### Population health and the context of general practice

- Appreciate the infectious nature of some skin diseases and be aware of the infection control measures needed for patients, siblings, parents and the school or work environment
- Describe how some occupations, hobbies and lifestyle influence and cause several skin diseases
- Outline the genetics and familial aspects of some skin diseases including atopic dermatitis and psoriasis
- Describe the impact of complementary therapies such as herbal cream allergies on skin conditions (eg. calendula cream in eczema can cause a severe allergic reaction).

### Professional and ethical role

- Demonstrate the skills needed to explain conditions, their treatment and prognosis to colleagues and patients
- Demonstrate empathy for people with skin diseases
- Describe the difference between 'cure' and 'control' of skin disease
- Appreciate that not all treatments are available, cost effective or equally preferred by all patients with the same skin condition
- Describe the goals and relevance of public health campaigns (eg. 'slip, slop, slap').

### Organisational and legal dimensions

- Describe the importance of informed consent for procedures.
- Describe the need for accurate and contemporaneous notes for skin conditions.

# Learning objectives across the GP professional life

## Prevocational doctor

### Assumed level of knowledge – medical student

#### Communication skills and the patient-doctor relationship

- Describe the patient's experience of the skin disease.
- Integrate a comprehensive patient centred approach into the assessment and management for people with skin disease.

#### Applied professional knowledge and skills

- Be able to distinguish between what is primarily a skin disease and a dermatological manifestation of a systemic disease (eg. rash on the face may be a manifestation of systemic lupus erythematosus).
- Manage emergency dermatological presentations.
- Demonstrate the appropriate selection and use of local anaesthetic agents.
- Describe best practice use for skin antiseptics.
- Describe and perform basic skin surgery, including the excisional biopsy of small skin lesions.
- Manage skin wounds through primary and secondary intention healing.
- Safe and appropriate use of diathermy and cryotherapy.

#### Population health and the context of general practice

- Describe the relationship between skin diseases and the physical environment.
- Describe the impact of skin disease in psychological, social and financial terms.
- Demonstrate that the promotion and practice of the principles of preventative care is highly relevant to the skin, including sun protection measures and the prevention of occupational dermatoses.

#### Professional and ethical role

- Demonstrate that the potential risks and complications of procedures undertaken in the hospital environment are acknowledged when counselling patients for informed consent.
- Demonstrate provision of information for skin problems for patients.
- Demonstrate up-to-date knowledge about clinical decision making for general practice skin conditions and management.
- Demonstrate the processes involved in informing other treating doctors – especially the patient's GP – of the patient's course, outcome and clinical needs in a timely and accurate way.

#### Organisational and legal dimensions

- Describe the notification requirements of major diseases and the mechanisms through which notification occurs.
- Demonstrate compliance with hospital protocols on infectious disease control such as in managing methicillin resistant *Staphylococcus aureus* (MRSA).
- Demonstrate accurate and contemporaneous recording of skin symptoms, signs and treatments undertaken.
- Describe clear referral pathways for patients with skin symptoms.
- Demonstrate unambiguous and appropriate discharge plans for patients.
- Describe personal limitations in knowledge and the importance of seeking appropriate advice.
- Demonstrate the adoption of a team approach to patient care.

# Learning objectives across the GP professional life

## Vocational registrar

### Assumed level of knowledge – prevocational doctor

#### Communication skills and the patient-doctor relationship

- Demonstrate how patients are allowed to communicate their concerns, fears and expectations.
- Demonstrate patient engagement about their understanding of their skin condition, including reinforcing helpful beliefs and correcting any troubling misconceptions (eg. 'is my psoriasis contagious?').
- Demonstrate how the results of patients' current and past treatments, including any complementary medicine, are recorded and reviewed.
- Integrate the negotiation of an effective long term management plan (especially important in the management of chronic illness).
- Demonstrate how to reinforce patient understanding of the difference between control and cure.
- Confirm patient understanding of the condition problem and the agreed management plan.

#### Applied professional knowledge and skills

- Demonstrate how to take an appropriate history and conduct a thorough skin examination rather than making a 'spot diagnosis'.
- Where appropriate, use a dermatoscope for additional help in assessing pigmented and nonpigmented lesions (this may involve a special course of personal study).
- Be able to confidently diagnose the dermatological problems often seen in general practice.
- Demonstrate ability to critically interpret investigations, including biopsy.
- Demonstrate ability to diagnose and manage the major dermatological problems particular to paediatrics, pregnancy and the aged.
- Describe medication side effects that may manifest as skin symptoms, effectively mimicking other dermatological diseases, including the viral exanthems.
- Describe the major disorders of the hair and nails including fungal diseases and local malignancy.
- Demonstrate ability to write prescriptions for useful extemporaneous preparations.
- Demonstrate recognition of serious dermatological conditions, including rare conditions, and arrange management.
- Demonstrate competency in performing basic procedures such as obtaining skin scrapings, sampling for bacterial microscopy and culture, viral sampling, punch biopsy, and formal excisional biopsy.

#### Population health and the context of general practice

- Describe the financial and time burden of some skin treatments for many patients and their families.
- Describe how exposure to irritants and allergens at home and in the workplace may precipitate skin disease (eg. eczema, contact dermatitis).
- Outline the prevention of skin cancer including patient discussion of sun protection and the general practice surveillance of high risk groups, including in familial forms of dysplastic naevi and melanoma.
- Apply your knowledge of sun skin damage by participating in community and workplace related education and policy strategies.
- Describe how the implications of skin disease outbreaks in the general community demand unique strategies in their management beyond treating the individual patient (eg. scabies, lice, impetigo, herpes zoster and meningococcal disease); this is especially applicable in schools, nursing homes and hospitals.

**Professional and ethical role**

- Demonstrate maintenance of professional standards of practice.
- Identify areas requiring further knowledge and have strategies for addressing these areas.
- Outline personal limitations in skill or knowledge and describe how to be prepared to ask for help.
- Demonstrate how to avoid vulnerable anatomical structures during skin surgical procedures (eg. temporal branch of facial nerve).
- Demonstrate the important surface landmarks for the facial, accessory and marginal mandibular nerves.
- Demonstrate sensitivity to the potential lifelong misery and stigma of some skin conditions, including visible birthmarks, psoriasis or acne.

**Organisational and legal dimensions**

- Demonstrate that a reliable record system is in place for all biopsies, investigations and excisions sent from the practice.
- Outline clear practice mechanisms are in place for the transmission of relevant information to patients about their test results.
- Demonstrate a clear paper or computer record of the flow of information.
- Demonstrate ability to make contemporaneous, legible and accurate notes.
- Describe potential work related compensation issues with respect to skin disease (eg. allergic contact dermatitis).
- Where appropriate, demonstrate how patients can access reliable information about skin diseases, which may include printed brochures from recognised authorities.

# Learning objectives across the GP professional life

## Continuing professional development

### Assumed level of knowledge – vocational registrar

#### Communication skills and the patient-doctor relationship

- Describe the personal impact of visible and possibly stigmatising skin conditions on a person.
- Demonstrate ability to assess the emotional and financial impact of skin diseases.
- Describe how mental illness can be associated with or exacerbated by skin disease.
- Describe the importance of counselling patients who have unrealistic expectations; it is important to be realistic about expectations with regard to time frames and treatment outcomes (eg. in acne treatment).
- Describe methods to improve counselling skills for patients with complex management needs (eg. for acne, psoriasis, eczema and vitiligo).

#### Applied professional knowledge and skills

- Demonstrate review of ongoing skills and methods to confidently diagnose and manage the skin diseases commonly arising within the local practice population and community (eg. a patient audit may provide guidance as to what the common local diseases are).
- Describe the long term management of depression in chronic skin disease.
- Demonstrate confident and competent use of a dermatoscope.
- Demonstrate confident and competent performance of skin procedures.
- Describe dermatological treatment complications.
- Demonstrate increasing knowledge in skin complications of systemic disease (eg. diabetes, peripheral vascular disease, immunocompromised, obesity).
- Describe the psychiatric manifestation of skin disease such as trichotillomania, body dysmorphism, delusions of infestation (parasitophobia).
- Demonstrate improvement in ulcer management skills.

#### Population health and the context of general practice

- Describe the particular skin problems of immunosuppressed patients including organ transplant patients.
- Demonstrate ready access to recommended exclusion periods for the childhood exanthems.

#### Professional and ethical role

- Demonstrate regular participation in dermatology updates.
- Where appropriate, demonstrate further and higher learning in dermatology, including learning advanced surgical techniques (eg. flaps, grafts and complex repairs), advanced diagnostic skills of pigmented lesions, and diploma and masters courses in dermatology.
- Demonstrate regular reflection of personal limitations in dermatology and refer when appropriate.
- Demonstrate informed consent for all dermatological procedures.

#### Organisational and legal dimensions

- Demonstrate practice processes for reliable and sterile equipment for all dermatological procedures.
- Demonstrate compliance with sterilisation methods and maintain instruments and sterilisation procedures to RACCP standards.<sup>4</sup>
- Demonstrate the provision of patient space and privacy for disrobing, examination and treatment.
- Describe the establishment of links with dermatology and surgical colleagues for ongoing patient dermatologic treatments.

- Demonstrate processes for staff training and protocols for tray presentations, equipment, waste disposal, cleaning and sterilisation.
- Demonstrate access to cardiopulmonary resuscitation in the event of an emergency during a skin procedure including ongoing staff training education.
- Demonstrate appropriate follow up policies are in place for patient recall, result notification and action required, and that these policies are enacted.
- Demonstrate compliance with communicable notification requirements.



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# Drug and alcohol

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## Definition

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Drug and alcohol medicine in general practice potentially covers all drug and substance use disorders.

There are significant areas of overlap with mental health, as comorbidity is common among substance users.

Pain management and addiction issues, as well as doctor's health, tobacco and gambling problems, are also part of this field.

## Rationale

Australia is a drug using society. National household surveys show that alcohol is consumed by the majority of the population and that cannabis is the most commonly used illicit drug.<sup>1</sup>

Two legal drugs, alcohol and tobacco, are the two greatest causes of preventable disease and death in this country. These causes include lung cancer, ischaemic heart disease and chronic obstructive pulmonary disease from tobacco, while alcohol contributes to various cancers, alcoholic liver cirrhosis and road injuries.

### The role of general practitioners in drug and alcohol medicine

General practitioners are being increasingly asked by government and public health authorities to become more involved in the diagnosis and management of drug and alcohol problems among their patients.

Many general practitioners resist taking on this role.<sup>2</sup> This may stem from lack of confidence and skills in the area, and a belief that intervention is doomed to failure. Other perceived barriers are lack of time, difficulties in raising the topic during the consultation, and having negative attitudes towards individuals with alcohol and other drug problems. Yet the results of interventions by general practitioners can be very significant.<sup>3</sup> Brief interventions for alcohol abuse and opiate pharmacotherapies for heroin addiction are two common examples of effective general practitioner initiated treatments proven by multiple studies in Australia and overseas.

Refer to other curriculum statements: *Aboriginal and Torres Strait Islander health*, *Child and young person's health*, *Men's health*, *Mental health*, *Multicultural health* and *Women's health*.

## The five domains of general practice – drug and alcohol

### Communication skills and the patient-doctor relationship

Effective general practice communication in the management of drug and alcohol problems requires the ability to take a drug and alcohol history in a nonjudgmental and empathic manner, and to effectively engage a patient who has a substance use disorder. General practitioners also need to be able to effectively and appropriately communicate with significant others (eg. the family of person with a substance use disorder).

General practitioners need to:

- be able to discuss common terms and quantities (eg. standard drinks consumed of alcohol and other common drugs used in our community)
- know what constitutes harmful alcohol and other drug use
- understand the reasons people have for using drugs
- apply harm reduction principles, especially in relation to the medical interview
- be able to use motivational interviewing skills and assess readiness to change
- early intervention in substance use disorders
- be able to use principles of providing objective health information on drugs to the patient and also to community groups if required
- develop appropriate boundaries in managing the patient's problems which take into account medicolegal responsibilities, limits of confidentiality, and a respectful, therapeutic relationship
- be aware of risks of inappropriate behaviour when dealing with patients who are socially stigmatised and who may have boundary problems but can be needy and manipulative at times
- be able to manage drug seeking behaviour
- be able to develop a long lasting therapeutic relationship for managing the variety of chronic medical and behavioural issues in the addiction lifecycle.

### Applied professional knowledge and skills

General practitioners need a wide range of medical and psychological skills when managing drug and alcohol problems, as these substances can affect a wide range of physical and mental functions that directly impact upon successful management.

General practice is well positioned to manage substance use disorders and the degree to which a particular general practitioner will manage these conditions will depend upon the level of skills they possess. General practitioners need to know where and when to refer patients, and clinicians working in communities with a high rate of substance use disorders may consider incorporating more specialised skills into their everyday work and this may involve further training in drug and alcohol medicine as required.

In particular, general practitioners need to:

- be able to take a nonjudgmental medical history and perform physical examination relevant to the presenting drug and alcohol problem
- be familiar with the management of the main drugs of abuse in the Australian community
- be able to manage adolescent drug problems with affected persons and their parents, especially regarding cannabis, alcohol and psychostimulants
- safely prescribe medications for dealing with drug withdrawal from alcohol, heroin, cannabis and amphetamines according to skill level
- be able to assess and advise on comorbidities including hepatitis B and C, and HIV
- manage common coexisting psychiatric conditions, including personality disorders and how they interact with substance abuse issues

- apply the principles of management of substance use disorders to addictions (eg. gambling)
- assess patients with chronic pain and opiate dependence.

## Population health and the context of general practice

Drug and alcohol problems are a major public health burden, and general practitioners are in an ideal position to help reduce drug related morbidity and mortality through:

- identifying drug and alcohol conditions in practice patients
- identifying those at high risk of drug and alcohol problems
- detecting and, where appropriate, managing mental illness in all drug and alcohol patients
- managing drug and alcohol disorders in conjunction with the carers, families (including children) and the local community
- managing drug and alcohol problems in patient subpopulations (eg. people from Aboriginal and Torres Strait Islander backgrounds, people from culturally and linguistically diverse backgrounds, and men, women, and young people)
- managing, where appropriate, the treatment of drug dependent colleagues, including issues of medical board involvement.

## Professional and ethical role

The maintenance of clear professional roles and boundaries is a key principle in the management of drug and alcohol conditions in the general practice setting.

In order to establish and maintain key professional and ethical outcomes, general practitioners need to:

- understand and practice appropriate confidentiality including confidentiality issues with a minor (and breaching this), including mandatory notification if needed
- display nonjudgmental attitudes when managing drug and alcohol conditions
- outline common responses in the health professional when caring for patients with mental illness, and strategies for self care
- demonstrate management of common drug and alcohol presentations, intoxication and withdrawal in a nonjudgmental and safe manner
- demonstrate ability to assess patient capacity and competency for making decisions when they are intoxicated
- maintain appropriate professional boundaries with patients who have drug or alcohol problems
- maintain professional boundaries and behaviours when managing health professionals with drug dependence
- where appropriate, participate in peer support activities directed at self care and support for colleagues
- regularly update knowledge of drug and alcohol legislation and policies that apply to local practice context.

## Organisational and legal dimensions

The management of drug and alcohol conditions requires a multidisciplinary approach to patient management, often in conjunction with other medical and social service agencies.

The prescribing of some drugs is also governed by strict legislative requirements that practitioners need to work within.

In particular, general practitioners need to:

- practice confidentiality and consent in the practice setting and the circumstances in which these processes may be modified
- be familiar with drug and alcohol legislation and policies that apply to local practice context
- work as part of a multidisciplinary team
- work in conjunction with available local counselling services (eg. drug withdrawal services, forensic services, local psychiatric services, and drug and alcohol physicians and demonstrate ability to collaboratively with them).

# Learning objectives across the GP professional life

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## Medical student

### Communication skills and the patient-doctor relationship

- Demonstrate how to take a drug and alcohol history in a nonjudgmental manner.
- Demonstrate how to establish rapport and empathy with patients who present with an alcohol or other drug problem.
- Describe an interview style which is empathic and incorporates reflective listening.
- Describe common terms and quantities (eg. standard drinks consumed of alcohol and other common drugs used in our community).
- Describe and discuss some of the reasons people have for using drugs.
- Demonstrate how harm reduction principles can be incorporated into the medical interview when dealing with alcohol and other drug problems.

### Applied professional knowledge and skills

- Demonstrate how to take a medical history and perform physical examination relevant to the presenting drug and alcohol problem.
- Demonstrate a nonjudgmental attitude when taking a history and adopting a treatment plan.
- Describe the main drugs of abuse in the Australian community.
- Outline the main treatments available for common drug and alcohol problems.
- Describe the pharmacological and pathophysiological effects of commonly abused drugs.

### Population health and the context of general practice

- Consider the possibility of mental illness in all drug and alcohol patients, as alcohol, tetrahydrocannabinol (THC) amphetamine, volatile substances and opiate classes are all major contributors to morbidity and mortality.

### Professional and ethical role

- Describe how confidentiality issues may relate to personal and family situations.
- Display a nonjudgmental approach to drug and alcohol medicine.
- Describe issues of the vulnerability of health professionals to becoming drug dependent.
- Outline common responses in the health professional when caring for patients with mental illness, and strategies for self care.

### Organisational and legal dimensions

- Outline the principles of confidentiality and consent in the practice setting and the circumstances in which these processes may be modified.

# Learning objectives across the GP professional life

## Prevocational doctor

### Assumed level of knowledge – medical student

#### Communication skills and the patient-doctor relationship

- Demonstrate effective engagement with a patient who has a substance use disorder.
- Describe the fine line between acceptance of the patient and indulgence toward the consequences of unacceptable behaviour.
- Describe hazardous alcohol and other drug use from the history and examination.
- Demonstrate skills in encouraging safer drug use before dependence occurs (eg. an early intervention phase).
- Communicate effectively and appropriately with significant others (eg. family of person with substance use disorder).
- Demonstrate ability to provide objective health information on drugs to the patient and also to community groups if required.

#### Applied professional knowledge and skills

- Demonstrate how to take a medical history and perform physical examination relevant to the presenting drug and alcohol problem.
- Demonstrate a nonjudgmental attitude when taking a history and adopting a treatment plan.
- Describe the main drugs of abuse in the Australian community.
- Outline the main treatments available for common drug and alcohol problems.
- Describe the pharmacological and pathophysiological effects of commonly abused drugs.

#### Population health and the context of general practice

- Demonstrate the ability to discuss confidentiality issues with the patient and issues regarding doctor responsibility to both the patient and the community regarding their drug use.
- Identify those at high risk of drug and alcohol problems in the hospital setting, and utilise strategies to screen for mental health disorders.
- Discuss the diagnosis and management of mental health disorders with the carers and family of patients with mental illness.
- Identify sources of support for carers and family of patients with mental illness.

#### Professional and ethical role

- Demonstrate management of common drug and alcohol presentations, intoxication and withdrawal in a nonjudgmental but safe manner.
- Demonstrate ability to assess patient capacity and competency for making decisions when the patient is intoxicated.
- Demonstrate maintenance of appropriate professional boundaries with patients who have drug or alcohol problems.

#### Organisational and legal dimensions

- Describe process for referring patients with drug and alcohol conditions in the hospital setting.
- Be aware of legislative requirements when treating a drug dependent patient.



# Learning objectives across the GP professional life

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## Vocational registrar

### Assumed level of knowledge – prevocational doctor

#### Communication skills and the patient-doctor relationship

- Demonstrate development of appropriate boundaries in managing the patient's problems which take into account medicolegal responsibilities, limits of confidentiality, and a respectful, therapeutic relationship.
- Be aware of risks of inappropriate behaviour when dealing with patients who are socially stigmatised and who may have boundary problems but who can be needy and manipulative at times.
- Demonstrate ability to recognise drug seeking behaviour and have strategies to deal with that in the clinic.
- Demonstrate how to negotiate a management plan with the patient that delineates the roles and responsibilities of the patient (and the doctor).

#### Applied professional knowledge and skills

- Demonstrate ability, where appropriate, to safely prescribe medications for dealing with drug withdrawal from alcohol, heroin, cannabis and amphetamines.
- Demonstrate ability to discuss adolescent drug problems with affected persons and their parents, especially regarding cannabis, alcohol and psychostimulants.
- Demonstrate ability to assess and advise on comorbidities including hepatitis B and C, and HIV.
- Describe common coexisting psychiatric conditions, including personality disorders and how they interact with substance abuse issues.
- Outline methadone and buprenorphine programs and their roles in managing opiate dependence.
- Describe the biopsychosocial consequences of lifestyle disorganisation that may occur as a result of drug use and demonstrate an ability to conceptualise a plan to deal with this.
- Describe how these management principles apply to other addictions, including gambling.

#### Population health and the context of general practice

- Implement screening in at risk populations.
- Describe the drug and alcohol issues of patient subpopulations (eg. people from Aboriginal and Torres Strait Islander backgrounds, people from culturally and linguistically diverse backgrounds, and men, women, and young people).
- Recognise and address the needs of carers, siblings and children of those with drug use disorders.

#### Professional and ethical role

- Demonstrate a range of consulting skills including the ability to say no to unreasonable requests and setting limits for patients.
- Demonstrate ability to develop a management plan for patients with drug dependency.
- Describe and, where appropriate, demonstrate basic drug and alcohol counselling and describe when presentations requiring more intensive management in a drug and alcohol unit.

#### Organisational and legal dimensions

- Describe state based regulations regarding the prescribing of drugs of dependence and notifications of persons with drug dependence.

# Learning objectives across the GP professional life

## Continuing professional development

### Assumed level of knowledge – vocational registrar

#### Communication skills and the patient-doctor relationship

- Demonstrate motivational interview skills and assess readiness to change.
- Demonstrate ability to develop a long lasting therapeutic relationship for managing the variety of chronic medical and behavioural issues in the addiction lifecycle.

#### Applied professional knowledge and skills

- Demonstrate, where appropriate, training and experience in prescribing opiate substitution pharmacotherapy.
- Demonstrate ability to assessment of minors who abuse alcohol or other drugs.
- Demonstrate competence in assessing patients with chronic pain and opiate dependence.
- Review knowledge requirements for drug affected populations within local community and practice populations.

#### Population health and the context of general practice

- Seek out opportunities for further training in the mental health care of patients from diverse backgrounds, according to local need.
- Development of skills in assessing and managing the impaired drug dependent doctor.
- Demonstrate ability to provide advice and professional support to a colleague affected by substance abuse problems (this is often done in conjunction with a designated doctor's health program).
- Participate in quality assurance activities of the effectiveness of local mental health promotion and disease prevention (eg. clinical audit).

#### Professional and ethical role

- Demonstrate participation in peer support activities directed at self care and support for colleagues.
- Ensure participation in a peer review or support group of practitioners who also deal in this area.
- Describe treatment approaches if encountering a drug dependent colleague or supervisor, including duty to involve the medical board if concerned about the wellbeing of the doctor or their patients.
- Outline legal issues for managing minors who with drug or alcohol problems.
- Demonstrate ability to discuss confidentiality issues with a minor and also explain reasons for breaching this including mandatory notification if needed.
- Regularly update knowledge of drug and alcohol legislation and policies that apply to local practice context.

#### Organisational and legal dimensions

- Demonstrate ability to work as part of a multidisciplinary team.
- Describe available local support services (eg. drug withdrawal services, forensic services, local psychiatric services, and drug and alcohol physicians) and demonstrate ability to collaboratively with them.

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**DEFINITION**

General practice eye and ear medicine:

- is that part of the assessment and management of acute, subacute and chronic ophthalmic and otorhinolaryngeal conditions which is conducted by general practitioners
- aims to detect and treat diseases early that may threaten the senses of vision and hearing, and
- promotes preventive activities that will help Australia meet World Health Organization targets of eliminating 50% of the burden of avoidable hearing loss by the year 2010 [1] and eliminating avoidable blindness by the year 2020.[2]

**RATIONALE**

Eye and ear problems are common general practice presentations. While this curriculum refers to 'ear' medicine, this term is used to include the more commonly accepted terms 'ear, nose and throat' medicine.

**Eye problems in Australian general practice**

The burden of visual impairment is not distributed uniformly throughout the world: the least developed regions carry the largest share[3] with 87% of blindness occurring in developing countries.[4] Visual impairment is also unequally distributed across age groups, being largely confined to adults 50 years of age and older.[4]

General practice eye consultations have increased from 2.5 out of every 100 consultations in 2001–2002 to 2.8 in 2006–2007, and this trend appears to be statistically significant, perhaps reflecting the above discussed population trends. In addition, 8% of medical specialist referrals are to an ophthalmologist.[5]

Blindness rates in Indigenous adults at 1.9% are 6.2 times higher than in the non indigenous population. Low vision occurs in 9.4% of Indigenous adults, which is 2.8 times the rate of mainstream. Major causes of blindness in Indigenous adults include cataract (32% of cases of blindness), optic atrophy (14%), refractive error (14%), diabetic eye disease (9%) and trachoma (9%). Indigenous adults in very remote areas have more cataract and are less likely to have glasses but diabetic eye disease, unoperated cataract and poor reading vision are problems across the whole of Australia.[6]

Indigenous children especially in remote areas have better vision than their mainstream peers. Overall, low vision occurs in 1.4% of Indigenous children (age standardised rate) which is five times less common than in mainstream children. Indigenous children in very remote areas have better vision and less refractive error but still suffer from trachoma.[6]

General practitioners need to take into account their own skill level, the availability of specialised equipment that they are competent to use, the likelihood of patient injury from either the condition or intervention, and the appropriateness of referral before treating sense-threatening conditions.

The ability for a general practitioner to treat eye conditions also depends upon availability of equipment. For example, general practitioners in emergency departments may have access to slit lamps, but limited access in other clinical settings. Similarly, rural and remote general practitioners may require a differing skill set to treat a different range of eye problems depending upon availability of resources.

About 9.4% of Australians aged 55 or older are visually impaired and about 1.2% are blind. Almost 170,000 Australians aged 65 years or over have visual impairment caused by eye disease. Of these, 51,000 people are classified as blind and almost 119,000 other people have low vision.[7] There is a strong association between visual impairment and advancing age and vision problems will become increasingly important within the context of an ageing population.

Based on studies that have included an eye examination, cataract is the most common eye disease among Australians aged 65 or older, affecting over 1.2 million people (almost half of that population). This is followed by age-related macular degeneration (AMD), diabetic retinopathy and glaucoma. A further 398,400 older Australians are estimated to have early age-related maculopathy, which usually carries no symptoms, and are therefore at risk of developing age-related macular degeneration.[8]

The increasing rate of Type II diabetes in the Australian population will also contribute to the total burden of eye disease in Australia.[9]

A distribution imbalance is also found with regard to gender throughout the world with females having a significantly higher risk of having visual impairment than males.[4] Notwithstanding the progress in surgical intervention that has been made in many countries over the last few decades, cataract remains the leading cause of visual impairment in all regions of the world, except in the most developed countries.[4]

In Aboriginal and Torres Strait Islander communities, the major eye conditions remain diabetic retinopathy, cataracts, the need to wear glasses and, for some regions, trachoma, trichiasis, and trauma.[10]

### **Ear problems in Australian general practice**

In 2008, ear problems constituted 3.8 out of every 100 general practice consultations, with 1.5 of these being for ear pain.[5] Of the 3.8 per 100 encounters, 1.2 of these encounters were due to acute otitis media/myringitis, and 0.8 due to ear wax problems. In addition, 6.4% of medical specialist referrals are to an ear, nose, and throat specialist.[5]

In 2005, there were an estimated 3.55 million Australians with hearing loss.[11]

The early detection of hearing loss in children is critical for the development of speech and is a critical role for general practitioners. Around 3.5 out of every 1000 children below the age of 14 have some hearing impairment.[11]

The overall prevalence rates of hearing loss in Australian adults are 26.3% for males 15 years and over, 17.1% for females 15 years and over, and 21.6% for the adult population overall which equates to more than one in every four men and more than one in every five Australian adults who have hearing loss.[11]

Around 60% of adults with hearing loss are males which is attributed to greater workplace noise exposure for men than women. Approximately half of hearing impaired people are in the working age population (aged 15–64 years), and 74% of people over the age of 70 years have some hearing loss.[11]

The level of ear disease and hearing loss among Aboriginal and Torres Strait Islander people remains higher than that of the general Australian population, particularly among children and young adults. Ear infection, otitis media (OM), particularly in suppurative forms, is associated with hearing impairment, which affects language development and can cause learning difficulties in children. Permanent hearing loss can occur when not adequately treated and followed up. Otitis media can affect Indigenous babies within weeks of birth and a high proportion of children will continue to suffer from chronic suppurative otitis media (CSOM) throughout their developmental years.[12]

The National Aboriginal and Torres Strait Islander Social Survey (NATSIHS) 2008 reported that one in ten Indigenous children aged 4–14 years experienced an ear or hearing problem. Ear/hearing problems were reported by 12% of Indigenous people who participated in the 2004–2005 NATSIHS. Complete or partial deafness was reported by 9% of Indigenous people living in both remote and non-remote areas, but the level of otitis media was higher for Indigenous people living in remote areas (4%) than for those living in non-remote areas (2%). After adjusting for differences in the age structures of the two populations, otitis media was around 2.8 times more common for Indigenous people than for non-Indigenous people.[12]

For information on appropriate management for Indigenous Australians visit the *Aboriginal Health and Torres Strait Islander health* curriculum statement.

**THE FIVE DOMAINS OF GENERAL PRACTICE — EYE AND EAR MEDICINE****COMMUNICATION SKILLS AND THE PATIENT-DOCTOR RELATIONSHIP**

- Communication strategies need to acknowledge the needs of patients with hearing and visual disabilities.
- General practitioners need to ensure that their diction and volume of speech is suitable for patients with hearing disabilities.
- Being able to access Auslan interpreters and to engage in a three way communication or to access other appropriate means of communications assistance is an essential skill when consulting with patients with a hearing disability.
- Clinicians need to be aware that a deficit in one or more senses may impact on a patient's ability to understand medical communications or their ability to access health services.
- A patient centred, supportive approach and the development of long term relationships help patients with hearing and/or visual disabilities to access effective general practice care.

**APPLIED PROFESSIONAL KNOWLEDGE AND SKILLS**

General practitioners require the following knowledge for the effective general practice care of eye and ear conditions:

- the principles of diagnosis, management and monitoring of acute, sub-acute and chronic eye and ear conditions
- the importance of accurate documentation of visual acuity, its impact on a patient's life and the importance of monitoring changes in visual acuity
- the indications and use of prescription and over-the-counter medications in the treatment and prevention of common eye and ear conditions; for example, the use of wax softening agents, use of pH altering drops in chronic otitis externa, avoidance of steroid eye drops unless under the care of a specialist colleague
- the "red flag" diagnoses that require urgent and immediate specialist advice or treatment to prevent hearing/visual loss or misdiagnosis of potential carcinoma
- the increasing use of alternative and complementary medicines and how they may adversely impact on vision and hearing
- the epidemiology of tumours effecting eyes, ears, nose and throat areas
- the relevant anatomy, physiology, pathology and psychology appropriate to the management of common eye and ear conditions, the current best evidence for their management and the potential harms of pharmacological and non-pharmacological forms of treatment.

General practitioners require the following skills for the effective general practice care of eye and ear conditions:

- the skills of history taking for eye and ear medicine including appropriate documentation of positive and negative findings
- a systematic and competent examination of the eyes including the appropriate use of an ophthalmoscope, as well as the use of visual acuity testing, visual field testing and manoeuvres for everting the upper lid
- a systematic and competent examination of the ears including the appropriate use of an auroscope (otoscope) and other equipment such as tuning forks in the assessment of hearing, or Valsalva manoeuvres and pneumatoscopy for the detection of ear drum movement

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## Eye and ear medicine

- the ability to manage potentially urgent eye and ear conditions such as glaucoma and epistaxis
- the ability to detect and safely remove foreign bodies in the eye, ear, nose or throat, and to manage any residual corneal ulcer or rust.

### **POPULATION HEALTH AND THE CONTEXT OF GENERAL PRACTICE**

- General practitioners should encourage behavioural changes such as smoking cessation for the prevention of age-related macular degeneration and orolaryngeal cancers.
- General practitioners are required to be familiar with international and government policies for treatment and prevention of diseases that impact upon patients' vision and hearing and have knowledge of the increased burden of disease in specific populations to help target appropriate screening and diagnostic strategies.
- A knowledge of policies that aim to promote health, and prevent or reduce the loss of function from illness, injury and disability and changes in these policies may have implications for general practice eye and ear care.
- Understand the impact on quality of life from hearing and vision disabilities and what services are available to assist patients with such conditions.

### **PROFESSIONAL AND ETHICAL ROLE**

- Understand the importance of prevention of loss of hearing and vision.
- Understand the general practitioner's ethical responsibility for advising patients with visual impairment to report to regulatory authorities regarding their fitness to drive a vehicle or aeroplane.
- Understand and perform the role of appropriate referral to specialist care for acute and subacute eye and ear conditions that may threaten vision or hearing.
- Understand the role of general practice and multidisciplinary care of patients with chronic eye or ear conditions that may not require the intervention of specialist care.

### **ORGANISATIONAL AND LEGAL DIMENSIONS**

- Use patient reminders to facilitate appropriate proactive care such as recalling patients with diabetes or glaucoma for regular eye checks or referrals to specialist colleagues.
- Describe the communication skills and practice systems that clinic staff need to allow equitable access to the practice for people with visual or hearing disabilities.
- Understand the general practitioner's legal responsibility for reporting visual impairment to regulatory authorities regarding fitness to drive a vehicle or aeroplane.
- Be aware of the services available to patients with visual or hearing disabilities.
- Be able to record visual acuity and appropriate follow up mechanisms for patients with potentially vision-threatening conditions

## LEARNING OBJECTIVES ACROSS THE GP PROFESSIONAL LIFE

### MEDICAL STUDENT

- **Communication skills and the patient-doctor relationship**
  - Describe the impact of sensory impairment on effective patient-doctor communication and measures to address the resulting barriers.
  - Describe the cultural and social barriers to patient-doctor communication with patients with hearing or visual impairment.
  - Describe the use of appropriate communication techniques to gather additional history from patients, and, when appropriate, family members, carers, and/or other members of the multidisciplinary team.
- **Applied professional knowledge and skills**
  - Describe relevant history and examination skills for high quality management of eye and ear conditions.
  - Describe the principles of diagnosis, management and monitoring of acute, sub-acute and chronic eye and ear conditions and co-morbidities and how these may relate to the course of the disease over time.
  - Describe the key identifying complaints of patients with urgent vision/hearing threatening conditions ("red flag" conditions eg flashes and floaters, etc).
  - Demonstrate a systematic examination of the eye including competent use of an ophthalmoscope, red reflex, visual acuity and visual field testing including the ability to evert an eyelid.
  - Demonstrate a systematic examination of the ears, nose and throat of children and adults including competent use of an auroscope/otoscope and be able to view the tympanic membrane and test for movement (by Valsalva or pneumatoscopy).
  - Describe the function of the bionic ear and its indications for use.
- **Population health and the context of general practice**
  - Describe the clinical characteristics of common eye and ear conditions.
  - Describe appropriate screening procedures required to identify asymptomatic individuals at risk for common eye and ear diseases, and those who already have chronic eye and ear conditions (secondary prevention).
  - Describe barriers that impact upon patients accessing optimal care for chronic eye and ear conditions and practical strategies that can be adopted to overcome these barriers.
  - Outline the chronic eye and ear problems of specific community groups, for example Aboriginal and Torres Strait Islander peoples, people from culturally and linguistically diverse backgrounds and people with a developmental disability.
  - Outline the demographic groups at increased risk of eye and ear, nose and throat cancers.
  - Discuss preventable causes of vision and hearing loss as it relates to occupational health and safety of workers.
- **Professional and ethical role**
  - Describe the role of the general practitioner in a multidisciplinary team in helping to provide optimal care to people with a chronic eye and ear condition or disability in the primary health care setting.
  - Discuss potential conflicts between the best interests of your patient with a visual disability who still wishes to drive a vehicle and the safety of the community.
  - Discuss management of conflict when a patient refuses to cease driving or report their disability to regulatory authorities.
- **Organisational and legal dimensions**
  - Describe the various health and community resources available for the support, prevention, diagnosis, and management of vision and hearing disabilities.



Eye and ear medicine

- Outline the steps involved in notifying a regulatory authority of a patient's 'unfitness' to drive a vehicle when the patient has refused to notify the authority themselves.

## LEARNING OBJECTIVES ACROSS THE GP PROFESSIONAL LIFE

### PREVOCATIONAL DOCTOR

#### Assumed level of knowledge – medical student

- **Communication skills and the patient-doctor relationship**
  - Describe how consultation environmental factors, such as privacy, background noise and location, can affect communication with vision and hearing impaired patients.
  - Describe how interpreters, families and carers may affect patient-doctor communication.
  - Explain and discuss investigations and therapies of common diseases of eyes and ears to the patient and their carers and family.
- **Applied professional knowledge and skills**
  - Demonstrate history and examination skills for eye and ear conditions that are relevant to high quality hospital based medicine (including the ability to identify Little's area and attempt to control epistaxis).
  - Demonstrate an ability to interpret results of physical examination findings to formulate a diagnosis when a hearing loss is present (Rinne's /Weber tests).
  - Demonstrate the ability to cauterise the anterior nose with silver nitrate.
  - Demonstrate the ability to remove foreign bodies from eyes, ears, nose or throat (tonsillar bed) under direct vision and know when to refer for specialist care.
  - Investigate and refer appropriately patients with eye and ear conditions.
  - Discuss the special issues of drug therapy using topical ophthalmic and otological medications including the risks of toxicity.
  - Be familiar with the use of a slit lamp, where available, and become confident in the ability to judge the depth of an injury to the eye and systematically examine the eye with this apparatus.
  - Demonstrate the ability to accurately document patient presentations with eye, ear, nose and throat conditions.
  - Identify "red flag" diagnoses that require urgent and immediate specialist advice or treatment to prevent hearing / visual loss or misdiagnosis of potential carcinoma.
- **Population health and the context of general practice**
  - Review opportunities for prevention of eye, ear, nose and throat disease especially among high risk subpopulations.
- **Professional and ethical role**
  - Demonstrate the ability to seek assistance/supervision when appropriate.
  - Demonstrate the capacity to work effectively in a team in caring for patients with eye and ear conditions that require effective communication with their principal treating doctor.
- **Organisational and legal dimensions**
  - Demonstrate effective discharge communications for patients with eye and ear conditions including planning for continuity of care.

**LEARNING OBJECTIVES ACROSS THE GP PROFESSIONAL LIFE****VOCATIONAL REGISTRAR****Assumed level of knowledge – prevocational doctor**

- **Communication skills and the patient - doctor relationship**
  - Demonstrate the ability to gain an understanding of the patient's knowledge, attitudes and meaning of their visual or hearing disability in the general practice setting.
  - Demonstrate the negotiation and documentation of appropriate management plans for patients with chronic eye and ear conditions to access services and secondary/tertiary health care.
  - Demonstrate skills to support patients who do not respond to medical management or are waiting for surgical intervention for their eye and ear conditions in the general practice setting.
- **Applied professional knowledge and skills**
  - Demonstrate the ability to perform appropriate screening procedures for chronic eye and ear conditions in the general practice setting (visual acuity testing, screening for age related macular degeneration).
  - Demonstrate the ability to identify the relevant risk factors for the future development of visual and hearing deficits.
  - Demonstrate negotiation of secondary and tertiary prevention strategies for patients with chronic (or preventable) eye and ear conditions.
  - Demonstrate ability to identify and implement practical and pragmatic approaches to managing and referring the care of common eye and ear conditions in the general practice setting.
  - Demonstrate the comprehensive assessment and management of patients who present with common eye and ear conditions in general practice, including the use of fluorescein for diagnostic purposes.
  - Identify when to undertake or refer for slit lamp examinations for eye conditions (trauma, glaucoma etc).
  - Demonstrate an understanding and a safe approach to the treatment of corneal foreign bodies that present in general practice.
  - Demonstrate an understanding and a safe approach to the use of ocular cycloplegic and topical anaesthetic medications in general practice.
  - Demonstrate reference and utilisation of antibiotic guidelines and best practice medicine in the treatment of common eye and ear conditions in general practice.
- **Population health and the context of general practice**
  - Outline current government policies which relate to assisting people with eye and ear disabilities in the general practice setting.
  - Demonstrate ability to identify barriers impacting on patients' accessing optimal care for their eye and ear conditions.
  - Describe the appropriate use of community services and resources for patients with a visual or hearing disability.
  - Discuss health inequality in relation to common eye and ear conditions and preventable causes of blindness and deafness.
- **Professional and ethical role**
  - Demonstrate provision of support at times of crisis for patients with sudden hearing or visual loss.
  - Demonstrate the review of new technologies that have been demonstrated to improve health outcomes for people with chronic eye and ear conditions.
  - Evaluate specialist treatment recommended for patients by discussing the benefits and risks of suggested treatment, and ensure that patients are not denied useful treatments.

Eye and ear medicine

- Demonstrate the ability to act in the patient's best interest when antibiotics are requested inappropriately for childhood otitis media.
- **Organisational and legal dimensions**
  - Demonstrate access to and use of readily accessible evidence based guidelines for pre-referral treatment and referral of common eye and ear conditions.
  - Demonstrate access and referral to services that are available to patients with visual or hearing disabilities.

## **LEARNING OBJECTIVES ACROSS THE GP PROFESSIONAL LIFE**

### **CONTINUING PROFESSIONAL DEVELOPMENT**

**Assumed level of knowledge – vocational registrar**

- **Communication skills and the patient-doctor relationship**
  - Demonstrate the ongoing negotiation and documentation of appropriate management plans for patients with chronic eye and ear conditions.
  - Demonstrate the use of family history information for disease prevention/case finding.
- **Applied professional knowledge and skills**
  - Review knowledge and skills required for effective and efficient health care of eye and ear conditions.
  - Demonstrate the monitoring of competence in assessment and management of common eye and ear conditions.
  - Maintain up to date knowledge of evidence based advances into the care of common and chronic eye and ear conditions (eg new treatments for AMD).
  - Understand when to cease specialty eye and ear medications.
  - Be aware of new medications for common eye and ear conditions and changes to indications for use of established medications due to toxicity issues.
- **Population health and the context of general practice**
  - Regularly review the role of the general practitioner in population based eye and ear health care initiatives, for example, in age related macular degeneration, glaucoma and hearing loss.
- **Professional and ethical role**
  - Identify own gaps in knowledge and skills in relation to eye and ear conditions.
- **Organisational and legal dimensions**
  - Review practice processes to facilitate communication with hospitals and other facilities in relation to referral of patients with eye and ear conditions.
  - Demonstrate the use of recall systems to ensure patient review and follow up of chronic eye and ear conditions.

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# Mental health

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## Definition

General practice mental health in Australia covers the assessment, management and ongoing care of the full range of mental health disorders seen in the community. General practice is also increasingly involved in the early intervention and prevention of mental disorders<sup>1,2</sup> and the optimisation of mental health.<sup>3,4</sup>

While general practitioners commonly see high prevalence disorders such as depression, anxiety, and personality disorders, most will also encounter a range of less common mental health problems including psychosis.

In addition to obvious mental illness, general practitioners also see and manage lesser degrees of mental health conditions and distress as part of the full spectrum of mental health seen in the community.

A mental disorder is a diagnosable illness that significantly interferes with an individual's cognitive, emotional or social abilities.<sup>5</sup>

Mental disorders differ in type and severity and some major mental disorders are significant public health issues, including depression, anxiety, substance use disorders, psychosis and dementia.

Mental disorders are diagnosed by standardised criteria such as those contained in the Diagnostic and Statistical Manual of Mental Disorders (4th edition) Text Revision (DSM-IV-TR)<sup>6</sup> and the International Statistical Classification of Diseases and Related Health Problems (10th revision)<sup>7</sup> (ICD-10). The term mental illness is synonymous with mental disorder.

A mental health problem also interferes with a person's cognitive, emotional or social abilities, and to a lesser extent than a mental disorder. Mental health problems are more common mental complaints and include mental ill health temporarily experienced as a reaction to life stressors. Mental health problems are less severe and of shorter duration than mental disorders but may develop into a mental disorder. The distinction between mental health problems and mental disorders is not well defined and is made on the basis of severity and duration.

Comorbid mental health conditions are defined as mental health problems that present in people with another condition. Patients may present with other complaints, eg. somatic symptoms for which their mental health problem is a comorbidity. People with mental illness have all of the conditions that people without mental health problems have, and so comorbidity is a common general practice presentation. For these patients, the mental health disorder can complicate the management of their other conditions which needs to be understood and dealt with by the general practitioner.

Available evidence demonstrates that persons with mental illness still struggle on a daily basis to access appropriate health care or be treated with respect or dignity when they do enter our health care systems.<sup>8</sup> Patients whose primary problem is a mental health disorder also deserve the full range of care including preventive services which is offered in general practice.



## Rationale

Mental health problems and mental disorders are estimated to affect over 20% of the adult population and 10–15% of young people in any one year.<sup>9</sup> In 2004–2005, there were an estimated 10 million mental health related general practice encounters.<sup>10</sup>

The burden of disease due to mental disorders is 15% of the total burden of disease in Australia – third in importance after heart disease and cancer,<sup>11</sup> and may be increasing. Depression was the tenth most frequent problem<sup>12</sup> managed in 1998–1999 and has now increased to the fourth most common condition requiring treatment in 2005–2006.<sup>13</sup>

The 1997 Australian National Survey of Mental Health and Wellbeing<sup>14</sup> detected that 1 in 7 adults met criteria for a current mental health disorder, and 1 in 15 was moderately to severely disabled by this, and half the people with a disorder did not seek help.

Intentional self harm or suicide accounted for 26% of injury related deaths in Australia in 2004<sup>15</sup> and is a major form of death for people with mental disorders. In Australia, the rate of youth suicide peaked in the 1990s and is now decreasing. However, after transport accidents, intentional self harm remains the leading cause of death for young people in the 15–24 years age group accounting for 20% of deaths.<sup>16</sup>

People with mental illness have an elevated risk of preventable natural and unnatural death<sup>17</sup> with psychiatric outpatients being twice as likely to die as the general population from diseases such as ischaemic heart disease, which has often gone undetected before death.<sup>18</sup> Despite a steady decline in cardiovascular mortality for most Australians, people with mental illness have received little or no benefit from this progress.<sup>19</sup>

Clinical depression also predicts increased mortality for those who have need of general medical inpatient care<sup>20</sup> with comorbid clinical depression and coronary heart disease, especially having been associated with increased mortality.<sup>21</sup> Many other chronic disorders have been found to be associated with increased depressive morbidity.<sup>22</sup>

Health related quality of life measures suggest the effects of depression are comparable to those of arthritis, diabetes and hypertension, and that depression and chronic medical illnesses interact to amplify the effects of the medical illness.<sup>23</sup> Managing depression as a chronic disease has been shown to improve emotional and physical functioning reflecting the reality of high rates of symptom recurrence and sustained functional impairment.<sup>24</sup>

Special mental health conditions (including effects of discrimination) affect people from diverse backgrounds, including issues of gender differences, cultural and linguistic diversity, poverty and issues of sexuality including sexual preference.

### The role of general practitioners in mental health

Although mental health work is multidisciplinary, general practitioners are often the first point of contact for patients experiencing mental health problems, including when patients do not disclose their mental health problems. In addition, general practitioners have been reported as the most common providers of mental health services.<sup>25</sup>

General practitioners require skills to be able to:

- perform a behavioural, emotional and cognitive assessment within the context of a patient's physical findings, including background chronic and current acute problems, with knowledge of their current personal and social circumstances and past experiences
- identify early warning signs
- provide appropriate care, and
- provide continuity of care – a key factor in the successful treatment of people with mental illness.

Successful general practice management of mental problems requires skills in chronic disease management<sup>26</sup> and willingness to work in formal liaison with other mental health providers<sup>27</sup> to enhance patient outcomes.

Stigma is a key mental health issue for general practitioners. Many patients will be reluctant to disclose their mental health issues because they regard these problems as stigmatising and prefer not to discuss them.

Often the general practitioner may be the first health professional to identify a mental health problem in someone who is presenting with a somatic complaint and has been reluctant to discuss mental health issues.

Managing such patients, including appropriate referral, may take time and effort for the general practitioner. General practice patients require competence in instituting initial management which may require using telephone advice from local mental health services or national general practitioner psychiatric liaison help lines such as GP Psych Support.<sup>28</sup> If accessing appropriate local mental health services is difficult, the general practitioners may be required to both institute and continue management of mental health disorders.

Many psychological disorders in general practice are self limiting physical illnesses and the general practitioner's role in these situations is to explain, ease distress, and act to speed recovery if possible.<sup>29</sup> This requires background knowledge of normal and adaptive psychological reactions to life stressors, commencing from undergraduate education and updated over a general practitioner's lifetime.

Patients prefer to be assessed for mental health problems by their general practitioner rather than a mental health specialist.<sup>30</sup>

General practice factors that can inhibit a patient from presenting emotional problems in a consultation include poor general practitioner interview behaviours, perceived lack of time and believing that the general practitioner can do nothing to help.<sup>31</sup>

Patient improvement in depression has been linked to the strength of the therapeutic relationship<sup>32</sup> and general practice continuity of care may be an advantage where a previous doctor-patient relationship may have been well established already. There is also continuity between communication styles in everyday general practice consultations and communication in consultations with patients presenting emotional problems and psychotherapeutic communication.<sup>33</sup>

The general practitioner needs to learn time management skills to assist in managing patients presenting with mental health disorders who are often complex, involving considerable time and effort. Establishing the necessary rapport for effective patient management in these conditions also takes time.

General practitioners may find difficulty in accessing appropriate local mental health services, particularly in rural and regional areas, and may be required to both institute and continue management of mental health disorders in such areas, whether or not they have a particular interest in mental health.

Comorbidity of mental health conditions with drug and alcohol problems is another common general practice presentation. The majority of patients with serious drug and alcohol problems also have mental health disorders and visa versa, which complicates the management of both sets of disorders.

The use of multidisciplinary teams in mental health services creates communication challenges between the general practice and mental health services participating in case discussion and care planning. Establishing effective communication and better links between general practitioners and

mental health services facilitates mutual patient care. These links are being established through a series of government initiatives.

General practitioners with more experience in managing mental problems and with relevant postgraduate qualifications have been shown to cope better with difficult mental health problems, including patients without medically explained symptoms, somatisation and hypochondria.<sup>34,35</sup>

In future general practitioners may well be leaders of primary health teams in their own practices, including teams that deal with mental health problems. The general practitioner may need to develop skills to lead such teams, including appropriate communication and the delegation of responsibility.

Future trends in mental health care delivery will expect general practitioners to contribute to accessing providers of evidenced based psychotherapy after formulation of a care plan and utilising technological innovations<sup>36-38</sup> that have proven feasible in Australian general practice.<sup>39</sup>

Refer to curriculum statements: *Aboriginal and Torres Strait Islander health*; *Aged care*, *Children's and young person's health*; *Philosophy and foundation of general practice*; *Men's health*; *Multicultural health*; and *Women's health*.

## The five domains of general practice – mental health

### Communication skills and the patient-doctor relationship

Effective communication involves demonstrating appropriate respect and concern for patients with mental illness and their families and carers; establishing rapport and appropriate patient-doctor relationship boundaries; identifying relevant belief systems and cultural issues; and managing emotionally charged encounters, and the emotional impact of illness on the patient and the multidisciplinary health care team. Effective communication also helps manage the stigma associated with mental health and facilitates disclosure of patients' mental health issues.

Effective communication involves:

- working with patients, acknowledging their dignity and respecting their attitudes, values and beliefs, using different counselling approaches, providing support, and outlining appropriate referral agencies (eg. for bereavement, interpersonal stress management, and angry/frightened patients), and
- if appropriate, working as part of a multidisciplinary team in the case management of people with mental health problems.

### Applied professional knowledge and skills

General practitioners need to develop skills in mental health assessment – developing a mental health plan and ongoing review of patients with mental health problems. This is not only for patients with mental illness – it is for all patients including those with chronic disease.

General practitioners who have difficulty in accessing appropriate local mental health services may be required to both institute and continue management of mental health disorders, especially in rural and remote areas.

General practitioners need to be able to:

- recognise and assess mental health problems in the early stages of illness
- be aware of normal and adaptive psychological reactions to life's stressors
- take a mental health history that emphasises the patient's strengths and enhances self esteem
- perform a behavioural, emotional and cognitive assessment within the context of a patient's physical findings, including background chronic and current acute problems, with knowledge of their current personal and social circumstances and past experiences
- manage the comorbidity of mental and physical illness or problems
- differentiate a patient's reaction to normal life stresses from overt mental illness
- outline the indicators and management of at risk people which includes an understanding of the importance of early intervention and continuity of care
- help the patient manage normal life events to enhance coping skills and prevent secondary morbidity
- discuss the principles of family therapy, group therapy, cognitive behaviour therapy and psychosocial education
- outline the principles of handling a mental health crisis
- initiate appropriate counselling including the use of focused psychological strategies while identifying their own limitations
- coordinate the care of mental health patients at a level which is appropriate to the context in which they are working
- demonstrate the appropriate use of psychotherapeutic agents, and
- outline the principles of detoxification and withdrawal.

## Population health and the context of general practice

Knowledge of risk factors and prevalence of mental illness enables early identification and management of mental health problems. Clinicians can also use this knowledge to institute screening and active case finding to help the early management of mental conditions. Mental health promotion and education help general practitioners assist patient populations in preventing and managing their mental health problems.

This includes:

- recognising the importance of detecting and assessing mental health problems in the early stages of illness
- practising mental health promotion and preventive approaches, in line with the recommendations in the national mental health policies (eg. the National Mental Health Strategy<sup>40</sup> or National Action Plan on Mental Health 2006–2011<sup>41</sup>)
- acknowledging issues such as comorbidity with drug and alcohol problems
- acknowledging and addressing stigma affecting persons affected by mental health
- acknowledging cultural and linguistic issues, and special issues for patient subpopulations, eg. women, young people, children, the elderly and sexual minorities, and
- recognising and addressing the needs of carers, siblings and the children of those with mental health problems (eg. issues relating to dysfunctional families, stepfamilies, scapegoating, human immunodeficiency virus [HIV], and psychogeriatric patients).

## Professional and ethical role

Knowledge of the role of the general practitioner in mental health services helps effective delivery of services within the multidisciplinary team, and general practitioners require an awareness of the roles of all team members to facilitate care planning and ongoing review. This includes relationships not only with the patient, but also with their carers, family and significant social supports.

Management of mental health patients requires particular attention to the general practitioner's professional boundaries, particularly in the areas of time management and in managing transference issues.

In addition to normal requirements, confidentiality and consent issues are important in mental health care due to the stigma associated with mental health and the potential for discrimination.

The general practitioner may need to develop professional skills such as leading teams, appropriate communication and the delegation of responsibility when working in a multidisciplinary team or in shared care arrangements.

General practitioners require a commitment to ongoing education in mental health which may include the need to participate in ongoing peer support programs. All doctors have a responsibility to recognise signs of mental illness in themselves and their colleagues, and to accept and provide appropriate support and referral.

Key skills include:

- describing how own personal values, attitudes, and beliefs may impact on the patient-doctor relationship and subsequent management
- understanding the need for, and maintaining confidentiality in, the management of patients with mental health issues
- adhering to the appropriate boundaries in the patient-doctor relationship and avoiding behaviours that would breach these boundaries with mentally ill patients
- recognising and taking into account their own strengths, vulnerabilities, personal values, gender and cultural issues, attitudes and beliefs in relation to mental health management
- discussing how to increase community awareness of mental illness as a means of reducing the stigma
- outlining self care strategies and avenues for debriefing when caring for mental health patients, and

- recognising signs of mental illness in colleagues and providing debriefing, support and appropriate referral.

## Organisational and legal dimensions

Practice procedures need to ensure appropriate processes are in place for monitoring and ongoing patient review.

General practitioners need to:

- learn time management skills to assist in managing mental health disorders which are often complex
- be able to work effectively with available community and hospital resources in the care of patients with mental health problems
- outline the current mental health legislation and procedures for the certification of involuntary patients (eg, power of attorney, *Mental Health Act*, *Guardianship and Administration Board Act*, *Freedom of Information Act*), and
- discuss policy guidelines on accessibility, confidentiality and continuity of care.

# Learning objectives across the GP professional life

## Medical student

### Communication skills and the patient-doctor relationship

- Demonstrate appropriate respect and concern for patients with mental health concerns and their families and carers.
- Demonstrate how to establish and maintain appropriate boundaries in the patient-doctor relationship.
- Demonstrate strategies for managing the emotionally charged encounter (eg. breaking bad news, dealing with grief).
- Discuss the emotional impact of illness on the patient with other members of the health care team.

### Applied professional knowledge and skills

- Skill requirements for mental health assessment:
  - describe the integration of psychological and neurobiological knowledge in performing a behavioural, emotional and cognitive assessment within the context of a patient's physical findings (including background chronic and current acute problems) with knowledge of their current personal and social circumstances and past experiences
  - briefly describe personality development and personality types
  - describe the basics of pathological, pharmacological and hormonal effects on mental functioning
  - demonstrate familiarity with psychiatric diagnostic frameworks (eg. International Classification of Diseases [ICD], Diagnostic and Statistical Manual [DSM]) and describe common psychiatric syndromes and disorders
  - demonstrate familiarity with basic tools to aid mental health assessment (eg. mini mental state)
  - outline the stages of normal psychological development from birth to old age
  - briefly outline the principles of sociology and the influences of socioeconomic status, race, gender, and culture on the expectations about, acceptance of, and access to medical treatment
  - describe the various schools of psychotherapy and their evidence base.
- Skill requirements for mental health care planning:
  - outline the general principles of treatment of the common psychiatric disorders and syndromes
  - identify key members of the mental health care team
  - understand the principles of classical and operant conditioning
  - describe the common risk factors, physical and mental health impact and principles of treatment for substance misuse
  - apply evidence based medicine in mental health care.

### Population health and the context of general practice

- Describe the common risk factors for high prevalence mental health conditions.
- Outline the main effects mental illness may have on carers, siblings and children of the mentally ill.
- Describe the roles of members of the mental health care team, including psychologists, psychiatrists, social workers, general practitioners, nurses and carers.
- Outline the principles of preventive mental health care for all population subgroups.
- Understand the range of mental health disorders and problems in the community setting dealt with by general practitioners.

### **Professional and ethical role**

- Demonstrate how to establish and maintain appropriate boundaries in the patient-doctor relationship with appropriate use of mentors to assist.
- Seek to understand your own reactions to confronting clinical situations relating to the delivery of mental health care and be ready to seek counsel from teachers or other clinical mentors to optimise your own mental health.
- Outline the role of the general practitioner in relation to population mental health issues.
- Outline common responses of health professionals when caring for patients with mental illness, and strategies for self care.

### **Organisational and legal dimensions**

- Describe the conditions under which a patient may be admitted involuntarily in the local context.
- Outline the principles of confidentiality and consent, and the circumstances in which these processes may be modified.
- Outline common responses in the health professional when caring for patients with mental illness, and strategies for self care.



# Learning objectives across the GP professional life

## Prevocational doctor

### Assumed level of knowledge – medical student

#### Communication skills and the patient-doctor relationship

- Demonstrate effective communication with patients with mental health concerns and their families and carers.
- Demonstrate appropriate respect and concern for patients with mental health concerns and their families and carers.
- Discuss strategies for managing the emotionally charged encounter (eg. breaking bad news, dealing with grief).
- Demonstrate how to establish and maintain appropriate boundaries in the patient-doctor relationship.
- Integrate effective communication into consultations with the patient who is emotionally distressed and their families.

#### Applied professional knowledge and skills

- Skill requirements for mental health assessment:
  - integrate psychological and neurobiological knowledge when performing a behavioural, emotional and cognitive assessment within the context of a patient's physical findings (including background chronic and current acute problems) with knowledge of their current personal and social circumstances and past experiences
  - identify the common mental health comorbidities that occur in the context of physical illness or disability
  - demonstrate ability to take a psychiatric history, perform a mental status and risk assessment in the hospital setting
  - utilise psychiatric diagnostic frameworks (eg. International Classification of Diseases [ICD], Diagnostic and Statistical Manual [DSM]) and describe common psychiatric presentations
  - utilise basic tools to aid mental health assessment (eg. mini mental state)
  - perform a focused mental health assessment
  - describe the impact of acute and chronic physical illness and disability on the mental health of patients in the hospital setting
  - describe resources available for patients with mental illness that take into account cultural and gender context.
- Skill requirements for skills mental health care planning:
  - be familiar with the common pharmacological and psychological treatments available for patients with common mental health disorders
  - discuss the emotional impact of illness on the patient with other members of the health care team
  - describe the common pharmacological and psychological treatments to patients
  - outline the roles and functions of key members of the mental health care team in the hospital and community setting
  - describe the use of psychological techniques in the management of patients with physical illness (eg. motivational interviewing for lifestyle change or medication concordance)
  - identify support services for patients with substance use disorders, and negotiate initial engagement with these services.

### **Population health and the context of general practice**

- Identify those at high risk of mental illness in the hospital setting and utilise strategies to screen for mental health disorders
- Discuss the diagnosis and management of mental health disorders with the carers and family of patients with mental illness
- Identify sources of support for carers and family of patients with mental illness.

### **Professional and ethical role**

- Describe the role of primary, secondary and tertiary care in the management of patients with mental illness.
- Demonstrate inclusion of the patient's GP in the management of patients with mental illness in the hospital setting under the guidance of the team leader
- Describe your own reactions to confronting clinical mental health care situations and role of counsel from teachers or other clinical mentors for self care
- Outline self care strategies and avenues for debriefing when caring for mental health patients
- Demonstrate communication with other members of the health care team utilising written, verbal and computer mediated communication including communication with the patient's GP upon patient admission and discharge from an acute or outpatient care under the guidance of the team leader.

### **Organisational and legal dimensions**

- Outline procedures for the certification of involuntary patients.
- Discuss the principles of confidentiality in the context of team care.

# Learning objectives across the GP professional life

## Vocational registrar

### Assumed level of knowledge – prevocational doctor

#### Communication skills and the patient-doctor relationship

- Integrate effective communication with patients with mental health concerns and their families and carers in the primary care setting.
- Demonstrate appropriate respect and concern for patients with mental health concerns and their families and carers in the primary care setting.
- Integrate strategies for managing the emotionally charged encounter (eg. breaking bad news, dealing with grief) into the primary care setting.
- Establish rapport with patients with mental health concerns and their families and carers.
- Identify the impact of the belief systems and cultural norms of both doctor and patient in their practice.
- Establish partnerships of care incorporating patients, carers, health care professionals and support staff utilising written, verbal and computer mediated communication.

#### Applied professional knowledge and skills

- Skill requirements for mental health assessment:
  - demonstrate an understanding of the epidemiology and aetiology of common mental health conditions and complexities of comorbidity
  - demonstrate skills in psychiatric history taking, mental status assessment and risk assessment in the general practice setting
  - detect and differentiate the common mental health disorders in general practice
  - demonstrate appropriate use of psychometric instruments to aid assessment
  - demonstrate how to differentiate a patient's reaction to normal life stresses from overt mental illness
  - include mental health assessment in undifferentiated clinical presentations
  - assess the functional impact of mental health disorders on a patient.
- Skill requirements for mental health care planning:
  - negotiate a mental health plan with patients, carers and health professionals considering patient and carer preferences, concerns and resources
  - communicate the evidence basis for common treatments to patients and carers
  - describe appropriate patient and carer education methods and materials
  - describe local mental health care providers and systems including nongovernment organisations, eg. self help groups
  - describe available pharmacological and psychological therapies and utilise these therapies in an evidence based way
  - outline the principles of detoxification and withdrawal.
- Skill requirement for mental health care delivery:
  - delivery of focused psychological strategies as defined by the Better Outcomes in Mental Health Initiative<sup>42</sup>
  - competently prescribe psychoactive medication with an evidence based approach
  - work collaboratively with members of the local health care network
- Skill requirements for mental health ongoing review:
  - describe the need for systematic monitoring of the effectiveness of a mental health plan
  - manage comorbidity of mental and physical illness
  - engage patients in self monitoring to identify recurrence
  - assist patients and carers to develop a personal relapse prevention plan.

### **Population health and the context of general practice**

- Implement screening in at risk populations.
- Describe the mental health special requirements of patient subpopulations, eg. people from Aboriginal and Torres Strait Islander backgrounds, people from culturally and linguistically diverse backgrounds, men, women, and young people.
- Work effectively in the physical and mental health care of patients with mental health problems.
- Recognise and address the needs of carers, siblings and children of those with mental health problems.

### **Professional and ethical role**

- Apportion time in a manner considered appropriate in local context by patients and peers.
- Describe the role of the general practice in reconciling competing demands.
- Utilise appropriate billing systems and government initiatives to fund efficient and effective mental health care.
- Describe the role of the GP in relation to mental health.
- Describe a role for general practice in advocacy for systemic change.
- Outline self care strategies and avenues for debriefing when caring for mental health patients.

### **Organisational and legal dimensions**

- Outline the current mental health legislation and procedures for the certification of involuntary patients.
- Discuss policy guidelines on accessibility, confidentiality and continuity of care.
- Recognise signs of mental illness in colleagues and provide debriefing, support and appropriate referral.

# Learning objectives across the GP professional life

## Continuing professional development

### Assumed level of knowledge — vocational registrar

#### Communication skills and the patient-doctor relationship

- Review communication skills and work to improve these with high quality experience based skills training.
- Consider seeking out advanced communication skills training.

#### Applied professional knowledge and skills

- Skill requirements for mental health assessment:
  - develop expertise in mental health care in specialised areas according to local need (eg. paediatrics, young people, aged care, drug and alcohol, correctional services)
  - participate in continuing professional development (CPD) activities that enhance diagnostic skills of atypical presentations and less common mental health disorders
  - where appropriate or as a special interest, develop skills in supervision and mentoring of general practice registrars undertaking mental health training
  - seek skills in the delivery of focused psychological strategies including re-attribution for patients who frequently somatise their mental health problems and may be at risk of over investigation and inappropriate medical treatments.
- Skill requirements for mental health care planning:
  - regularly update knowledge on the emerging evidence base for treatments of mental health disorders via continuing professional development opportunities
  - demonstrate ongoing training in new advances in medications (appropriate use, actions and side effects profiles)
  - develop skills in working with local mental health care providers and nongovernment organisations to deliver optimal mental health care
  - where appropriate or as a special interest, develop skills in the delivery of a range of evidence based treatments, eg. interpersonal therapy, cognitive and behavioural therapy
  - where appropriate or as a special interest, participate in ongoing CPD in the area of drug and alcohol management, eg. clinical attachments.
- Skill requirements for mental health review:
  - develop skills in enhancing the effectiveness of relapse prevention in mental health care.

#### Population health and the context of general practice

- Seek out opportunities for further training in the mental health care of patients from diverse backgrounds, according to local need.
- Regularly participate in quality assurance activities of the effectiveness of local mental health promotion and disease prevention, eg. clinical audit.

#### Professional and ethical role

- Mentor and supervise general practice registrars in time management and reconciling competing demands.
- Where appropriate or as a special interest, participate in ongoing peer support to optimise understanding of issues arising from the patient-doctor relationship for example, Balint groups or supervision.
- Participate in peer support activities directed at self care and support for colleagues.

- Where appropriate or as a special interest, seek out opportunities to participate actively as advocate for the role of general practice in mental health care, eg. curriculum development, advisory committees, research.
- Regularly participate in interdisciplinary quality assurance and education activities according to local need.

#### **Organisational and legal dimensions**

- Regularly update knowledge of mental health legislation and policies as it applies to local practice context.
- Participate in the promotion of improvements to financially viable systems to enable best care for people with mental health problems and disorders.

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## DEFINITION

**Musculoskeletal medicine** embodies all medical disciplines that deal with the diagnosis of acute and chronic conditions affecting the musculoskeletal system in adults and children including the psychosocial impact of these conditions.

Musculoskeletal conditions may result from a wide variety of processes including injury, inflammation, infection, metabolic or endocrinological conditions, and the normal ageing process.

Musculoskeletal medicine incorporates aspects of orthopaedics, rheumatology, rehabilitation medicine and pain medicine, and the emerging specialty, also known as *musculoskeletal medicine* or *orthopaedic medicine*.

Musculoskeletal or orthopaedic medicine focuses on common ailments such as whiplash, back and buttock pain where findings on radiological investigation do not often correlate strongly with the clinical presentation requiring a detailed clinical examination to assess biomechanical dysfunction and to interpret referred pain patterns. This subspecialty provides professional links between medical practitioners and allied health disciplines such as physiotherapy, occupational therapy, osteopathy, chiropractic, myotherapy and exercise physiology.

Musculoskeletal conditions cause a significant pain burden in the community that often involve complex psychological processes. Psychological conditions can result in somatic pain and many people with chronic pain have co-morbid psychological diagnoses.

The successful management of musculoskeletal conditions requires a holistic, patient centred approach.

The area of musculoskeletal medicine is closely related to other general practice curriculum areas such as *Sports medicine*, *Pain management*, *Occupational health and safety* and *Research and critical thinking*. Many patients with musculoskeletal pain or conditions also access alternative forms of medicine. For this see the curriculum statement *Integrative medicine*.

## RATIONALE

Musculoskeletal conditions are responsible for a major burden in the Australian health system affecting around 31% of the population; that is more than 6 million Australians. Globally, one in four people report chronic musculoskeletal impairments in both less and more developed countries and these conditions consume enormous health care and social resources representing almost 25% of the total cost of illness in western countries.[1] In 2008, the World Health Organization (WHO) estimated that musculoskeletal diseases were the fifth largest cause of global years of life lost due to disability, accounting for more than 5% of the total.[2]

Musculoskeletal conditions are the most common cause of severe long term pain and physical disability[3] and are major causes for work limitation and early retirement[3]. Back pain, joint disorders (osteoarthritis and rheumatoid arthritis) and osteoporosis have the greatest contribution to this burden and have been targeted as a national health priority area with a national action plan by the Department of Health and Ageing.[4]

A common misconception is that chronic musculoskeletal conditions are inevitable and an unavoidable consequence of ageing. In reality, the burden of arthritis and musculoskeletal conditions can be reduced through intervention at various points along the disease continuum including prevention, early diagnosis, prompt initiation of treatment, ongoing management and timely access to joint replacement.[4] In addition, children and young people can be affected by chronic musculoskeletal conditions, such as juvenile rheumatoid arthritis. These misconceptions may lead to missed opportunities to address potentially modifiable risk factors, prevent or slow progression, improve management and optimise health-related quality of life.

**Musculoskeletal conditions and Australian general practice**

General practice plays an important role within the Australian health care system in the prevention, early detection and management of chronic disease[5] including musculoskeletal disease.

Musculoskeletal conditions accounted for 15.4% of general practice encounters in 2008-2009, being the third most common reason for presentation. Back complaints accounted for 3.4% of reasons for presentation followed by knee (1.4%), foot/toe (1.2%), shoulder (1.1%), neck (1.0%), leg (1.0%) and other (0.8%).[6] The nature of general practice provides the opportunity for early screening for chronic disease and enables preventable risk factors to be addressed early.

For example, the early diagnosis and management of rheumatoid arthritis greatly reduces long term joint damage and improves outcomes. General practitioners need to be able to diagnose rheumatoid arthritis as early as possible in order to optimise outcomes for patients.[5]

Up to 18% of women and 10% of men aged over 65 years have symptomatic osteoarthritis characterised by joint pain and mobility impairment. Comprehensive assessment leading to an early diagnosis and appropriate intervention can significantly relieve signs and symptoms and expedite joint replacement when required.[7]

A half of all women and a third of all men will suffer minimal trauma fractures secondary to osteoporosis.[8] Early identification and management can prevent many of the longer term disastrous consequences.[8]

The impact of musculoskeletal conditions on quality of life is large, not only in terms of activity limitation and functional restrictions but also from pain and self-perceived state of health. For example, about 10% of people with rheumatoid arthritis reported very high levels of psychological distress.[4] Independent living of a large proportion of people with arthritis and musculoskeletal conditions is compromised and many experience psychosocial changes in their lives such as a change in marital status and employment as a result of their disease or condition.[4]

Through both direct intervention and promotion of self management strategies, the general practitioner clearly has a critical role in the management of these and other musculoskeletal conditions, which continue to increase in incidence and prevalence with our ageing population and poor health, secondary to obesity and life style choices.

Note: this curriculum statement is consistent with the musculoskeletal medicine educational requirements for Australian general practitioners according to the Australian National Musculoskeletal Core Competencies[9] and the global curriculum recommendations of the International Bone and Joint Decade Undergraduate Curriculum Group[10]. In addition, this statement is also consistent with the musculoskeletal medicine syllabus of the Australasian Faculty of Musculoskeletal Medicine[11] and the evidenced based *Clinical guidelines for Musculoskeletal Diseases* of the Royal Australian College of General Practitioners.[12]

## THE FIVE DOMAINS OF GENERAL PRACTICE — MUSCULOSKELETAL MEDICINE

### COMMUNICATION SKILLS AND PATIENT-DOCTOR RELATIONSHIP

History taking is particularly important in diagnosing musculoskeletal conditions because presentations of pain are common and the subjective nature of pain requires that the consultation process initially focus on taking a good pain history. This might involve history taking from the patient's family members, carers, employers and others requiring skills for the efficient eliciting of information while simultaneously employing empathy and patience with patients suffering pain. In addition, many musculoskeletal general practice presentations present with vague or non-specific symptoms, requiring careful history taking to maximise the information to be gained from the patient.

As the most common symptom is pain, treatment outcomes are directed at pain reduction as well as improving function, modifying disease progression and decreasing the risk of future loss of function or recurrence. This requires empathetic and motivational interviewing skills to increase the potential for developing a sound therapeutic partnership with the patient. Communication with the patient's family members, carers, employers and others is often needed for successful disease monitoring and planning rehabilitation options.

Prevention of pain and dysfunction in common musculoskeletal conditions includes the ability to communicate prevention strategies including benefits and risks of lifestyle factors, physical activity, minimising immobility, and avoidance of specific risks.

Clinicians need appropriate communication skills for patient education and enhancing self management which are key strategies in effective musculoskeletal general practice care.

### APPLIED PROFESSIONAL KNOWLEDGE & SKILLS

A familiarity with a wide range of musculoskeletal conditions is necessary to successfully manage the diversity of musculoskeletal general practice presentations including assessment techniques, differential diagnosis and disease management. This involves a thorough knowledge of the basic sciences, normal versus abnormal function, and a biopsychosocial/multidisciplinary approach to care.

While evidence based medicine is critical to managing musculoskeletal conditions, many treatments in medicine continue to be based on experience and empiricism. Patient safety concerns such as the overriding principle of "first do no harm" also apply to the treatment of musculoskeletal conditions.

### POPULATION HEALTH AND CONTEXT OF GENERAL PRACTICE

Musculoskeletal conditions are common general practice presentations and their early diagnosis and management not only improves patient quality and quantity of life, but is a major public health intervention to reduce community morbidity and mortality, and their economic impact. A knowledge of the epidemiology and patterns of musculoskeletal diseases helps the early diagnosis of many conditions. The chronicity and morbidity associated with many musculoskeletal conditions requires work, family and social factors to be considered in their general practice management. General practice identification of risk factors for musculoskeletal disease and disease prevention also helps to reduce musculoskeletal-related morbidity and mortality.

### PROFESSIONAL AND ETHICAL ROLE

Musculoskeletal conditions require a biopsychosocial approach to pain care often requiring an ability to work with other health professionals. Clinicians may be required to consult with employers, and appropriate professional boundaries need to be maintained (see curriculum statement *Occupational health and safety*).

Treatment of musculoskeletal pain problems requires an understanding that patients will often seek help from alternative and allied health practitioners using treatment paradigms which might differ widely from the traditional medical model. Clinicians need to develop strategies for working with patients using nonmedical paradigms to maintain doctor-patient relationships while maintaining an awareness of potential for harm as a result of other therapies.

**ORGANISATIONAL AND LEGAL DIMENSIONS**

Many general practice musculoskeletal consultations involve legal aspects such as work related, motor vehicle, and assault injury cases. These require a basic knowledge of the prevailing legal system within each jurisdiction. Medical practitioners are often required to make assessments and pronouncements which impact in a significant manner on the patient and their legal outcomes.

Clinicians need to be aware of the various health practitioner registration boards to be able to distinguish between registered and non-registered musculoskeletal therapists.

## LEARNING OBJECTIVES ACROSS THE GP PROFESSIONAL LIFE

### MEDICAL STUDENT

- **Communication skills and the patient-doctor relationship**

- Describe the characteristic natural history of common musculoskeletal conditions and how this knowledge, when combined with good history taking, helps to confirm or exclude many conditions.
- Demonstrate the ability to take a sound history of the pain, including nature, intensity, location, duration, onset, offset, concomitant factors, aggravating factors, relieving factors, radiation, frequency, sleep, irritability, response to previous treatment.
- Demonstrate the use of pain charts, visual analogue scales and functional assessment charts to interpret and complete a patient's history.
- Demonstrate an ability to empathetically take a history from a patient suffering pain.
- Describe the role of effective communication in the principles and practice of patient education and self management.

- **Applied professional knowledge and skills**

- Outline basic sciences necessary for dealing with the musculoskeletal system including anatomy, physiology, pathology and embryology.
- Understand the basics of pain physiology and the multiple inputs affecting the modulation of pain.
- Demonstrate an ability to take a basic history/examination to allow the formulation of a differential diagnosis.
- Outline investigations that may be useful in solving diagnostic and management problems in practice.
- Describe the factors involved in deciding whether imaging and related investigations are indicated or not.
- Describe the adverse effects of inappropriate imaging and investigations in musculoskeletal conditions.
- Describe why an understanding of and the ability to identify serious diseases early, including red flag, emergencies are central to effective musculoskeletal care.
- Describe the common musculoskeletal conditions that occur in Australia and their prognosis.
- Outline the impact of chronic pain on sleep.
- Describe the principles of the biopsychosocial health model.
- Outline the role of analgesics in clinical management.
- Outline common managements and their efficacies.
- Outline the principles involved in evaluating the efficacy of treatments for musculoskeletal conditions, including alternative or complementary therapies.
- Describe the concept of chronic disease self management.

- **Population health and the context of general practice**

- Describe the diversity of conditions encompassed by musculoskeletal conditions.
- Describe how the different disease processes and natural history of the various musculoskeletal conditions affect prevention and treatment priorities.
- Demonstrate the ability to identify modifiable risk factors for musculoskeletal conditions.
- Describe the potential impact of musculoskeletal conditions on children, family, work and other social roles.
- Describe how musculoskeletal conditions result in substantial costs to the community.
- Outline the importance of patient education and chronic disease self management in musculoskeletal conditions.

- **Professional and ethical role**

- Outline the reasons why many musculoskeletal conditions require a multidisciplinary approach to management.

Musculoskeletal medicine

- Identify key skills required to be able to work in a multidisciplinary team to manage musculoskeletal conditions.
  - Describe the different allied health professionals involved in the prevention and management of musculoskeletal conditions.
  - Identify barriers that may prevent access to necessary services and social and economic supports to help patients manage their musculoskeletal conditions.
  - Outline the principles involved in managing patients using alternative or complementary therapies for musculoskeletal conditions.
- **Organisational and legal dimensions**
    - Describe how access to services can impact on patient outcomes.
    - Demonstrate facility in organising the medical consultation into its various components of history, examination, differential diagnosis, investigations, diagnosis and management.
    - Outline the jurisdictional legislative requirements for medical practitioners in dealing with work related health and insurance issues, and for motor traffic injury cases.
    - Describe the difference between the terms impairment, disability, and handicap and their legal implications.

## LEARNING OBJECTIVES ACROSS THE GP PROFESSIONAL LIFE

### PREVOCATIONAL DOCTOR

#### Assumed level of knowledge — medical student

- **Communication skills and the patient-doctor relationship**
  - Demonstrate the ability to take a full history including presenting musculoskeletal complaint, history of the complaint and to make a diagnosis in the acute hospital setting.
  - Demonstrate the ability to identify and interpret pain behaviours such as limping, moaning, grimacing, other body language, and use of aids in a patient suffering from musculoskeletal pain.
  - Demonstrate empathetic communication with patients in the hospital setting.
  - Demonstrate the pursuit of opportunities to interview relatives of patients who present to hospital with a musculoskeletal pain problem to enhance history taking and information gathering.
  - Demonstrate an ability to reassure patients in pain and provide lucid explanations as to diagnosis, physiology, and prognosis to patients with musculoskeletal problems.
  - Demonstrate the ability to counsel patients about musculoskeletal conditions.
  - Demonstrate the importance of an ongoing relationship of trust in chronic health care.
- **Applied professional knowledge and skills**
  - Demonstrate the ability to perform a complete and thorough musculoskeletal history and examination.
  - Demonstrate how to identify psychosocial stressors of musculoskeletal conditions ('yellow flags') and incorporate them into pertinent management strategies.
  - Describe the investigations available to rule in or out emergency and urgent ('red flag') diagnoses and their relative advantages/disadvantages.
  - Outline basic clinical biomechanics.
  - Demonstrate an ability to differentiate pain types, eg. acute, chronic, somatic (nociceptive), somatic referred, neuropathic, visceral and non-organic.
  - Outline the concept of non-organic pain.
  - Demonstrate the ability to formulate a management plan incorporating psychosocial issues.
  - Demonstrate a thorough knowledge of medications commonly used in the management of musculoskeletal conditions.
  - Demonstrate the ability to search for and access evidence based resources for musculoskeletal conditions.
- **Population health and the context of general practice**
  - Describe the patterns of differing conditions across different populations, for example, age groups (children and adults) or gender.
  - Describe methods involved in primary, secondary and tertiary prevention of musculoskeletal disorders.
  - Describe the different disease processes and natural history associated with arthritis and related disorders; osteoporosis; other diseases of the musculoskeletal system and connective tissue and musculoskeletal injuries.
  - Describe the implications of different disease natural histories for primary and secondary prevention and prevention/reduction of morbidity.
  - Describe the socioeconomic and geographical inequities in access to services for musculoskeletal conditions.
  - Describe how chronic disease self management can affect the health of people with musculoskeletal conditions.
  - Demonstrate the ability to intervene with patients to address modifiable risk factors.
  - Describe the economic impact of the musculoskeletal conditions including which conditions contribute most to these costs.

- **Professional and ethical role**

- Demonstrate the ability to work in a multidisciplinary team to manage musculoskeletal conditions.
- Describe the specific roles of different allied health professionals in the prevention and management of musculoskeletal conditions.
- Outline the co-ordination of care across disciplines in more complex musculoskeletal complaints including compiling return to work/activity plans.
- Identify which patients require advocacy and guidance to enable them to access necessary services and social and economic supports to manage their condition.
- Demonstrate the ability to support patient self determination, including patients using alternative and complementary therapies.
- Demonstrate the ability to counsel patients about potential adverse effects of unproven remedies while maintaining professional boundaries.

- **Organisational and legal dimensions**

- Describe the work related aspects of musculoskeletal conditions and the implications for certifying sickness and work capacity.
- Outline the basic legislative requirements for sickness certification and fitness for duties.
- Describe how to formulate a basic rehabilitation program for injured workers.
- Describe the need for gaining of informed consent from patients prior to interventional procedures.
- Demonstrate the ability to write competent referrals and communications to participate in multidisciplinary care.



## LEARNING OBJECTIVES ACROSS THE GP PROFESSIONAL LIFE

### VOCATIONAL REGISTRAR

#### Assumed level of knowledge — prevocational doctor

#### • Communication skills and the patient-doctor relationship

- Describe the psychological influences and consequences of acute and chronic pain.
- Describe the psychological influences and consequences of loss of function or the burden of being at higher risk of deteriorating pain or function.
- Demonstrate the ability to distinguish between patients' needs and wants with regards to their pain management.
- Describe the role of the placebo response in pain management and the importance of the therapeutic relationship between doctor and patient in placebo.
- Demonstrate the skills and attitudes required for effective whole person care.
- Describe how clinician attitudes, beliefs and feelings may impact upon pain management.
- Describe information sources that may assist the patient with a musculoskeletal condition to better manage their condition.
- Demonstrate a high level of use of explanation of pain mechanisms and natural history using analogy, metaphors and patient centred communication to teach the patient self care.
- Demonstrate a high level of skills in motivational interviewing techniques to assist patients in dealing with persisting musculoskeletal problems.
- Describe the role of cognitive behavioural therapy to assist patients in rehabilitation.
- Describe the effect of a clinician's communication styles and body language when communicating with patients.

#### • Applied professional knowledge and skills

- Demonstrate how to take a comprehensive history including identification of urgent and emergency conditions ('red flags') and important psychosocial stressors on musculoskeletal conditions ('yellow flags').
- Demonstrate how to take a comprehensive pain history.
- Demonstrate an ability to measure disability and impairment.
- Demonstrate thorough examination of the musculoskeletal system including identifying dysfunctions, special physical tests and their interpretation.
- Demonstrate a high level of knowledge of specific musculoskeletal conditions across different populations.
- Describe the optimal sequence of ordering investigations to aid management decisions and demonstrate the ability to justify the necessity for each investigation.
- Describe the prevalence of radiological abnormalities in asymptomatic and symptomatic populations.
- Recognise radiological findings of emergency and urgent ('red flag') conditions.
- Demonstrate the ability to detail a comprehensive management plan for musculoskeletal complaints that may involve more than one health care provider incorporating, where appropriate, the role of medications, patient education and reassurance; therapeutic exercise; rehabilitation; manual therapy; injections; psychological interventions; and surgery.
- Justify the use of interventions through risk/benefit analyses.
- Demonstrate an awareness of the levels of evidence for musculoskeletal management strategies.
- Identify and acquire musculoskeletal procedural skill competency levels appropriate for the required service provision level, eg. if performing joint injections, ensure skill competency level has been acquired.

- **Population health and the context of general practice**

- Outline the differences between pain perception, suffering and pain behaviour in those from different cultures and backgrounds.
- Describe the differences in the spectrum of musculoskeletal conditions seen in general practice and other health care settings for different age groups, and understand the implications of this for patient care.
- Describe the prevalence of various musculoskeletal conditions in the clinician's own local community and practice.
- Identify chronic disease management programs, how to access them in the local community and how to collaborate with these programs.
- Identify, where possible, how to reduce the specific impacts of a patient's musculoskeletal condition on family, work, school and other social roles.
- Outline the relative cost effectiveness of diagnostic and management options for musculoskeletal conditions.

- **Professional and ethical role**

- Identify when there is a need for a multidisciplinary approach for musculoskeletal medical care.
- Identify which specific medical specialists and allied health professionals are required for the prevention and management of musculoskeletal conditions in specific patients.
- Demonstrate the ability to co-ordinate care across disciplines in more complex musculoskeletal complaints including compiling return to work/activity plans.
- Demonstrate the ability to advocate for and to guide patients to enable them to access necessary services and social and economic supports to manage their condition.

- **Organisational and legal dimensions**

- Describe the importance of systematic approaches to prevention and management of musculoskeletal conditions.
- Describe the formulation and facilitation of a detailed rehabilitation program for injured workers.
- Describe how best to use government policy initiatives to maximise the care of patients with musculoskeletal conditions.
- Demonstrate reliable ways of recording and following patient outcomes.
- Demonstrate a basic ability to assess impairment, disability, and handicap in injured workers for occupational/legal purposes.
- Describe the legislative and legal requirements in report writing and providing evidence in court as expert witnesses.
- Demonstrate the ability to co-ordinate care involving multidisciplinary teams and to organise case conferences where required.
- Describe patient confidentiality requirements and stakeholders to whom the patient has given the doctor permission to disclose, for example, insurance companies and rehabilitation providers.

**LEARNING OBJECTIVES ACROSS THE GP PROFESSIONAL LIFE****CONTINUING PROFESSIONAL DEVELOPMENT****Assumed level of knowledge — vocational doctor**

- **Communication skills and the patient-doctor relationship**
  - Undertake regular analysis of communication skills in relation to musculoskeletal medicine, which may include tools, such as reviewing interview techniques with peers or mentors or patient feedback tools within the clinical setting.
- **Applied professional knowledge and skills**
  - Demonstrate an evidence based approach to the management of musculoskeletal disorders.
  - Demonstrate knowledge of complementary and alternative therapies used in the management of musculoskeletal conditions.
  - Describe the effects of nutrition, fitness and exercise on health in the musculoskeletal system.
  - Demonstrate the ability to critically evaluate the literature concerning musculoskeletal medicine.
  - Describe the principles of conducting musculoskeletal research in primary practice.
  - Demonstrate a commitment to ongoing medical education including, where relevant, specific manual and injection techniques that are useful to control pain and improve function.
  - Describe advances in knowledge regarding the prevention of musculoskeletal conditions.
  - Maintain musculoskeletal procedural skill competency levels appropriate for the required service provision level, eg. if performing joint injections, ensure skill competency level are maintained.
- **Population health and the context of general practice**
  - Demonstrate skills to differentiate between evidence based health care and non-evidence based health care for musculoskeletal conditions, and be able to accurately communicate this to individuals and groups.
  - Identify the unmet needs of the clinician's community for the best management of musculoskeletal conditions.
  - Demonstrate skills to modify diagnosis, treatment and chronic disease self management in line with developments in evidence based health care.
  - Identify and use new resources, particularly those based on reliable evidence, for the prevention and management of musculoskeletal conditions as they become available.
- **Professional and ethical role**
  - Demonstrate the ongoing co-ordination of multidisciplinary care for patients with musculoskeletal disorders as required.
  - Describe the general practitioner's role in assisting or empowering their community to gain access to necessary services/treatments/diagnostic resources to manage musculoskeletal conditions.
  - Consider and undertake further course or specialist training in musculoskeletal medicine as appropriate for the skill level required.
- **Organisational and legal dimensions**
  - Demonstrate an ability to regularly audit patient outcomes.
  - Demonstrate a basic familiarity with Australian Medical Association Guides to the assessment of impairment, disability, and handicap in injured workers.
  - Describe how to formulate a full rehabilitation program for injured workers.
  - Self review of written medicolegal reports to ensure that they aid the legal process in making timely determinations.

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# Occupational health and safety

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## Definition

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Occupational health (occupational medicine) is the branch of medicine dealing with all aspects of the relationship between the work environment and the health of workers,<sup>1</sup> with the aim of improving health and minimising injuries in the workplace.

General practitioners can bring medical expertise to the human interface of the workplace to provide improved outcomes in both physical and mental health, the reduction and elimination of preventable accident or injury, and to reduce and prevent the potential for negative health impacts from the work environment.

## Rationale

In Australia, around 4% of general practice patient encounters are work related, with nearly 63% being men and 37% being women. Nearly all of these patients (96%) are aged 15–64 years and half are in the 25–44 years age group. Around 17% of work related encounters were with people from non-English speaking backgrounds.<sup>2</sup>

Typical general practice occupational health activities traditionally include accident prevention, injury management, workers' compensation, and pre-employment and occupational health medical examinations. In reality, the scope of occupational medicine in the general practice setting goes beyond just these tasks.

General practitioners are well situated to give advice on the most diverse of working environments, from a sterile laboratory in a large company to a farmer on the family farm or the probable health outcomes of manufacturing processes. They may not only treat, but may also anticipate biomechanical sequelae for operators of equipment, often specifically engineered for a particular process with little regard for the impact on worker health.

The list of potential occupational health and safety roles for the general practitioner are great: fitness to operate equipment like forklifts or tractors; the effects of drugs, either legal or illegal, in the workplace; first aid including cardiopulmonary resuscitation (CPR); information seminars; safety drills; and interpretation of material safety data sheets.

Some general practitioners may be involved in monitoring the health effects of short and long term exposure to noxious substances.

With the increasing rates of work related stress, doctors not only have a treatment role, but also have a role in implementing strategies to reduce its incidence.

General practitioners have a central role in the quest for a safer, more effective and fulfilling workplace with the potential to improve the health and welfare of a significant proportion of our society. The workplace is one of the few places in society outside of schools where people gather on a regular basis often in large numbers, providing an ideal opportunity for health promotion and wellness programs. General practitioners are ideally placed to play a pivotal role in brokering positive outcomes and preventing the spiral into chronic incapacity with its attendant consequences.

General practitioners are in a unique position to act as a moderator between the patient and employer to ensure the best possible outcomes for both parties. Specific occupational health skills are needed to maximise the special opportunities that general practitioners have to effect good health outcomes. Poorly managed work related conditions may cause great suffering not only in the patient and the employer, but may also disadvantage the patient's family. People may become unemployable and families can disintegrate.

General practitioners are also often employers and need to be aware of their own occupational health and safety obligations towards employees.

Refer also to curriculum statements: *Practice management* for areas of occupational health and safety within the general practice workplace; *Population health and public health* for health promotion programs which may occur in a workplace setting; *Philosophy and foundation of general practice* for issues of confidentiality and privacy; and *Multicultural health* for successful crosscultural communication including the correct use of translators.

## The five domains of general practice – occupational health and safety

### Communication skills and the patient-doctor relationship

General practitioners need to integrate knowledge of the specific confidentiality and privacy demands of work related injuries into patient management. General practitioners must communicate with the patient's employer, workplace, insurance agencies, work rehabilitation providers and a wide range of health professionals. The general practitioner needs to be aware of the potential for communication conflicts between these agencies and the patient.

The general practitioner is in an ideal situation to facilitate good outcomes for both the patient and the employer. Good communication with the patient and all parties involved in the injury management is critical to prevent adverse outcomes for the patient their employer.

Patients from non-English speaking backgrounds may require translators during consultations and general practitioner communication skills should meet the requirements listed in the *Multicultural health* curriculum statement to ensure cultural competence when managing work related injury and illness.

### Applied professional knowledge and skills

General practitioners need a basic understanding of the role of proactive risk management in the workplace to prevent physical and mental work related illness and injury.

General practice aspects management of occupational medicine may include medical management of work related illness and injuries, administrative and legal involvement with work insurance authorities, accident prevention, proactive risk management including pre-employment medicals and onsite assessment.

The early intervention and active management of work related illnesses and injuries utilises evidence based medicine, however, successful patient outcomes requires both the knowledge and skill to manage not only the medical condition but also the expectations of all stakeholders.

When making management plans, general practitioners need to be aware of the realities of the patient's workplace, the available resources and the prevailing culture. While complying with legislation, company cultures of worker safety may vary between industries and workplaces, as may the human resources and management skills available. The opportunities for satisfactory outcomes are more readily grasped by those doctors who are aware of these issues when negotiating the best patient outcomes, especially when the patient has little or no portable skills.

### Population health and the context of general practice

General practitioners are well placed to administer workplace health programs, eg. immunisations or the prevention of health through the reduction of potential for injury or substance exposure or general health promotion and lifestyle programs.

General practitioners may influence workplace cultures to adopt practices consistent with long term beneficial health worker outcomes that may have significant flow on benefits to the wider community.

General practitioners need to understand that work related health disability has a wider impact beyond the worker to the patient's family and supports. Being unable to work causes hardship and suffering, especially in people from disadvantaged socioeconomic and educational backgrounds being particularly vulnerable to the negative impact of unemployment, financial hardship and family breakdown.



## Professional and ethical role

Successful management of work related injuries requires a general practitioner to work within a multidisciplinary team, including work insurance authorities. General practitioners need to be especially familiar with the medical and legal issues in relation to medical certification.

General practitioners may need to act as an advocate for patients to ensure a successful outcome, especially for those from a socioeconomically and educationally disadvantage background.

The management of work related injuries and illnesses can be challenging and may require balancing any competing priorities of worker and employment. General practitioners need to maintain an appropriate professional conduct by delineating their role to medical management to work toward the best outcomes for all parties.

General practitioners need to understand the obligations of management and the role of statutory inspectors in workplace safety breaches.

## Organisational and legal dimensions

General practice occupational medicine requires familiarity with the occupational health and safety (OH&S) legislative requirements of employers and employees, work insurance agencies, workers' compensation issues, industrial relations issues and many organisations.

The general practitioner may need to manage large amounts of information from a range of sources and needs to ensure that health risks to the patient are minimised from communication errors, including the maintenance of patient privacy.

Within their own general practice workplaces, general practitioners need to have expertise in safety matters, worker negotiations, unions and documenting workplace safety. General practitioners will also need to be familiar with their own workplace health and safety legislative requirements.

Refer also to curriculum statement: *Practice management*.

# Learning objectives across the GP professional life

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## Medical student

### Communication skills and the patient-doctor relationship

- Demonstrate asking for patient occupation when taking history.
- Describe the negotiating skills needed in occupational health and safety.
- Describe the implications of work related stress including on personal relationships and communication.

### Applied professional knowledge and skills

- Discuss possible effects of illness on occupation or the relationship between an occupation and illness.
- Describe the basic role of biomechanics in workplace injuries and the role of ergonomists in the workplace.
- Outline the concepts of the relationship of long and short term occupational exposure limits to noxious substances.
- Outline principles of engineering systems to control environmental contamination, eg. water and air.
- Describe the management issues in work related stress.
- Examine and describe workers' compensation insurance certificates such as Workcover certificates.

### Population health and the context of general practice

- Understand the need for occupationally related immunisation.
- Examine and describe the place of health promotion programs in the workplace.
- Describe the role of occupationally related infection control measures in illness prevention.
- Describe the need and requirements for first aid training required in the workplace.

### Professional and ethical role

- Outline the roles of the general practitioner and the occupational health doctor.
- Describe the roles and importance of professionals working within the multidisciplinary work health team, including occupational therapists and rehabilitation providers.

### Organisational and legal dimensions

- Describe occupational health and safety legislative requirements.
- Demonstrate awareness of regulatory standards to assess safety and ability to drive, including commercial and dangerous goods.

# Learning objectives across the GP professional life

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## Prevocational doctor

### Assumed level of knowledge – medical student

#### Communication skills and the patient-doctor relationship

- Describe informed consent issues with respect to the patient and their employer.
- Demonstrate use of basic negotiating skills when aiming for best outcomes for both patient and employer.
- Describe the impact of work related injuries on the patient's family, especially in serious work related injuries in the emergency situation.

#### Applied professional knowledge and skills

- Write work injury related certificates, especially first certificates for work related emergency presentations, minor trauma and musculoskeletal diagnoses.
- Outline early management options for work related emergency presentations, minor trauma and musculoskeletal diagnoses.

#### Population health and the context of general practice

- Describe how to promote risk awareness in the workplace.
- Demonstrate appropriate occupationally related immunisation.
- Demonstrate how to identify potential occupational risks within the prevocational doctor's workplace to patients and staff.
- Describe how to report potential occupational risks within the prevocational doctor's workplace to patients and staff.

#### Professional and ethical role

- Describe the personal health risks of medical practice such as fatigue and stress.
- Outline personal responsibilities of recognising the potential risk to others from your own health status.
- Demonstrate communication with the patient's GP when appropriate.

#### Organisational and legal dimensions

- Identify and describe the appropriate circumstances and situations requiring when the completion of work insurance medical certificates such as Workcover.
- Describe how work related patients may be treated in the private sector where workplace insurance such as Workcover is in place.

# Learning objectives across the GP professional life

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## Vocational registrar

### Assumed level of knowledge – prevocational doctor

#### Communication skills and the patient-doctor relationship

- Demonstrate use of advanced negotiating skills in managing small groups, including Workcover authority, employer, insurance companies and rehabilitation providers.
- Describe skills required for stress management in patients.
- Demonstrate the ability to write legal reports.
- Demonstrate how to give evidence in court.
- Demonstrate how to manage phone calls from employers.

#### Applied professional knowledge and skills

- Demonstrate management of common work related injuries.
- Describe the content and implications of Workcover certificates.
- Outline how to modify patient management to suit employer culture, where appropriate.

#### Population health and the context of general practice

- Identify and describe strategies to overcome low use of specific services and preventive activities.
- Record occupation in general practice patient records.
- Identify and describe common occupational illnesses including those relevant to local area, including specific management or where to find this information as needed.

#### Professional and ethical role

- Describe the role of work insurance company authorised medical specialist agents, eg. health management specialists in Workcover.
- Outline how to deal with competing priorities.
- Demonstrate how to organise and review a completed functional capacity assessment.
- Describe and implement occupational health and safety related business regulations as they apply to a medical practice.

#### Organisational and legal dimensions

- Demonstrate how to use relevant work related templates in medical software packages.
- Demonstrate the ability to coordinate care involving multidisciplinary teams and to organise case conferences when required.
- Describe patient confidentiality requirements and 'need to know' stakeholders to whom the patient has given the doctor permission to disclose, eg. insurance company and rehabilitation providers.
- Describe practitioner legal responsibilities of when to report worker as being unsafe to drive.

# Learning objectives across the GP professional life

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## Continuing professional development

### Assumed level of knowledge – vocational registrar

#### Communication skills and the patient-doctor relationship

- Outline the importance of maintaining a relationship with the patient and their experience of their illness or injury.
- Describe how to act as a communicator and negotiator with third parties, validate and quantify the illness/injury, and ensure parties involved are aware of performance limitations, where appropriate.

#### Applied professional knowledge and skills

- Describe how work related injuries impact upon patient self esteem, confidence, income and family, and are often reinforced by feelings of vulnerability and rejection by the peer group.
- Outline how to take the issues in the previous objective into account in order to ensure full recovery and return to full function.
- Outline how to deal with work related issues within the confines of the practical realities of the workplace and the patient's socioeconomic background.

#### Population health and the context of general practice

- Describe work health issues related to industries close to specific locality of the practice.
- Describe how to implement a program to reduce or ameliorate health impacts in the workplace.
- Demonstrate contribution to promoting and protecting health, and preventing illness, injury and disability in the community.

#### Professional and ethical role

- Demonstrate an ability to deal with multiple sources of work related information from patients, employer, specialists and members of the multidisciplinary team.
- Describe how patients from disadvantaged socioeconomic and educational backgrounds are particularly vulnerable to the negative impact of unemployment, financial hardship and family breakdown.
- Demonstrate ability to manage occupational health and safety in the practice environment.

#### Organisational and legal dimensions

- Discuss how to work with other organisations on population based workers' health issues.
- Describe obligations and limitations of occupational and health safety related legislative requirements.
- Demonstrate ongoing compliance with these OH&S related legislative requirements.

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# Oncology

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## Definition

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The general practice management of cancer involves caring for people with cancer and their carers over the entire spectrum of cancer control including:

- primary prevention such as smoking cessation, and providing other behavioural advice about diet, weight control, physical activity and sun protection
- promoting and contributing to the delivery of national cancer screening programs for cervical, breast and colorectal cancer
- early detection, investigation, referral and management of symptomatic cancer and appropriate management of symptoms of potential oncological significance
- contributing to care during active treatment, in some cases through direct involvement in care delivery or in other instances through care coordination
- psychological support of patients and families throughout the patient's cancer journey
- early detection and management of recurrence of cancer or side effects of treatment including, ongoing monitoring following treatment and, when appropriate, remission
- early detection and understanding for urgent management of cancer related emergencies such as neutropaenic sepsis, spinal cord compression, deep venous thrombosis and pulmonary emboli, and
- palliation of symptoms associated with the disease and its treatment.



## Rationale

Cancer is responsible for nearly 20% of the total burden of disease in Australia as measured by death and disability.<sup>1</sup>

Malignant neoplasms account for 2.18 out of every 100 general practice encounters, with skin cancers accounting for 1.07 of these encounters.<sup>2</sup> The rate of general practice cancer related services is increasing.<sup>3</sup>

Skin cancers, including basal and squamous cell carcinomas and melanomas, are the most common cancers managed by general practitioners. The next most common cancers are prostate cancer, female breast cancer and lung cancer.<sup>4</sup>

Excluding nonmelanocytic skin cancers, around 101 000 new cases of cancer (55 000 males and 46 000 females) were diagnosed in Australia in 2006.<sup>5</sup> Over 370 000 people are diagnosed with nonmelanocytic cancers each year.<sup>1</sup>

More than half the population will develop at least one nonmelanocytic skin cancer, and 1 in 3 men and 1 in 4 women will develop a major cancer before aged 75 years.<sup>1</sup> Although survival rates are improving, cancer accounts for nearly 38 000 deaths per year.<sup>4</sup>

The most common cancers in Australia, excluding nonmelanotic skin cancers, are prostate, colorectal, lung and melanoma in men, and breast, colorectal, melanoma and lung in women.

Australia's overall cancer death rates declined by about 14% in 1986–2004 and these rates are low when compared with other Western countries, however, despite these improvements, cancer is now Australia's leading cause of death among 45–64 year olds and causes more premature deaths and overall disease burden than cardiovascular disease.

Refer also to curriculum statements: *Chronic diseases*, *Palliative care*, and *Population health*.

## The five domains of general practice – oncology

### Communication skills and the patient-doctor relationship

Patient centred approaches help develop strong relationships with patients and their families to help provide support during the diagnosis and long term management of cancer. Specific communication skills include the ability to:

- break bad news
- discuss and explain management issues from a patient centred perspective
- discuss the patient-doctor relationship openly to restore any loss in confidence that may have occurred due to a diagnosis of cancer<sup>6</sup>
- identify and manage psychosocial problems associated with the diagnosis and management of cancer
- work effectively within a multidisciplinary team
- recognise the importance of care coordination and to act in a coordinating role if this is appropriate and desired by the patient and care team
- discuss cancer risk and approaches to reducing risk and initiating behavioural change
- discuss the advantages and disadvantages of specific cancer screening tests and the interpretation of these tests, and
- empower patients to ask their oncologists about issues that are important for them such as prognosis and quality of life.

### Applied professional knowledge and skills

Cancer care in general practice requires a diverse range of knowledge and skills including:

- understanding the role of lifestyle factors in contributing to cancer (smoking, exposure to UV radiation, poor diet, insufficient physical activity and excessive alcohol consumption), the extent to which lifestyle modification may reduce cancer risk and the ability to assist patients in such lifestyle modification
- assisting patients to quit smoking
- demonstrate the ability to perform skin checks and manage suspicious skin lesions
- obtain smoking and alcohol history and record this in the patient file
- monitor and record body mass index as part of cancer risk assessment
- identify individuals at increased risk of cancer due to familial, behavioural or environmental risk factors
- understand the familial factors involved in increased risk of certain cancers
- use a three generation family history to identify patients who are at increased risk of cancer
- an awareness of National Health and Medical Research Council (NHMRC) and Australian Cancer Network guidelines on identifying those at increased familial risk, and the role of surveillance programs, specific interventions and familial cancer clinics
- knowledge of evidence based programs for the early detection of cancer
- demonstrating the skills required to perform Pap tests with attention to quality assurance issues such as sterilisation of equipment and follow up of abnormal smears
- knowledge of the presentation, diagnosis and management of common cancers in general practice
- the ability to recognise significant symptoms that could be related to cancer and the appropriate pathways for investigation and referral of cancer
- broad understanding of the principles of management of common cancers, including side effects of common treatments, potential interactions, and how to access specialised knowledge when needed
- an awareness of, and ability to, access information resources for patients to assist in their understanding of cancer and/or potential treatments
- knowledge of the potential psychosocial sequelae of cancer affecting people with cancer and their carers, as well as management of such issues and awareness of available support services

- the ability to identify those at risk and those with psychosocial problems and awareness of evidence based guidelines, and
- the ability to obtain vital information from oncologists to help facilitate their patient's regaining control over management decisions that affect their quality of life such as prognosis, understand reasons for treatment pathway choices, manage common side effects, accurate and understandable information about cancer trials they may be involved with, and explore the lived experiences for their cancer patients with empathy and validation.<sup>7,8</sup>

## Population health and the context of general practice

A broad understanding of the epidemiology of common cancers in Australia, and particularly the role of risk factor modification and early detection of asymptomatic cancers, is central to the role of general practice in reducing the impact of cancer in the community.

This includes:

- an awareness that tobacco smoking is the leading cause of cancer and of the range of cancers for which tobacco contributes, as well as options to facilitate quitting
- an awareness of the relationship between ultraviolet radiation exposure and skin cancers
- an understanding of the evidence supporting the role of increased fruit and vegetables, increasing physical activity, maintaining a healthy body weight and limiting or avoiding alcohol in reducing the risk of certain cancers
- an awareness of current evidence based guidelines relating to healthy diet, physical activity and alcohol intake and ability to assist patients in adopting preventive lifestyle behaviours
- an awareness of biological risk factors for cancer, including viruses such as hepatitis B and human papilloma virus (HPV)
- knowledge about the evidence for, and current guidelines relating to, screening tests for cervical, breast and colorectal cancer including their pros and cons, appropriate use and follow up of abnormal screening tests
- having a broad understanding of cancer screening principles
- being familiar with the role of general practitioners in the national screening programs (eg. National Bowel Cancer Screening Program 2006), including the significance and management of a positive faecal occult blood test
- being aware of the complex issues surrounding testing for the early detection of prostate cancer and of the guidelines of organisations such as the Cancer Council Australia and the RACGP, and
- being able to describe the various community and consumer resources available for people and their families affected by cancer.

## Professional and ethical role

General practitioners require a professional and patient centred approach to enable them to support patients across the spectrum of cancer control activities. General practitioners need to:

- be able and prepared to act as a patient advocate when appropriate
- recognise the importance of patient autonomy and respecting patients' choices when involved in making often complex treatment and management decisions which may include the decision to decline treatment
- support the patient's carers while maintaining the patient's right to confidentiality
- recognise the ethical issues associated with early detection of asymptomatic cancer
- liaise effectively with oncologists
- work professionally within a multidisciplinary team, and
- utilise evidence based guidelines to assist in the care of patients.

## Organisational and legal dimensions

The general practitioner needs to:

- be aware of, and be able to, access relevant clinical guidelines for the prevention, early detection and care of cancer
- be aware of information sources for patients and carers
- maintain adequate clinical records and ensure appropriate follow up of significant symptoms that could be related to cancer
- be able to identify people at risk of cancer and utilise practice information systems to facilitate appropriate screening and surveillance
- be familiar with the legal requirements of power of attorney and advanced treatment directives
- be aware of appropriate referral pathways for people with cancer within the local network, and
- be aware of local support services for people with cancer and their carers.

# Learning objectives across the GP professional life

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## Medical student

### **Communication skills and the patient-doctor relationship**

- Describe the use of patient centred approaches to breaking bad news.
- Describe the use of patient centred approaches to communicating cancer risk information and promoting healthy behaviours.

### **Applied professional knowledge and skills**

- Be able to perform a basic history and examination to assess symptoms associated with cancer.
- Describe the usual presentations of common cancers.

### **Population health and the context of general practice**

- Describe the different national cancer screening programs.
- Be able to conduct basic assessment of environmental, lifestyle and familial cancer risks.

### **Professional and ethical role**

- Outline the role of the GP within the multidisciplinary team that cares for people with cancer.
- Outline the role of the GP as a patient advocate.

### **Organisational and legal dimensions**

- Outline the role of the GP in delivering cancer screening programs.
- Describe the importance of maintaining adequate clinical records and follow up of patients with symptoms that could be related to cancer.

## Learning objectives across the GP professional life

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### Prevocational doctor

#### **Assumed level of knowledge – medical student**

##### **Communication skills and the patient-doctor relationship**

- Recognise the psychological impact of a cancer diagnosis on patients and their families and demonstrate approaches to breaking bad news.

##### **Applied professional knowledge and skills**

- Conduct a detailed assessment of cancer risk and provide basic advice on behaviour change to reduce risk.
- Demonstrate knowledge of the presentation, diagnosis and management of common cancers in general practice.
- Have a basic understanding of the management of common cancers and its side effects.
- Demonstrate appropriate investigation of symptoms associated with cancer.

##### **Population health and the context of general practice**

- Implement the different national cancer screening programs in the hospital situation and be competent in conducting a Pap test and rectal examination as part of cervical and prostate cancer screening.

##### **Professional and ethical role**

- Describe the importance of patient autonomy and the respect for patient's choices when involved in complex decisions about their health care.
- Demonstrate how to work professionally within a multidisciplinary team.

##### **Organisational and legal dimensions**

- Outline appropriate referral pathways for people with cancer.
- Outline the importance of local support services for people with cancer and their carers.

# Learning objectives across the GP professional life

## Vocational registrar

### Assumed level of knowledge – prevocational doctor

#### Communication Skills and the patient-doctor relationship

- Demonstrate the ability to apply patient centred communication skills to support behaviour change to reduce cancer risk.
- Demonstrate how to discuss different cancer screening tests and programs to support patients' informed choices.
- Demonstrate an ability to discuss the importance of general practice care during and after active treatment of cancer.
- Demonstrate the ability to communicate with patients and their families/carers about management, informed decisions and emotional issues.

#### Applied professional knowledge and skills

- Describe the management of common cancers and recognition and management of side effects of treatment.
- Demonstrate how to apply patient centred care to manage the complex psychosocial issues of patients and families affected by a diagnosis of cancer.
- Recognise and apply evidence based management for the assessment of symptoms associated with cancer.

#### Population health and the context of general practice

- Demonstrate awareness of new cancer screening programs.
- Describe the advantages and disadvantages of different cancer screening tests available in Australia.

#### Professional and ethical role

- Describe the ethical issues associated with early detection of asymptomatic cancer.
- Demonstrate use of evidence based guidelines to assist in the care of patients with cancer or those with symptoms related to cancer.
- Describe the role of the GP as patient advocate for people with cancer and their carers.

#### Organisational and legal dimensions

- Describe appropriate referral pathways for people with cancer or symptoms related to cancer.
- Discuss the use of relevant clinical guidelines for the prevention, early detection and care of cancer.
- Outline information sources for patients with cancer and their carers.
- Describe the use of practice information systems to facilitate cancer screening and surveillance.

## Learning objectives across the GP professional life

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### Continuing professional development

#### **Assumed level of knowledge – vocational registrar**

##### **Communication skills and the patient-doctor relationship**

- Demonstrate keeping up-to-date with communication skills acquisition research in cancer related areas.
- Describe approaches to empower patients to ask their oncologists questions about their cancer care.

##### **Applied professional knowledge and skills**

- Be able to identify gaps in knowledge, skills and attitudes in relation to evidence based cancer care and prevention.
- Demonstrate keeping up-to-date with managing side effects of patients' treatments and cancer emergencies.

##### **Population health and the context of general practice**

- Make an undertaking to access ongoing professional development in relation to their identified knowledge gaps in cancer care and prevention.
- Make an undertaking to regularly update knowledge and skill base in the light of any new and emerging evidence in cancer care and prevention.

##### **Professional and ethical role**

- Demonstrate the role as patient advocate.
- Demonstrate support to patients in making informed decisions about cancer screening and their care.

##### **Organisational and legal dimensions**

- Demonstrate use of evidence based guidelines for the prevention, early detection and care of cancer.
- Maintain adequate clinical records and ensure appropriate follow up of significant symptoms that could be related to cancer.
- Demonstrate the ability to identify people at risk of cancer and utilise practice information systems to facilitate appropriate screening and surveillance including recall systems.
- Use local support services to improve the care of people with cancer and their carers.



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# Pain management

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## Definition

Pain is defined as an unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage.<sup>1</sup>

Pain is always subjective and each person's individual experience of pain is related to their life experiences such as injury in early life.

Stimuli that cause pain may be associated with actual or potential tissue damage. While this sensation in itself may be unpleasant, there is also an accompanying emotional experience including fear.

Patients who are unable to communicate verbally can still experience pain and may need appropriate pain relieving treatment.

Some people report pain in the absence of tissue damage or any likely pathophysiological cause, which may indicate a psychological basis. Based on subjective reports, there may be no way to distinguish their experience from that due to tissue damage. If a patient regards their experience as pain, and if they report it in the same ways as pain caused by tissue damage, this should be accepted as pain. This definition avoids tying pain to the stimulus.

Experiences that resemble pain but are not unpleasant, eg. pricking, should not be called pain. Unpleasant abnormal experiences (dysesthesias) may also be pain but are not necessarily so because subjectively they may not have the usual sensory qualities of pain. There is a wide range of terms to describe types of pain and pain related symptoms.<sup>2</sup>

Refer to curriculum statement: *Palliative care* for the management of pain in the palliative care setting.

## Rationale

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Pain is associated with many general practice conditions, and diagnosis and management is often poorly understood and undertreated.

Patients in pain and their carers may feel hopeless, helpless, deserted and angry, and doctors may experience frustration when pain fails to respond to treatment.

General practitioners manage the majority of patients with pain in Australia for both front line and last resort in pain management. Expertise in pain management is developed through education and exposure to clinical experience. Specialist advice in pain management can supplement general practice competence but cannot replace it. Interdisciplinary approaches are often helpful.

There is no national data on the prevalence of pain in Australia. However, a large telephone survey of adults aged 16 years and over in New South Wales,<sup>3</sup> reported that chronic pain (defined as pain experienced every day for 3 months in the 6 months before interview) was reported by 17% of male and 20% of female respondents. Interference in daily activities due to chronic pain was reported by 11% of male and 14% of female respondents, and was the highest in the 55–59 years age group.

## The five domains of general practice – pain management

### Communication skills and the patient-doctor relationship

The subjective nature of pain presents many diagnostic and management challenges to the general practitioner, requiring patient centred approaches and clear communication between patient and doctor. The therapeutic success of pain management also relies upon close communication to monitor progress.

In addition, the patient perception of pain is influenced by a complex range of factors, including past experience of pain, medication history, family, culture, social and occupational history, as well as differing expressions and understandings of pain across cultures, making communication sometimes challenging.

### Applied professional knowledge and skills

The successful management of pain requires a wide knowledge of many medical conditions, and can present in a variety of presentations and undifferentiated problems. Information gathering and physical examination skills are especially critical for clinical decision making.

Continuity of patient care requires integrating pain management into all aspects of general practice clinical work. In particular, chronic pain management may present significant long term challenges to the general practitioner's skills.

### Population health and the context of general practice

Pain is one of the most common and diverse presentations in general practice, and a significant cause of patient morbidity, as well as affecting the wellbeing of family and carers. General practice is both the front line and the last resort in pain management. Cultural, social, family, and work factors play a significant role in its daily management in general practice.

### Professional and ethical role

In addition to the challenges of patient centred care in pain management, there are professional and legal requirements that significantly impact upon chronic pain management. These require a commitment to ongoing review of the general practitioner's professional and ethical role with respect to treatment advances and legislative changes. The general practitioner needs to work in close coordination with other professionals within a multidisciplinary team for successful pain management outcomes.

### Organisational and legal dimensions

Pain can occur at any time of the day or night, and organisations have a responsibility to ensuring ongoing availability and accessibility arrangements to help alleviate patient suffering. Organisational systems need to ensure that patients with pain are regularly monitored, as well as ensuring that all legislative requirements around analgesia are met.

# Learning objectives across the GP learning life

## Medical student

### Communication skills and the patient-doctor relationship

- Outline how the relationship between the patient and the doctor is central to a good therapeutic outcome in pain management.
- Outline the difficulties in communicating the pain experience.
- Outline patient fears and attitudes toward pain medication use and methods to discuss these.
- Describe how pain is a personal experience and that there are differences between people that are influenced by age, gender, culture and other factors.
- Describe how lifestyle choices may assist the patient manage pain.

### Applied professional knowledge and skills

- Describe the processes of nociception, pain transmission, peripheral sensitisation and central sensitisation.
- Describe the differences between nociceptive, neuropathic and visceral pain and the implications of these for diagnosis and management.
- Outline the burden of pain related disability.
- Outline how pain often accompanies many disease processes.
- Describe the psychological influences and consequences of pain problems that are poorly understood.
- Demonstrate how to obtain and record a systematic history that includes, site, severity, quality, timing, progression, radiation, aggravating and relieving factors.
- Demonstrate how to examine a patient to exclude serious and life threatening conditions, and differentiate nociceptive, chronic musculoskeletal, neuropathic and visceral pain.
- Demonstrate a targeted diagnostic approach that screens for serious causes of pain and psychosocial risk factors.
- Outline the role of an interdisciplinary approach to pain management.
- Describe the technical aspects and costs of commonly used imaging modalities including their potential for patient discomfort.
- Classify the major groups of medications used in pain management.
- Outline different formulations of pain medications, eg. oral, rectal, intramuscular, subcutaneous, intravenous and epidural formulations.
- Demonstrate how to access, interpret and use the best available evidence available in the pain management literature.

### Population health and the context of general practice

- Describe the diversity of chronic pain sufferers.
- Describe how women report pain more than men, and how women are at more risk of chronic pain disorders.
- Describe how men are at greater risk for some pain disorders, eg. cluster headaches and pancreatitis.
- Describe how pain thresholds vary depending upon psychosocial and other factors.
- Outline how the needs of patients vary as does their ability to access care.
- Describe how poor pain management may be the result of sociopolitical and cultural values.
- Describe how suffering, due to pain is strongly influenced by 'what the pain means' not only to the patient in pain, but to their significant others.
- Outline how pain management may include community services.

### **Professional and ethical role**

- Describe how chronic pain management is a new and developing area and that doctors need to regularly review changes in appropriate drug use and treatment strategies.
- Describe how pain management requires regular monitoring of effectiveness in improving quality of life.
- Describe how pain causes distress and distressed patients frequently produce emotional feelings in the doctor.
- Outline how pain strains the capacity of individuals and relationships.

### **Organisational and legal dimensions**

- Describe how pain occurs at any time and that accessible and available care is important in reducing anxiety.
- Outline how barriers to care can exacerbate the pain associated distress.
- Describe the therapeutic role of screening and recall for reassessment.
- Outline how monitoring a condition requires recording a baseline to measure change against.
- Outline the legal requirements in managing Schedule 8 medications.
- Outline how Schedule 8 medications require regular reporting, may require certification and reporting of confidential information.

# Learning objectives across the GP learning life

## Prevocational doctor

### Assumed level of knowledge – medical student

#### Communication skills and the patient-doctor relationship

- Demonstrate a compassionate approach to pain and suffering.
- Identify the psychosocial risk factors for successful pain management.
- Recognise that words cannot completely convey the patient's pain experience.
- Describe how a clinician's personal attitudes to pain can impact upon the patient-doctor relationship.

#### Applied professional knowledge and skills

- Demonstrate how to differentiate diagnostically nociceptive, neuropathic and visceral pain and to justify this diagnosis.
- Demonstrate how to make an appropriate referral for patients with undifferentiated pain problems.
- Demonstrate how to take a history to exclude 'red flag' conditions and differentiate nociceptive, chronic musculoskeletal, neuropathic and visceral pain.
- Show how to perform an examination to exclude red flag conditions and differentiate nociceptive, chronic musculoskeletal, neuropathic and visceral pain.
- Demonstrate the management of acute nociceptive and visceral pain with appropriate pharmacological and nonpharmacological measures.
- Describe the strengths and limitations of commonly used imaging modalities in determining the cause of pain.
- Show how to use the major groups of pain medications in common acute and chronic pain conditions.
- Describe the pharmacology of regimens of common painkillers including those for children and infants.
- Recognise that treatment is easier if a patient understands their pain.
- Identify resources for pain management.
- Outline other nonpharmacological pain management approaches.
- Demonstrate the application of the results of an online literature search to answer clinical questions about pain diagnosis and treatment.

#### Population health and the context of general practice

- Describe the numbers of people with chronic pain in the community.
- Outline the prevalence and incidence of common pain syndromes in the general population.
- Describe the pain management needs of older people and dying.
- Identify ways to work within the local cultural expectations to maximise the benefits for the individual patient.
- Outline the loss of worth arising from lack of employment or the loss of societal interaction and its subsequent effects on health.

#### Professional and ethical role

- Describe how to deal with own attitudes toward pain management and an appreciation of how these may influence clinician decision making.
- Outline how patients have a right to adequate pain relief.
- Describe the difference between addiction and chronic medication use.
- Outline how the large volume of current research into pain management may alter treatment.
- Contribute to an interdisciplinary approach to pain management.
- Describe how some pain management requires a team approach.



### **Organisational and legal dimensions**

- Identify barriers to pain management.
- Describe how to ensure continuity of care.
- Assess approaches to providing continuous care.
- Evaluate the strengths and weakness of individual or team care.
- Investigate approaches that monitor outcomes.
- Compare opportunistic and scheduled assessment approaches.
- Consider how to measure and record change. Decide on parameters that indicate change.
- Establish and record treatment and alternative options considered.
- Demonstrate an awareness of community services that can assist overall management.
- Detail the requirements for initiating and maintaining treatment with Schedule 8 medications.
- Understand the local, state and commonwealth requirements in prescribing and administering Schedule 8 medications.
- Describe approaches to meet legal requirements.

# Learning objectives across the GP learning life

## Vocational registrar

### Assumed level of knowledge – prevocational doctor

#### Communication skills and the patient-doctor relationship

- Describe the psychological influences and consequences of acute and chronic pain.
- Demonstrate the ability to recognise the patient's needs and wants in terms of their pain management.
- Describe the role of the placebo response in pain management.
- Outline the differences between pain perception, suffering and pain behaviour in those from different cultures and backgrounds.
- Demonstrate the skills and attitudes required for effective whole person care.
- Describe how clinician attitudes, beliefs and feelings may impact upon pain management.
- Describe information sources that may assist patients in pain to better manage their condition.

#### Applied professional knowledge and skills

- Demonstrate a working knowledge of the frequency of different types of pain presentations in general practice.
- Describe the difference between pain perception, suffering and pain behaviour.
- Describe common patterns of pain referral and their clinical implications.
- Demonstrate a short term strategy for dealing with undifferentiated pain problems.
- Demonstrate history taking that addresses psychosocial factors and consequences of pain.
- Assess the type and degree of pain related disability.
- Perform an examination for generalised pain syndromes.
- Justify the use of physical examination tests for pain.
- Demonstrate the ability to document the pain presentation in terms of site and radiation, duration, quality, severity, associated signs and symptoms.
- Demonstrate the management of nociceptive, chronic musculoskeletal, neuropathic and visceral pain with appropriate pharmacological and nonpharmacological measures.
- Demonstrate incorporation of pain related disability into diagnostic and management decisions about pain.
- Demonstrate integration pharmacological and nonpharmacological approaches to pain management.
- Demonstrate rational prescribing of complex regimes of pain medications.
- Outline the strengths and limitations of commonly used history and examination items used for pain assessment history and examination.

#### Population health and the context of general practice

- Analyse the diversity of chronic pain sufferers within the clinician's own patient population.
- Describe how general practice pain management is different to the hospital setting because of the common occurrence of undifferentiated pain presentations in the community setting.
- Outline how different manifestations and management needs for children and the elderly with pain.
- Outline how cultural values and beliefs may affect management outcomes when prescribing treatments and offering management techniques.
- Describe how a patient's family and work can act as both a support and a liability in overall pain management.

### **Professional and ethical role**

- Outline the patient's right to privacy.
- Outline how to balance an individual's right to privacy and the community's right to protect its members from harm.
- Describe the situations when pain management requires a multidisciplinary approach.
- Describe the legal obligations of the doctor in prescribing for pain management.
- Understand community concerns about the narcotic debate and the influence this has on perceptions of both patients and families.
- Appreciate that discussion with other medical practitioners may assist with drug management, but that emotional support for both patient and doctor can come from a much wider range of members of society.
- Outline the influence of culture and ethnicity on pain perception and management.
- Recognise that clinician self reflection is critical to improving pain management.

### **Organisational and legal dimensions**

- Demonstrate the development of mechanisms to ensure ongoing access to care.
- Describe the role of team management in providing care.
- Identify local services that may offer assistance to people experiencing pain, eg. stress management, yoga and meditation classes.
- Identify potential gaps in care arrangements.
- Develop systems to identify unmet need.
- Develop and implement systems to recall and review patients and to monitor change in function and quality of life.
- Establish baseline levels of pain from which a patient's functional changes can be measured such as improvement or deterioration.
- Identify practice management issues relating to Schedule 8 medication.
- Demonstrate the sharing of responsibility of pain management with patients including educating patients on legal limitations on treatment options.
- Describe learning process to ensure up-to-date knowledge of drug schedules (especially Schedule 8), and commonwealth, state and other legislative requirements.

# Learning objectives across the GP learning life

## Assumed level of knowledge – vocational registrar

### Continuing professional development

#### Communication skills and the patient-doctor relationship

- Demonstrate the ability to coordinate a multidisciplinary team approach for a patient's pain management.

#### Applied professional knowledge and skills

- Demonstrate an evidenced based approach to an individual's pain management.
- Describe the features of central and peripheral sensitisation in chronic pain states.
- Evaluate the response of patients to pain interventions and adjust practice in accordance with this evaluation.
- Describe the differences in the neurobiology of pain in children and older people.
- Demonstrate a consideration of the distinctive pain management requirements of children and the elderly.
- Demonstrate how to recognise and manage pharmacological dependence in patients with chronic pain.
- Demonstrate the use of simple measures to monitor pain and related disability in practice over time.
- Monitor the use of investigations for pain and justify their use.
- Outline the strengths and limitations of commonly used investigations for pain assessment.
- Demonstrate openness to using new medications and techniques and evaluating their appropriateness as they become available.
- Demonstrate a holistic long term strategy for dealing with undifferentiated pain problem.
- Demonstrate the coordination of care for complex pain patients.
- Document a comprehensive management plan for acute and chronic pain incorporating a stepped pharmacological plan and effective nonpharmacological measures.

#### Population health and the context of general practice

- Identify the population of patients who may be susceptible to chronic pain.
- Identify the prevalence of chronic pain within the clinician's general practice population.
- Outline the socioeconomic burden of pain.
- Identify areas of need in health care resources and act upon them for improved health outcomes for those with special needs.
- Demonstrate an awareness of the diversity of cultural backgrounds within Australian society when dealing with pain issues.
- Evaluate the psychosocial aspects of pain management in health advocacy.
- Demonstrate an ability to upskill ancillary services within the community that can then benefit patients in pain.

#### Professional and ethical role

- Demonstrate a deeper understanding of the pain management dilemmas which may be more appropriate to the GP's particular patient population.
- Demonstrate an awareness of developments and research in pain and its management.
- Demonstrate keeping up-to-date with governmental and legislative changes.
- Demonstrate keeping up-to-date with changing community attitudes.
- Further explore and describe the influence of culture and ethnic backgrounds on pain perception.
- Demonstrate discussion of patient safety issues with colleagues to ensure that treatments are appropriate and errors in prescribing are avoided.
- Demonstrate how to teach patient, family and carers about pain management.
- Describe the challenges involved with working with other GPs and specialist pain management services.

### **Organisational and legal dimensions**

- Demonstrate the establishment of a 'risk management' process to review a patient's ability to access pain management.
- Develop reporting mechanisms to identify barriers to pain management.
- Demonstrate review and modification of screening systems to reduce the risk of missing patients in pain. Audit recall systems to ensure they are effective.
- Demonstrate provision of resources to patients that offer realistic outcomes.
- Organise history data into a coherent medical and legal reports.
- Develop systems for the patient history that accurately allow for compliance with legal requirements.
- Demonstrate ability to work in team approach in cases of chronic pain management with a variety of health professionals.
- Comply with requirements in use of Schedule 8 medications.
- Audit compliance and report of changes that are needed.

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# Palliative care

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## Definition

Palliative care is the active total care of patients whose disease is not responsive to curative treatment. Control of pain, of other symptoms, and of psychological, social and spiritual problems, is paramount to provide the best quality of life for patients and their families. Careful assessment of symptoms and needs of the patient should be undertaken by a multidisciplinary team.<sup>1</sup>

The World Health Organization defines palliative care as:<sup>2</sup>

*'an approach that improves the quality of life of patients and their families facing the problem associated with life threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.'*

*Palliative care:*

- *provides relief from pain and other distressing symptoms*
- *affirms life and regards dying as a normal process*
- *intends neither to hasten or postpone death*
- *integrates the psychological and spiritual aspects of patient care*
- *offers a support system to help patients live as actively as possible until death*
- *offers a support system to help the family/carers cope during the patient's illness and in their own bereavement*
- *uses a team approach to address the needs of patients and their families/carers, including bereavement counselling, if indicated*
- *will enhance quality of life, and may also positively influence the course of illness, and*
- *is applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy, and includes those investigations needed to better understand and manage distressing clinical complications.'*



## Rationale

Palliative care requires a multidisciplinary approach with the general practitioner playing a central and increasing role, especially in the management of domiciliary care. For example, in 2002, of the approximate 134 000 deaths that occurred in Australia, about 64 000 (almost 50%) would have been cared for by a general practitioner several times during their last 12 months of life.<sup>3</sup>

Most patients who die from easily predictable deaths from a diagnosed terminal illness want to be cared for at home (>50%), however, only about 14% are able to exercise this option, as most patients now die in hospital.<sup>4</sup>

The community sector is increasingly caring for people at home rather than in hospital, and general practitioners often coordinate sometimes fragmented and competing community services and advocate on behalf of their patients and their families and carers for community based palliative care.<sup>5,6</sup>

Like other doctors, general practitioners are largely trained to work with curative or life prolonging models of health and many general practitioners have identified that they require further education in the skills that underpin the practice of palliative care such as basic communication skills, symptom control and management skills and skills for dealing with 'death and dying'.<sup>7</sup>

The provision of good general practice and community based palliative care requires general practitioners to organise their practices appropriately, help build and configure best use of community based health networks (eg. specialist hospital based to community based teams) to meet the palliative care needs of their patients and their families and carers for quality, comprehensive health care at the 'end-of-life' in the setting of their choice.<sup>8</sup>

There are government initiatives into palliative care, and general practitioners need to work in conjunction with government health priorities and other organisations toward better palliative care services.<sup>9</sup>

### What are the core elements of general practice palliative care?

Core education requirements for general practice palliative care curriculum need to ensure:<sup>10,11</sup>

- physical aspects of care – close and detailed attention to symptom recognition and management, and knowledge of the pharmacology of any medications used, including dosing in elderly or renally impaired patients
- psychosocial aspects of care – emotional, social and spiritual aspects of end-of-life care, including developing specific communication skills needed to discuss end-of-life issues with patients and their families/carers
- cultural issues – crosscultural issues, appropriate use of independent interpreters
- ethical issues – state based legal requirement with death, wills and end-of-life issues, including managing requests for euthanasia and requests to hasten death with counselling and understanding
- teamwork – how to work in an multidisciplinary team; how to coordinate different models of care for best patient and family/carers outcomes
- practical issues – practice issues around 24 hour care rostering, appropriate use of Medicare Benefits Schedule to sustainably practice equitable palliative care for patients determined on the basis of need
- carer support – respite arrangements, depression screening and support, emotional support and bereavement care, and understand and recognise risk factors that may predict the early onset of psychosocial distress and complicated grief reactions<sup>12</sup> in family members and carers and appropriately refer for further psychosocial support.

- career long learning – includes critical appraisal of the evidence base used for own practice and developing primary palliative care research skills to update own evidence base, as well as developing community education, advocacy and health promotional skills.
- complementary and alternative medicine<sup>13,14</sup> – includes developing skills to help patients and their families/carers to be able to assess their own use of complementary therapies from an evidence based and/or safe perspective.
- audit, care pathway and outcome measurement – includes developing skills to measure own practice in the area of palliative care, eg. developing an end stage care pathway audit tool<sup>15</sup> and be able to audit clinician use of symptom assessment lists and outcome measures (eg. pain scales).

# The five domains of general practice

## – palliative care

### Communication skills and the patient-doctor relationship

The general practitioner needs to establish and foster effective and empowering relationships with patients and their families as partners in care decisions, as well as with other health care professionals – as advisors. Effective communication promotes quality care and optimises health outcomes, including within multidisciplinary teams and community organisations, and administrative bodies, and enables general practitioners to be strong advocates for their patients.

The general practitioner must:

- demonstrate good communication skills<sup>16–18</sup> including active listening, breaking bad news, dealing with difficult questions, discussing end-of-life issues, and crosscultural care at the end-of-life<sup>19</sup>
- understand the experience and consequences of disease from the perspective of the patient and their family
- help patients live as creatively and meaningfully as possible all the way to the end-of-life
- be sensitive to differing perceptions and expectations of disease and treatment among various family members
- be aware of spiritual, religious and cultural issues, and
- understand the normal process of grief, help prepare carers for bereavement and offer support during this process.

### Applied professional knowledge and skills

The general practitioner needs to be competent in the physical aspects of palliative care including:

- underlying disease process:
  - appreciate and understand the broad range of terminal illnesses (eg. malignancy), neurological degenerative disease (eg. motor neurone disease), organ failure (eg. chronic obstructive pulmonary disease, congestive cardiac failure), and HIV/AIDS
  - understand potential treatments available, both disease specific and for symptom control, including palliative surgery, radiotherapy and chemotherapy
  - anticipate, diagnose and manage potential problems, either disease related or iatrogenic
  - understand indicators of disease progression
- pharmacology:
  - demonstrate a good understanding of drugs commonly used in palliative care (indications, doses, side effects, routes of administration)
  - be familiar with the use of a syringe driver
  - understand implications of renal and hepatic impairment
  - be familiar with dose equivalence of opioids and able to recognise signs of opioid toxicity
  - be aware of possible interactions of prescribed drugs with any complementary and alternative medicines their patients may be taking or be able to refer to available databases to advise their patients on available evidence of efficacy, safety and adverse interactions<sup>13,14</sup>
- symptom identification and therapeutic responses (including counselling and psychosocial support)
- be able to demonstrate skills in diagnosing, identifying the cause and appropriately managing common symptoms of many end-of-life conditions:
  - pain (nociceptive, visceral, neuropathic and complex)
  - nausea and vomiting
  - constipation
  - anorexia

- hiccups
- fatigue, weakness and lethargy
- mouth care
- delirium and confusion
- dyspnoea
- depression and anxiety
- existential distress
- pressure area care
- managing malignant effusions
- managing peripheral lymphoedema
- terminal phase events, eg. agitation, distress, 'noisy breathing', restlessness, haemorrhage and seizure
- be competent in recognising and appropriately managing and/or referring on patients with potential emergencies at the end-of-life such as:
  - opioid toxicity (especially in renal failure)
  - neutropaenic sepsis
  - hypercalcaemia
  - bowel obstruction
  - seizure
  - spinal cord compression
  - haemorrhage.

## Population health and the context of general practice

The general practitioner needs to:

- be aware of the services available within the community and the means of accessing these services
- coordinate these services in the care of the patient and also consider health beyond that of the individual patient. This involves an advocacy role regarding community needs, including promoting the needs of disadvantaged groups. Part of this may involve developing crosscultural partnerships
- be aware of the needs for bereavement support, and appropriate referral or management of complicated grief reactions
- help allocate finite health care resources prudently to best serve the health needs of the population on the basis of need and equity of access to care and support.

## Professional and ethical role

The general practitioner needs to display a professional attitude and be able to analyse and understand the ethical dimensions of clinical scenarios. This will involve the ability to:

- agree on treatment modalities, and priorities and goals of treatment
- respect patient wishes to decline treatment
- understand issues surrounding euthanasia, 'relief of suffering' at the end-of-life,<sup>20,21</sup> and patient and community perspectives on a 'good death'<sup>22</sup>
- understand issues surrounding advance health directives and end-of-life planning, including the need to complete 'unfinished business'
- be prepared to advocate strongly for patient needs
- reflect on own personal beliefs and the impact of these on interactions with patients and their care
- have an ongoing commitment to professional development that promotes the best available evidence based practice. This knowledge is used to provide patients with the best management. It is influenced by an awareness of spiritual, religious and cultural issues specific to each patient, which affects not only perception of illness and death, but treatment decisions made in partnership with the patient and their family/carers
- be able to recognise any personal emotional stress and seek assistance appropriately.

## Organisational and legal dimensions

The general practitioner needs to:

- demonstrate an understanding of the complexities, and commitment to, working as part of a multidisciplinary team
- be able to work with several models of health care and service delivery, and be able to coordinate and integrate these services collaboratively and seamlessly for the best care of the patient<sup>23</sup>
- be aware of local medical, nursing, allied health, community and respite services
- be able to locally access appliances as aids to daily living for patients
- be familiar with state legal requirements for:
  - carer's allowances
  - advance health directives
  - enduring power of attorney/enduring power of guardianship
  - will preparation
- be familiar with identification and certification of death, and surrounding legal issues
- structure practice to accommodate home visits for palliative patients, when appropriate
- be aware of nontime based Medicare Benefits Schedule (MBS) items that reward team care and planning.

# Learning objectives across the GP professional life

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## Medical student

### Communication skills and the patient-doctor relationship

- Describe specific communication skills to be able to best care for patients and their families/carers at the end-of-life, and the families/carer's progress beyond the patient's death during their bereavement phase.

### Applied professional knowledge and skill

- Describe the pathology, including both malignant and nonmalignant terminal and chronic illness and some understanding of prognosis and quality of life issues.
- Describe the anatomical and physical aspects of incurable, life limiting disease processes.
- Outline how a significant proportion of patients with incurable diseases require the doctor to exhibit skills for 'caring' rather than 'curing' and how to help patients and their families/carers to prioritise care on the basis of quality of life.

### Population health and the context of general practice

- Describe the role of GPs in the palliative care setting and GPs operating within a multidisciplinary framework to provide palliative care to patients from a holistic, physical, psychosocial and spiritual perspective.

### Professional and ethical role

- Be able to seek help and care for own physical, emotional, social and spiritual needs in this emotionally charged area of work.

### Organisational and legal dimensions

- Outline team care and care planning arrangements that are possible for both funding and organising care in a general practice palliative care setting.

# Learning objectives across the GP professional life

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## Prevocational doctor

### Assumed level of knowledge – medical student

#### Communication skills and the patient-doctor relationship

- Demonstrate skills in taking a thorough history (physical, emotional, psychosocial and spiritual) in a patient with a life limiting illness.
- Demonstrate skills in competently communicating 'bad news' and discussing prognosis, and empathically being able to redefine realistic goals for 'hope' and 'care' at the end-of-life.

#### Applied professional knowledge and skill

- Demonstrate skills in being able to elicit reporting of common symptoms seen in palliative care, be able to use symptom checklists and screening tools when needed, and organise a prioritised management check list in line with the patient's and/or their family's expressed wishes.
- Demonstrate skills in being able to organise appropriate investigations in a palliative patient, taking into consideration the context of the patient's illness.
- Demonstrate skills in being able to perform a thorough examination in a patient with a life limiting illness.
- Be aware of drugs commonly used in palliative care and their indications, doses and routes of administration.

#### Population health and the context of general practice

- Describe how to assess and describe each patient's links to family and friends.
- Demonstrate and ability to advocate for equity of access to multidisciplinary palliative care services particularly members of disadvantaged groups and their families/carers.

#### Professional and ethical role

- Demonstrate skills in being able to devise comprehensive management plans in partnership with patients and their families/carers to enhance quality of life at the end-of-life.
- Ensure self care measures are in place for the treating GP and other care team members.

#### Organisational and legal dimensions

- Demonstrate familiarity with completing death certificates, advanced health directives, enduring guardianship requirements, carer's allowance applications and other legislative and administrative requirements relevant to palliative care and end-of-life issues.

## Learning objectives across the GP professional life

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### Vocational registrar

#### **Assumed level of knowledge – prevocational doctor**

##### **Communication skills and the patient-doctor relationship**

- Demonstrate awareness in defining the realistic context of illness at the end-of-life for the patient and their family.
- Demonstrate specific communication skills in dealing with end-of-life issues such as giving bad news, counselling regarding realistic expectations and hope, nutrition and hydration, exploring and managing requests for euthanasia.

##### **Applied professional knowledge and skills**

- Demonstrate skills in managing bereavement issues for families/carers and coordinating services to meet these needs when ongoing care and support is required.
- Demonstrate management skills in dealing with the psychological, social, cultural and spiritual aspects of the patient's illness, and the impact of these on patient care.

##### **Population health and the context of general practice**

- Demonstrate establishment of relationships and networks with other community services that are necessary to provide quality palliative care (nursing, allied health and domiciliary services) equitably across the local population as needed.

##### **Professional and ethical role**

- Demonstrate skills in dealing with ethical issues in patient care at the end-of-life.

##### **Organisational and legal dimensions**

- Demonstrate the ability to lobby local health service providers to provide essential health services for palliative care patients as needed in the patient's or carer's preferred place of care.
- Demonstrate the ability to advocate on behalf of patients in relation to meeting their palliative care needs.<sup>24</sup>
- Demonstrate awareness of the palliative care services available in the patient's community, and be able to access these services to optimise patient care.
- Demonstrate familiarity with completing death certificates, advanced health directives, enduring guardianship requirements, carer's allowance applications and other legislative and administrative requirements relevant to palliative care and end-of-life issues in the general practice setting.



## Learning objectives across the GP professional life

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### Continuing professional development

#### Assumed level of knowledge – vocational registrar

##### Communication skills and the patient-doctor relationship

- Demonstrate commitment to upskilling regularly in communication skills acquisition associated with managing challenging end-of-life issues for patients and their families/carers.

##### Applied professional knowledge and skills

- Demonstrate evidence of updating own knowledge and skill base in the light of new and emerging evidence in palliative care.

##### Population health and the context of general practice

- Describe the demographics of terminal illness especially in relation to nonmalignant conditions.
- Demonstrate commitment to forging and maintaining relationships with other community palliative care service providers to provide equity of access on the basis of need.
- Describe and implement, where appropriate, policies and standards for palliative care, eg. *Standards quality palliative care for all Australians*.<sup>25</sup>

##### Professional and ethical role

- Demonstrate planning on how to undertake ongoing professional development in relation to identified palliative care knowledge gaps.

##### Organisational and legal dimensions

- Demonstrate the ability to identify gaps in own knowledge, skills, and attitudes in relation to evidence based palliative care.
- Outline practice financial aspects and time management issues related to effective palliative care general practice service provision.
- Undertake regular audits of management practices in dealing with palliative care patients and their families/carers.

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# Sexual health

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## Definition

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The general practice management of sexual health covers physical, emotional, mental and social wellbeing in relation to sexuality, and not merely the absence of disease, dysfunction or infirmity.

Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. According to the World Health Organization working definition,<sup>1</sup> for sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.

As community based health practitioners, general practitioners are vital to the maintenance of individual sexual health and safe sexual practice, as well as the expression and control of fertility.

## Rationale

Sexuality is a basic human attribute and, as such, is a vital part of human health and wellbeing.

According to the World Health Organization working definitions:<sup>2</sup>

*'Sexuality is a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical, religious and spiritual factors.'*

Attending to sexual health and its problems is a basic task in primary health care and a core part of general practice in Australia.

Sexual health presentations are common in Australian general practices. According to BEACH activity data, 5 out of every 100 patient encounters in general practice were for issues regarding the female genital tract (Pap tests/check ups and menstrual problems), 3.4 out of 100 encounters were for pregnancy and family planning issues (including oral contraception and pre- and post-natal check ups), 2.5 out of 100 encounters were urological, and 1.2 out of 100 encounters were for the male genital system.<sup>3</sup> However, this does not include encounters for relationship counselling or many other sexual health concerns.

Sexual activity can be associated with health risks and is estimated to cause 0.5% of the burden of disease in Australia in 2003.<sup>4</sup> Sexual intercourse can transmit infections such as chlamydia, herpes, warts, hepatitis, B, gonorrhoea, human immunodeficiency virus (HIV) and syphilis. Sexual activity has also been associated with an increased risk for specific cancers such as cervical and anal cancer.

While in recent times, sexual health services in Western countries have been provided by sexual health centres, family planning clinics and other facilities, there has been a global trend to integrate sexual health services into primary care.<sup>5</sup> This aims to improve antenatal, perinatal, postpartum and newborn care; provide high quality services for family planning, including infertility services; eliminate unsafe abortion; combat sexually transmitted infections (STIs) including HIV, reproductive tract infections, cervical cancer and other gynaecological morbidities; and promote sexual health.

Due to the diverse nature of sexual practices, clinicians also need to be comfortable with discussing sex with a wide range of people including those of different ages; gender (male, female, transgender); sexual preference; culturally and linguistically diverse backgrounds; and people with disabilities.

The Australian Study of Health and Relationships (ASHR) in a population based sample of males and females aged 16–59 years indicated that 5.0% of the males and 5.7% of the females had had some homosexual experience in their lifetime, excluding nongenital sexual experience. Males who identified themselves as homosexual reported a higher number of lifetime sexual partners than lesbians or heterosexuals respectively.<sup>6</sup>

In addition, the ASHR<sup>7</sup> indicated that the median age of reported first intercourse was age 16 years. About 40% of males and one-quarter of females reported having had intercourse when they were below the age of 16 years, and so the general practitioner must be able to manage sexual health concerns in young people where risks of unplanned pregnancy and sexually transmitted infections are high. Issues of nonconsensual sexual activity can also emerge at this time. General practitioners should be able to elicit this history and be aware of available support services and resources.

Sexual health in general practice also involves a working knowledge of legislative public health requirements of sexually transmitted infections and mandatory reporting. This includes a working knowledge of disease and partner notification.

Refer also to curriculum statements: *Women's health*; *Men's health*; *Young children's and person's health*; and *Multicultural health*.

## The five domains of general practice – sexual health

### Communication skills and the patient-doctor relationship

Clinicians need to communicate effectively when talking about sex and sexual health, and display confidence with language and cultural sensitivity. The clinician needs to be able to take an adequate sexual history in a nonjudgmental manner from various patient groups, including young people, same sex relationships, older patients, people from culturally and linguistically diverse backgrounds, people with disabilities, injecting drug users, and sex workers. Sexual health counselling appropriate to the level of training involves a range of areas, including normal sexual activity, sexual aging, contraception, safer sex education, sexual rights, sexual diversity, contact tracing, gender sexual assault and abuse, and sexual dysfunction. Clinicians need to be able to explain to patients the importance of taking a sexual history as part of general health care. Clinicians also need to be able to provide competent pretest counselling and education for all sexually transmitted infections, in particular for HIV and hepatitis C.

### Applied professional knowledge and skills

Sexual history taking needs to be incorporated into the general medical history, including recognising clinical presentations of potentially high sexual health morbidity and mortality. Clinicians need to be able to assess the competency of young people in making their own health decisions regarding their sexual health including contraception. Appropriate genital examinations need to be performed in a sensitive manner, recognising common normal variants and respectful of cultural concerns.

Clinicians need knowledge of:

- developmental sexuality: the physical, emotional and social changes of puberty in girls and boys
- psychology relating to sexuality and management of sexual abuse and violence
- sexually transmitted infections including epidemiology, bacterial/viral/fungal/protozoal infections, basic microbiology, signs and symptoms of disease
- pathology testing, results, interpretation and principles and regional knowledge of contact tracing requirements
- knowledge of treatments and test of cure or test of reinfection (when applicable)
- cervical screening and management guidelines
- contraception: pharmacology, use, cost effectiveness, accessibility and patient concordance issues
- genital dermatology and common gynaecological/urological problems, and
- sexual dysfunction as a common issue and have the ability to discuss this with patients.

### Population health and the context of general practice

Clinicians need:

- knowledge of the prevalence of common sexually transmitted infections such as human papilloma virus, herpes simplex virus and chlamydia and how to access local and national information on these infections
- continuing awareness of changing incidence of sexually transmitted infections within certain population groups, eg. chlamydia in people under 25 years of age, sexually transmitted infections in men who have sex with men, and the indigenous population
- to be able to provide opportunistic sexually transmitted infection testing to patients at risk, eg. chlamydia testing for people under age 25 years and those who have recently changed sexual partners, in accordance with RACGP preventive screening guidelines<sup>8</sup>
- to understand the key concepts of working with the Aboriginal community to promote indigenous sexual health
- to understand the general practitioner's or other health practitioner's role in contact tracing and follow up after a sexually transmitted infection diagnosis

- to promote safer sex practices when appropriate, to both young people and adults who have a recent change in sexual partner
- to have an awareness of sexual dysfunction as a common side effect of frequently prescribed medications and the ability to discuss this with patients, and
- to appreciate the prevalence of sexual assault and abuse within the community and be aware of this affecting own patient population.

## Professional and ethical role

Clinicians need to:

- understand the heightened concerns for confidentiality with regard to sexual health care, eg. a person at high risk of HIV may prefer to have testing done within a facility which will allow coded testing such as a sexual health centre
- maintain confidentiality of adolescent patients seeking sexual health and other advice as limited by duty of care
- establish and maintain professional boundaries, and
- work effectively with local networks to support complete sexual health care including sexual health clinics, family planning centres and hepatitis C clinics.

## Organisation and legal dimensions

Depending on the stage of training and the legal jurisdiction a clinician practises within, clinicians need to:

- understand and comply with legal requirements with regards to HIV pretest counselling and notification of results
- understand a medical practitioner's and patient's role in contact tracing
- be aware of notification requirements and procedures and compliance with these
- be able to coordinate contact tracing and notification using any local services that are acceptable to the patient noting your legal obligations
- understand and comply with legal issues surrounding termination of pregnancy
- understand and compliance with issues related to sexual assault, and
- understand legal issues surrounding treatment of minors, age of consent and notification of young people at risk of harm.



# Learning objectives across the GP professional life

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## Medical student

### Communication skills and the patient-doctor relationship

- Describe the role of tolerance and acceptance of difference and how this affects communication skills.
- Demonstrate how to take a sexual history as part of a medical history, according to level of training.

### Applied professional knowledge and skills

- Outline the range of normal sexual activity, fertility control and genital infection control.
- Demonstrate appropriate confident and respectful clinical examination skills.
- Describe the clinical investigations/tests available for the investigation of genital infection and specifically sexually transmitted infections.

### Population health and the context of general practice

- Describe the factors influencing the transmission and impact of sexually transmitted infections using the basic sciences of microbiology, anatomy, pathology, pharmacology and psychology.
- Describe the principles and importance of education and contact tracing in patient care.
- Describe the public health issues related to the management of sexually transmitted infection, both in Australia and other countries.

### Professional and ethical role

- Reflect on own personal knowledge and beliefs regarding sexuality, culture, health, and be aware of how these beliefs have the potential to impact upon sexual health management.
- Demonstrate a developing understanding of ethical practice, confidentiality issues, and the requirements for notification of certain sexually transmitted infections.

### Organisational and legal dimensions

- Describe the legal requirements regarding disease notification and laws relating to discrimination that apply to people with HIV and other infections.

# Learning objectives across the GP professional life

## Prevocational doctor

### Assumed level of knowledge – medical student

#### Communication skills and the patient-doctor relationship

- Demonstrate the ability to take an appropriate sexual history.
- Demonstrate developing confidence in approaching discussion of sexuality/sexual problems/sexual assault.
- Demonstrate developing confidence in talking about sexual issues and using language which specifically relates to a range of sexual activities and practices.
- Demonstrate the ability to provide accurate safe sex information and to understand the barriers to safer sex practice.

#### Applied professional knowledge and skills

- Demonstrate the ability to confidently examine patients with sexually transmitted infections.
- Describe the range, epidemiology and prevalence of sexually transmitted infections commonly encountered or infrequent but dangerous to miss in the general Australian community.
- Describe the appropriate investigations for sexually transmitted infections.
- Describe the range of management options for the treatment of common sexually transmitted infections.
- Demonstrate knowledge of the interface between sexual and reproductive health and how sexual behaviour may influence contraceptive options.

#### Population health and the context of general practice

- Describe the differences in the patterns of sexually transmitted infections and the specific health issues which may exist within different groups within the Australian community, eg. men who have sex with men, Aboriginal and Torres Strait Islander peoples, recently arrived refugees, youth, the culturally and linguistically diverse, women who have sex with women, sex workers, and intravenous drug users.
- Describe the extent of HIV in Australian community with regard to case identification and management within a hospital environment.

#### Professional and ethical role

- Demonstrate developing ability to handle complex medical and psychosocial issues in nonjudgmental way related to sexual health.
- Demonstrate increasing awareness of cultural, age related and gender differences in approach to and reaction to sexually transmitted infections.
- Reflect on the diversity of sexual experience based on personal experience and undergraduate training which has encouraged an open approach to such diversity through patient and peer contact and appropriate teaching.

#### Organisational and legal dimensions

- Identify resource groups and individuals who can assist and advise with the management of sexual health issues.
- Describe ethical clinical practice, notification, public health acts and contact tracing with regard to sexual health.
- Describe mandatory reporting regulations with respect to sexually transmitted infections and their implementation.

## Learning objectives across the GP professional life

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### Vocational registrar

#### **Assumed level of knowledge – prevocational doctor**

##### **Communication skills and the patient-doctor relationship**

- Demonstrate openness to diversity through patient and peer contact and confidence in basic clinical and interpersonal skills in the area of sexual health care provision.

##### **Applied professional knowledge and skills**

- Demonstrate the ability to assess, examine and investigate patients presenting with sexual health problems including possible infection.

##### **Population health and the context of general practice**

- Describe the principles and practices of contact tracing and how they apply to the community that the practitioner is working in.
- Demonstrate the ability to function independently in community practice with reference to appropriate sexual health screening and public health measures.

##### **Professional and ethical role**

- Demonstrate continual development and awareness of how personal attitudes and experiences may affect clinical practice.
- Demonstrate the ability to practice in a manner in which confidentiality is maintained within the legal obligations, especially of contact tracing.
- Describe the ethical implications of sexual health issues.

##### **Organisational and legal dimensions**

- Describe the legal implications of sexual health issues.

# Learning objectives across the GP professional life

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## Assumed level of knowledge – vocational registrar

### Continuing professional development

#### Communication skills and the patient-doctor relationship

- Demonstrate the ability to raise the issue of intimate partner violence or unwanted sexual experience in the context of routine sexual health care enquiries and develop a planned approach to the management of disclosure.

#### Applied professional knowledge and skills

- Demonstrate commitment to continue exploring the field of sexual health and the challenges within own practice.
- Demonstrate commitment to providing best practice in sexual health care provision.

#### Population health and the context of general practice

- Describe and demonstrate the ability to manage particular sexual health needs of various subpopulations at risk, eg. Aboriginal and Torres Strait Islander peoples, young people, gay, lesbian, bisexual, transgender, intersex patients, and patients from culturally and linguistically diverse backgrounds.

#### Professional and ethical role

- Reflect and act on clinician professional development needs in sexual health medicine including quality assurance and continuing professional development activities.

#### Organisational and legal dimensions

- Demonstrate a willingness to tailor practice to encourage clients from diverse backgrounds to attend for sexual health services.
- Regularly review clinical practice in relation to the major issues in sexual health care provision and changes that may occur within own community, eg. chlamydia in young people.

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# Sports medicine

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## Definition

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Sports medicine encompasses the whole range of study into the medicine of exercising people. This involves the assessment and management of sporting people, the prevention of injury through the application of sports science knowledge and the application of exercise physiology knowledge to our community at large.

The core elements for consideration are knowledge of:

- the prevention and management of common sport and exercise related injuries
- the role of inactivity in the aetiology of chronic disease, and
- exercise as a therapeutic tool.

## Rationale

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Competitive sport holds a prominent place in the Australian psyche and recreational physical activity is a key strategy in promoting healthy lifestyles and preventive medicine. Although many patients first present with an acute sporting injury to hospital emergency departments,<sup>1</sup> general practitioners provide a comparable or even higher number of sports medicine related services than hospitals.<sup>2</sup> Therefore the assessment and management of sporting injuries is a significant part of the workload of general practice.

The study and practice of sports medicine is a rapidly growing area of medicine, and athletes and recreational sports participants now expect a high standard of care which has had a direct impact on the practice of sports medicine by general practitioners.

Patients present for a wide range of advice related to sport and exercise. The study of sports medicine also entails an understanding of the relevance of exercise to the general population and the aging Australian community. This includes the benefits and risks of exercise and the important role of exercise in the management of many chronic diseases.

General practitioners are well situated to provide holistic care in these areas,<sup>3</sup> helping to avoid fragmentation of management.

Refer also to curriculum statement: *Occupational health*.



## The five domains of general practice – sports medicine

### Communication skills and the patient-doctor relationship

Well developed skills in communication enable the clinician to be able to develop a good rapport with the patient. This can be achieved by developing the ability to:

- listen and understand the needs of the patient. Athletes may have different expectations of outcomes compared to other recreational sports participants or someone using exercise for chronic disease management
- use empathy and supportive strategies to encourage the patient to show their emotions and express their needs and fears, eg. athletes with injuries will often have fear of their injury and develop an early grief reaction when seen for treatment. Patients with diabetes and obesity may be fearful of an exercise program, with different types of fears.
- develop a partnership with the patient so that issues surrounding the injury and exercise can be assessed and explored more easily. It may be that the athlete has unrealistic expectations of their speed of recovery or has an eating disorder; or that the diabetic may have an underlying depressive illness.

### Applied professional knowledge and skills

Knowledge of the basis of musculoskeletal medicine, physiology and pathology needs to be applied in an efficient and productive way to manage sports related conditions including:

- an understanding of applied anatomy and surface anatomy. It is important to assess sports injuries quickly and thoroughly
- knowledge of the concepts of injury causation (trauma versus repetitive microtrauma)
- knowledge of the differences between types of exercise and their effects on the body, the beneficial effects of exercise on the body (both normal body and diseased), as well as a basic understanding of potential risks of exercise are important to the practise of sports medicine
- knowledge of the more common sporting injuries and conditions that need to be excluded for proper and safe practise of sports medicine
- the ability to take a thorough history and apply a specific examination to elicit the information needed to make a proper diagnosis
- an understanding of the available investigations and how and when to apply them, and
- have the appropriate skills in directing treatment to the athlete or injured patient which may involve other health care professionals as part of coordinated care.

### Population health and the context of general practice

While the benefits of injury prevention and exercise can be applied individually, they have benefits on a larger scale, such as in teams and clubs, and also apply to the wider population including the:

- opportunistic application of injury prevention, eg. the assessment of obvious biomechanical abnormalities in young athletes to the expected level of knowledge of the clinician, and
- application of exercise physiology concepts to the general community and specific targeted groups including: impaired glucose tolerance/metabolic syndrome; type 2 diabetes; obesity and hypertension; prevention of ischaemic heart disease; fall prevention in the elderly; and mental health, including depression, anxiety and premenstrual dysphoria syndrome.

## Professional and ethical role

There is a professional need to educate the exercising public about injury prevention and injury management. Clinicians require an understanding of the ethical issues surrounding duty of care toward athletes and how this may have the potential to conflict with pressures from coaches and clubs. In addition, general practitioners require a working knowledge of drugs in sport requirements to meet legal and ethical responsibilities.

## Organisation and legal dimensions

Sports medicine workplaces may involve sporting field/arena attendance and issues related to safety and security needs to be considered. Appropriate equipment needs to be available for any eventuality while the practitioner is responsible for the care of athletes. Guidelines for minimum on field equipment exist. Similarly, security, sound record keeping, confidentiality and safe handling practices need to be adhered to in this arena.

The practice and practitioner need to comply with occupational health and safety guidelines when assessing and managing injured athletes and other patients, including universal precautions and safe management of sharps.

Practitioners need to have knowledge of, and comply with, legal requirements for the safe management of athletes. This includes resolving the potential conflict of interest when the duty of care is to the athlete and a sporting club may employ the general practitioner. This also involves a knowledge and application of drugs in sport guidelines.<sup>4</sup>

# Learning objectives across the GP professional life

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## Medical student

### Communication skills and the patient-doctor relationship

- Demonstrate how to take a history including the onset, mode of injury and consequent symptoms that relate to the injury.
- Describe how the sports medicine needs and expectations of patients may differ.
- Describe the importance of developing a partnership with the patient in sports medicine.

### Applied professional knowledge and skills

- Demonstrate good knowledge of anatomy and surface anatomy.
- Describe the basic concepts of injury type and their differences.
- Demonstrate a basic physical examination on a patient presenting with a sport related injury.
- Demonstrate the ability to suggest appropriate initial investigations, a provisional diagnosis and an early management plan.
- Describe the basic clinical management of more common sporting injuries.
- Describe the basic concepts and interpretation of imaging modalities.
- Describe the basic concepts of therapeutics as they pertain to sports medicine, eg. pharmacology, manual therapies and injection therapies.
- Outline the principles of the physiology of exercise including hydration and nutrition.

### Population health and the context of general practice

- Outline key concepts in injury prevention.
- Describe the population based benefits of exercise, both for the general population and for specific subgroups.
- Describe the broad based public health effects on well people and people with illness with respect to aerobic exercise versus resistance exercise needs.

### Professional and ethical role

- Describe ethical issues surrounding duty of care toward athletes and potential to conflict with other pressures, eg. internal pressures self imposed by the athlete and external pressures, eg. coaches and clubs.
- Outline ethical principles of the use of drugs in sport

### Organisational and legal dimensions

- Describe the concepts of occupational health and safety issues as they pertain to the health and sporting sectors.
- Describe the issues of duty of care and legal responsibility issues involved in on-field care.
- Outline legislative requirements in relation to sports and exercise, eg. drugs in sport.

# Learning objectives across the GP professional life

## Prevocational doctor

### Assumed level of knowledge – medical student

#### Communication skills and the patient-doctor relationship

- Demonstrate how to take a thorough history and examination to elicit the information needed make a proper diagnosis in the hospital setting, especially in the emergency department.
- Demonstrate how to elicit a history that is specific to the type of injury, whether acute, subacute or chronic in nature and mode of injury.
- Describe the use empathy and supportive strategies to encourage the patient to show their emotions and express their needs and fears.
- Demonstrate how to communicate realistic expectations on recovery to patients.
- Describe how to ensure clear communication of referral and follow up procedures.

#### Applied professional knowledge and skills

- Demonstrate the application of the concepts of exercise physiology and the role of exercise in disease modification and prevention.
- Demonstrate an understanding of applied anatomy and surface anatomy which is very important to assess sports injuries quickly and thoroughly.
- Describe concepts of injury causation (trauma versus repetitive microtrauma) and the natural history of sports related injuries.
- Describe the management of the more common sporting injuries and conditions.
- Describe important conditions that need to be excluded for proper and safe practice of sports medicine.
- Understand the available investigations and how and when to apply them.

#### Population health and the context of general practice

- Demonstrate an ability to counsel for promoting exercise and injury prevention.
- Identify subgroups that benefit from exercise, and the levels of exercise appropriate to each group.

#### Professional and ethical role

- Describe the roles of health professionals managing sports related injuries, eg. medical specialists and physiotherapists.
- Demonstrate a working knowledge of the importance of duty of care issues in sports medicine.

#### Organisational and legal dimensions

- Demonstrate a knowledge of potential sports medical occupational health and safety related issues.
- Describe processes and procedures in place to ensure that sports related injuries are appropriately referred when indicated.
- Demonstrate compliance with any legislative requirements regarding sports medicine.

# Learning objectives across the GP professional life

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## Vocational registrar

### Assumed level of knowledge – prevocational doctor

#### Communication skills and the patient-doctor relationship

- Demonstrate advanced history taking skills including the meaning of the injury to the patient.
- Discuss the importance of empathy and a partnership approach to treatment and management.

#### Applied professional knowledge and skills

- Demonstrate good knowledge of applied anatomy, applied physiology and applied pathology.
- Demonstrate the ability to accurately take a history and examine and order appropriate investigations.
- Demonstrate an ability to accurately diagnose injuries and prescribe exercise where appropriate.
- List differential diagnoses that pertain to an injury to include important other injuries.

#### Population health and the context of general practice

- Describe the role of inactivity in the aetiology of chronic illnesses and the role of exercise in prevention and management of these conditions.
- Demonstrate opportunistic injury prevention.
- Describe how to detect and treat biomechanical problems and, thereby, prevent sporting injury to the level of knowledge of the clinician.
- Describe the differing types of exercise and which subpopulations each exercise types are suitable and when to prescribe exercise including the special requirements of elite or professional athletes.

#### Professional and ethical role

- Demonstrate use of a team approach to managing sports related injuries.
- Demonstrate compliance with the concept of duty of care and potentials for conflict.
- Demonstrate use of drugs in sport practice requirements and understand the consequences of not doing this.

#### Organisational and legal dimensions

- Outline practice approach to sports injury management including allied health practitioners (eg. physiotherapy, podiatry, dietician, psychologist), as well as appropriate referral to doctors with special expertise.
- Describe strategies in place for reviewing and assessing outcomes of treatment.
- Describe practice processes in place to safeguard occupational health and safety and meeting legislative drugs in sport requirements.

# Learning objectives across the GP professional life

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## Continuing professional development

### Assumed level of knowledge – vocational registrar

#### Communication skills and the patient-doctor relationship

- Reflect on, and update, communication skills necessary for managing sports related injuries, including more specific questioning about mode of injury, consequences of the injury to the patient, as well as the meaning of the injury to the patient's future sporting activity.

#### Applied professional knowledge and skills

- Demonstrate that long term educational needs maintain an up-to-date knowledge of sports injury and exercise physiology.

#### Population health and the context of general practice

- Demonstrate that long term educational needs maintain an up-to-date knowledge of exercise concepts and the ability to prescribe the correct type of exercise is important at this level.
- Demonstrate that long term educational needs maintain an up-to-date knowledge of injury prevention concepts.

#### Professional and ethical role

- Consider further education concerning sports medicine and exercise prescription as part of ongoing professional development and education.
- Consider specific further education if developing a special interest in sports medicine through short courses, seminars and specific postgraduate courses, mainly run through universities.
- Demonstrate maintenance of an up-to-date knowledge of duty of care issues and drugs in sport requirements.
- Consider teaching sports medicine related issues to training GPs and other doctors.
- Demonstrate a good working knowledge of exercise prescription and its importance to public health and future disease prevention.

#### Organisational and legal dimensions

- Demonstrate maintenance and compliance with an up-to-date knowledge of legal and ethical issues relating to sports medicine, including changes in legislation, changes in banned substances and changes in duty of care issues.

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# Critical thinking and research

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## Definition

Critical thinking involves a continual questioning of the assumptions underpinning all aspects of a general practitioner's professional life and consists of:

- critical appraisal of scientific evidence which is necessary for the evaluation of research results and their application to practice
- critical evaluation of the context of general practice
- critical introspection to gain an understanding of personal knowledge, experience and values that influence the way medicine is practised.<sup>1</sup>

As well as being a core competency for general practice,<sup>2</sup> critical thinking is also an essential precursor to research, and also for evaluating and understanding the implications of research for clinical practice. Involvement in research at medical school and during general practice training is associated with increased ability and confidence in interpreting research findings in subsequent clinical practice, in addition to increased subsequent involvement in general practice research.<sup>3-5</sup>

Using a broad, conceptual definition, the research process can be summarised as deliberately asking questions within the framework of existing knowledge and seeking answers following a systematic process which includes:

- obtaining appropriate information in an ethical, transparent and reproducible manner
- appropriately analysing the information
- drawing conclusions on the basis of the validity and reliability of the information and meaning of the results, and comparing these results to other studies
- disseminating the implications widely, including to those who may effect change.

The spectrum of research activities is extremely wide and can include evaluation studies, intervention studies, clinical audits, large scale multicentre clinical trials and patient satisfaction studies. Research activities can use qualitative or quantitative research methods, or a combination of both. However, each of these activities must be conducted according to the established 'rules' of the research process in order to be considered research.

## Rationale

Critical thinking and research promote essential lifelong learning skills throughout the general practitioner's working life. They enable the general practitioner to provide the best possible patient care by developing the general practitioner's ability to:

- identify the many important clinical and research questions arising in their everyday clinical practice
- critically appraise research papers to confidently and accurately answer these questions
- apply this research evidence to their patients and communities.

To critically appraise a research paper, clinicians must have sufficient knowledge and understanding of a variety of research methods that can best be gained by undertaking formal and structured training in research methods.

Critical appraisal skills are also important in assisting clinicians to implement or participate in research projects. Such clinicians need opportunities to do research, as well as access to appropriate mentoring and support, particularly through linking with research organisations or academic institutions including university departments of general practice.

### What is general practice research?

As a person focused applied discipline, general practice research concentrates on applied research that goes beyond the biomedical aspects of illness and incorporates issues that address psychosocial aspects of wellbeing,<sup>6</sup> which inherently requires multidisciplinary approaches and multiple methodologies.<sup>7,8</sup>

General practice research aims to solve the problems that arise within the specific context of general practice. The context and the way in which the research is conducted characterises general practice research rather than the nature of the problem investigated.<sup>9</sup> General practice research must be conducted within general practice to provide answers to the specific and unique problems that arise within this context.<sup>10–14</sup>

### Why critical thinking and research are needed in general practice

Critical thinking and research improve patient care in general practice. Research evidence is the fundamental way in which routine clinical practice is improved. Critical thinking and reflection are essential precursors for the incorporation of research evidence into practice. Training in these skills also cultivates an interest in undertaking much needed general practice research.

General practice research productivity is far lower than that of other medical disciplines, with an approximate publication rate in the 1990s of one general practice research article per 1000 general practitioners per year. Corresponding rates for medicine, surgery and public health were 105 per 1000, 61 per 1000 and 150 per 1000 respectively.<sup>15</sup>

## Levels of engagement in critical thinking and research

There are varying levels of engagement in critical thinking and research in general practice.

Users and participants, as well as leaders, should be actively involved (see *Figure 1*)<sup>16</sup> at the highest order within each level on involvement.

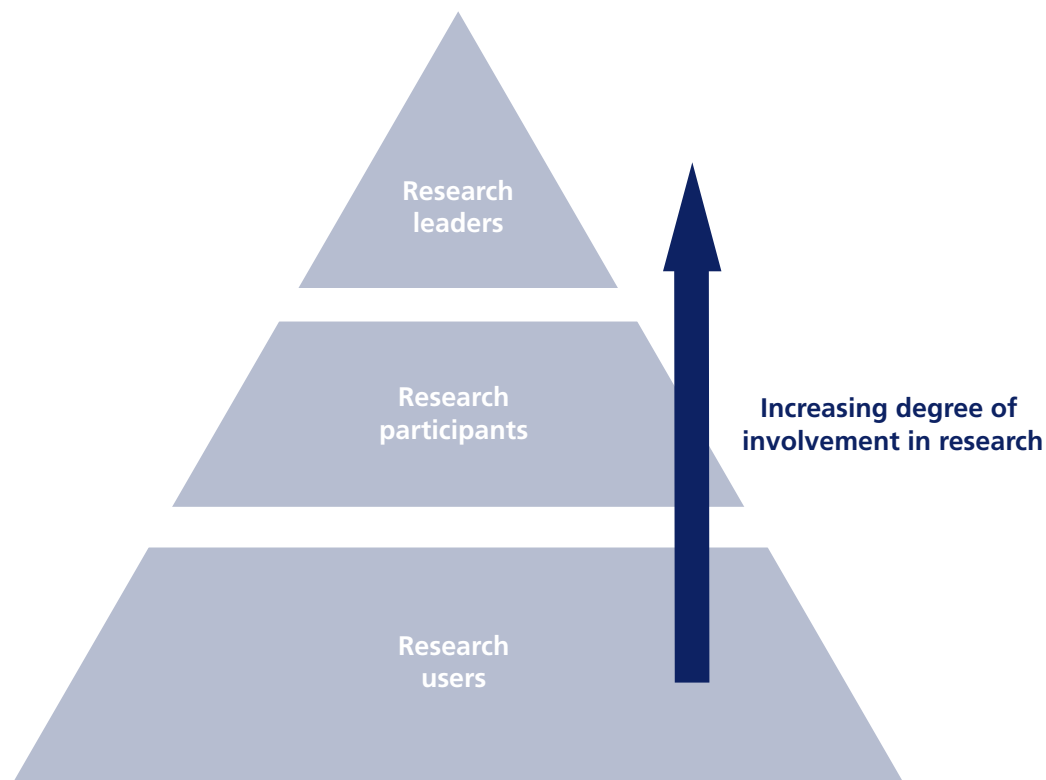


Figure 1. The levels of research engagement. Adapted from 'Glasziou's triangle'<sup>17</sup> and reproduced from *Australian Family Physician* with permission

Research leaders are those who conceptualise, design, find funding for, conduct and publish research.

Research participants are those who participate in general practice research. Highest order participants are intellectually engaged in the research, understand and feel aligned to its purpose, could describe the project to a third party, and are interested in the results. Usually they are sufficiently part of the research to earn authorship. Lower order participants may just recruit patients for research projects conceptualised and instigated by others such as universities, specialist colleagues, or pharmaceutical companies.

All general practitioners are research users, using research evidence (the base of the triangle) as clinical practice within general practice, and are informed by research from a myriad of health related fields ranging from biochemical to macrosocial levels. This research evidence is accessed in a range of forms from a wide number of sources such as from journals, medical newspapers, formal educational activities and discussions with their colleagues,<sup>18</sup> and can lead to changes in practice. However, the critical thinkers consciously seek the best available research evidence, to appraise and combine with clinical experience and patient values to inform their clinical decision making (the principles of evidence based medicine [EBM]).<sup>19</sup> The ability to critically appraise a research paper is included in the minimum entry level skill set for general practice.<sup>20</sup>

Increasing the numbers of general practitioners actively using research evidence (practicing EBM) will encourage critical inquiry within the discipline and highlight gaps in the evidence. Some general practitioners will want to address these gaps through leading or participating in research.

## Specific research needs of general practice

The specific needs of general practice research impact upon all general practitioners, regardless of their level of involvement in general practice research.

General practice has specific research needs with a high degree of contextual complexity (a broad range of relatively unevolved signs and symptoms, presented within the patient's psychological and social setting) compared with the technical complexity of the medical specialties (a narrower range of defined symptoms across single organ systems, more severe illnesses, and limited reference to the patient's social context).<sup>21</sup>

There are gaps in the evidence that general practitioners need for making decisions, limiting the ability to provide the highest quality care. These gaps are:

- basic science:
  - the lack of both biomedical and psychosocial evidence. The gap in biomedical science is exemplified by the lack of knowledge about the pathophysiology and natural history of many of the diseases commonly seen in general practice. The limited understanding of help seeking behaviour is an example of a psychosocial gap (eg. why do some patients with upper respiratory tract infections present to their general practitioner, while others with the same symptoms self medicate or take no action?)
- effectiveness:
  - the lack of evidence demonstrating both the effectiveness and cost effectiveness of interventions routinely used in general practice (diagnosis, treatment and service delivery)
- applicability:
  - a lack of 'translation research' to ensure that evidence generated in nonprimary care settings is applicable in general practice
- implementation:
  - the gap between identifying effective care and who should receive it, and what occurs in routine general practice.<sup>22</sup>

General practice research also focuses on the taxonomy of general practice itself. A better knowledge of the processes employed in general practice and successful models of health care delivery will support more effective, cost efficient and sustainable practice.

## The five domains of general practice – critical thinking and research

### Communication skills and the patient-doctor relationship

General practitioners need to:

- be able to communicate the evidence for treatment or screening to patients in a manner that is both understandable to the patient and is patient centred
- involve the patient in the decision making process about their health and acknowledge the informed patient's right to choose to accept or decline new interventions based on research evidence
- be aware that beliefs and values, in both doctor and patient, influence the interpretation of research results in support of potentially divergent views.

### Applied professional knowledge and skills

General practitioners need:

- well developed skills in reflective practice and critical thinking in order to identify and formulate questions as they arise in clinical practice
- sound skills in evidence gathering (eg. where to find resources, how to search databases, internet searching skills)
- sound skills in critical appraisal of different types of evidence sources
- an awareness of the hierarchy of evidence available for clinical decision making
- skills in applying research evidence from clinical trials to individual patients within their unique context and comorbidities
- the ability to disseminate the results of research or critical evaluation and literature reviews to peers or other health professionals
- an awareness of methods and practices to evaluate, reflect upon and improve clinical and nonclinical practice (eg. clinical audit, needs analysis, quality improvement cycles)
- to develop a rational approach to prescribing and investigation that includes knowledge of risk, costs and benefits of treatment and tests
- to understand how research funding and publication bias can lead to a bias in evidence.

### Population health and the context of general practice

General practitioners need to:

- understand the role and importance of general practice and primary care to improving population health
- appreciate the importance of general practice and primary care research
- have a basic understanding of general practice research and epidemiological methods and concepts (eg. qualitative and quantitative research methods, and concepts such as incidence, prevalence and screening)
- understand the basic statistical techniques for describing and interpreting results of research (eg. p values, confidence intervals, absolute and relative risk, positive and negative predictive value, number needed to treat, sensitivity and specificity) and be able to use these terms when critically appraising research results
- be familiar with the essential components of the research process (eg. developing a research question, identifying appropriate methods, basic qualitative and quantitative analysis skills, drawing appropriate conclusions, summarising and disseminating results)
- be aware of the limited generalisability of research evidence when applying evidence about screening, diagnosis and treatment to individual patients and practices with attention to the general practice setting.

## Professional and ethical role

General practitioners need to:

- ensure that issues such as privacy and ethical principles are adhered to when undertaking research or quality improvement activities, and to obtain approval from an appropriate human research ethics committee as required
- understand the power differential in the doctor-patient relationship when performing research or quality improvement activities, and ensure that patient's vulnerability is recognised and appropriately managed, including full information and informed consent
- think critically about issues arising both in individual clinical practice, (eg. critical incidents, mistakes, patient feedback) and in the wider context of general practice (eg. population health status, medical politics)
- be aware of own knowledge, limitations, biases and values that influence the way one practices medicine
- be aware of external influences on own practice (eg. pharmaceutical companies, media) and be confident in dealing appropriately with these influences
- be flexible and willing to change beliefs and practice in the face of new evidence
- acknowledge uncertainty (to self and patients) in clinical practice, without foregoing the efforts to decrease uncertainty where feasible and necessary.

## Organisation and legal dimensions

General practitioners need to:

- understand the importance of, and have, the ability to continually evaluate and reflect on performance in clinical and nonclinical practice (both individually and with peers and within primary care teams) and use appropriate methods to implement and evaluate change where necessary
- understand the ethical and legislative requirements of privacy principles when using patient information for research or quality improvement purposes
- have computer skills sufficient to access internet literature and to practice in a computerised general practice
- understand the importance of, and the need to, practice the recording of patient data on clinical software systems in a way that enables quality improvement activities and research to be reliably conducted at a later date, and to know how to use clinical software to retrieve data for quality improvement activities or research (eg. performing a database search).

## Learning objectives across the GP professional life

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### Medical student

#### **Communication skills and the patient-doctor relationship**

- Describe the principles underpinning the skills required to communicate evidence for treatment or screening to patients.

#### **Applied professional knowledge and skills**

- Outline the basic principles of clinical epidemiology, including basic statistical concepts, skills in literature searching using Medline, PubMed and Cochrane databases.
- Outline the scientific method and the origins of medical knowledge.
- Describe the challenges in applying research evidence to individual patients.
- Demonstrate the beginning of skills in communication of health information to peers.

#### **Population health and the context of general practice**

- Give a basic description of the Australian health care system.
- Describe the basic statistical techniques for describing and interpreting results of research (eg. p values, confidence intervals, absolute and relative risk, positive and negative predictive value, number needed to treat, sensitivity and specificity) and be able to use these terms when critically appraising research results.
- Give a basic description of population health issues in clinical epidemiology.
- Give a basic overview of research concepts.

#### **Professional and ethical role**

- Demonstrate development of skills in self directed learning, including reflective practice and critical thinking to identify gaps in knowledge.

#### **Organisational and legal dimensions**

- Outline the ethical and legislative requirements of privacy principles when using patient information for research or quality improvement purposes.
- Outline the quality improvement process.

# Learning objectives across the GP professional life

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## Prevocational doctor

### Assumed level of knowledge – medical student

#### Communication skills and the patient-doctor relationship

- Demonstrate the beginning of developing skills for communicating evidence for treatment or screening to patients.

#### Applied professional knowledge and skills

- Demonstrate the ability to apply best medical evidence in patient care.
- Detail diagnostic test characteristics, and their use in including and excluding diagnoses.
- Demonstrate the beginning of developing skills in rational prescribing and ordering of investigations.
- Demonstrate the use of clinical guidelines and recent evidence to guide patient care decisions.

#### Population health and the context of general practice

- Demonstrate the ability to use basic statistical techniques for describing and interpreting results of research (eg. p value, confidence intervals, absolute and relative risk, positive and negative predictive value, number needed to treat, sensitivity and specificity) and be able to use these terms when critically appraising research results.

#### Professional and ethical role

- Recognise that some patients may be involved in research or may want to be involved in research and, where appropriate, communicate and comply with the appropriate researchers.
- Describe and analyse, using critical thinking skills, the harm caused by system errors and failure, and recognise and manage adverse events and near misses.

#### Organisational and legal dimensions

- Describe processes for correctly documenting patients involved in research, where appropriate.
- Describe and demonstrate awareness of the legislative and ethical requirements of patients participating in research.



# Learning objectives across the GP professional life

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## Vocational registrar

### Assumed level of knowledge – prevocational doctor

#### Communication skills and the patient-doctor relationship

- Demonstrate the ability to communicate the evidence for treatment or screening to patients in a manner that is both understandable to the patient and is patient centred.
- Demonstrate the ability to involve the patient in the decision making process about their health and acknowledge the informed patient's right to choose to accept or decline new interventions based on research evidence.
- Describe how the beliefs and values, in both doctor and patient, influence the interpretation of research results in support of potentially divergent views.

#### Applied professional knowledge and skills

- Demonstrate well developed skills in reflective practice and critical thinking in order to identify and formulate questions as they arise in clinical practice.
- Demonstrate sound skills in evidence gathering (eg. where to find resources, how to search databases, internet searching skills).
- Demonstrate sound skills in critically appraising different types of evidence sources.
- Develop a rational approach to prescribing and investigation that includes knowledge of risk, costs and benefits of treatment and tests.
- Outline the hierarchy of evidence available for clinical decision making.
- Outline how research funding and publication bias can lead to a bias in the evidence base of clinical practice.
- Outline the essential components of the research process (eg. developing a research question, identifying appropriate methods, basic qualitative and quantitative analysis skills, drawing appropriate conclusions, summarising and disseminating results).
- Demonstrate skills in applying research evidence from clinical trials to individual patients within their unique context and comorbidities.
- Where indicated, demonstrate an ability to disseminate the results of research, or critical evaluation/literature review to peers or other health professionals.
- Outline methods to evaluate, reflect upon and improve clinical and nonclinical practice (eg. clinical audit, needs analysis, quality improvement cycles).

#### Population health and the context of general practice

- Outline the role and importance of general practice and primary care to population health both in Australia and internationally.
- Understand the importance of general practice and primary care research.
- Demonstrate a basic understanding of general practice and primary care research and epidemiological concepts and methods (eg. qualitative and quantitative research methods, and concepts such as incidence, prevalence and screening).
- Describe basic statistical techniques for describing and interpreting results of research (eg. p value, confidence intervals, absolute and relative risk, positive and negative predictive value, number needed to treat, sensitivity and specificity) and be able to use these terms when critically appraising research results.
- Describe the limited generalisability of research evidence when applying evidence about screening, diagnosis and treatment to individual patients and/or practices.

### Professional and ethical role

- Demonstrate adherence to privacy and ethical principles when undertaking research or quality improvement activities, and obtain approval from an appropriate human research ethics committee.
- Describe the power differential in the doctor-patient relationship when performing research or quality improvement activities, and ensure that patient's vulnerability is recognised and appropriately managed, including full information and informed consent.
- Demonstrate critical thinking about issues arising both in individual clinical practice (eg. critical incidents, mistakes, patient feedback) and in the wider context of general practice (eg. population health status).
- Describe how the individual clinician is aware of personal knowledge, limitations, biases and values that may influence the way one practices medicine.
- Demonstrate awareness of external influences on one's practice (eg. pharmaceutical companies, media) and be confident in dealing appropriately with these influences critically.
- Demonstrate flexibility and willingness to change beliefs and practice in the face of new evidence.
- Outline processes for acknowledging uncertainty (to self and patients) in clinical practice, without foregoing the efforts to decrease uncertainty where feasible and necessary.

### Organisational and legal dimensions

- Describe the importance of, and have, the ability to be continually evaluating and reflecting on performance in clinical and nonclinical practice (both individually and with peers and within primary care teams) and use appropriate methods to implement and evaluate change where necessary.
- Describe and comply with the requirements of the privacy principles when using patient information for research or quality improvement purposes.
- Demonstrate the use of computer skills sufficient to access internet literature and to practise in a computerised general practice.
- understand the importance of, and the need to, practice the recording of patient data on clinical software systems in a way that enables quality improvement activities and research to be reliably conducted at a later date, and know how to use clinical software to retrieve data for quality improvement activities or research (eg. performing a database search).

## Learning objectives across the GP professional life

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### Continuing professional development

#### **Assumed level of knowledge – vocational registrar**

##### **Communication skills and the patient-doctor relationship**

- Regularly review communication skills in relation to critical thinking and research.

##### **Applied professional knowledge and skills**

- Demonstrate ongoing development of skills in gathering evidence.
- Demonstrate continual refinement and developing a rational approach to prescribing and ordering of investigations which may include the use of tools such as clinical audits.
- Demonstrate continual development of skills in applying research evidence to the individual patient.
- Demonstrate competence in the use of at least one type of quality improvement measure and use this in practice.

##### **Population health and the context of general practice**

- Demonstrate means to ensure balance in responsibility to individual patients and larger population health needs and constraints.
- Demonstrate involvement in research at various levels of activity.

##### **Professional and ethical role**

- Demonstrate maintenance of high ethical and professional standards in the care of patients by a judicious balance of the 'science' and 'art' of medicine.
- Demonstrate maintenance of an up-to-date knowledge base by a combination of periodic knowledge updates and need driven learning strategies. The latter requires 'information mastery' and evidence based medicine skills.

##### **Organisational and legal dimensions**

- Demonstrate the adoption of new skills and technologies that assist best medical practice (eg. updating computer and internet skills and equipment).
- Conduct practice in a way that complies with the privacy principles.
- Continue to develop information technology and evidence gathering skills.

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# GPs as teachers and mentors

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## Definition

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Doctors have long held a tradition of teaching. The Hippocratic oath refers to the importance of teaching and mentoring.<sup>1</sup> Even the origins of the word 'doctor' come from the Old French for 'teacher', based on the Latin 'docere' (*Oxford English dictionary*).

General practitioners possess many teaching skills that are often not recognised. All GPs educate their patients, and these teaching skills can be transferred to teaching medical students, general practice registrars, peers and health professionals. The skills for teaching can be acquired throughout the professional life, beginning in medical school.

## Rationale

Teaching and mentoring are becoming a more common part of the everyday life of a GP:

- universities are directing learning away from the more traditional wards and lecture theatres of metropolitan tertiary hospitals, towards more community based settings, including general practices
- the advent of university departments of rural health and rural clinical schools in the early twenty-first century has seen much medical undergraduate education moved out of metropolitan centres to rural centres
- general practice vocational training has become regionalised, requiring an increasing number of teaching practices and supervisors, trainers and mentors in regional and rural Australia
- the general practice infrastructure of divisions of general practice has mainstreamed local delivery of continuing professional development.

This decentralisation of general practice education has resulted in general practice teaching and mentoring becoming a real career path for any GP as either a supervisor or a medical educator. General practitioners need to develop education skills as an integral part of their professional repertoire.

This curriculum statement aims to define the teaching and mentoring skills that GPs develop at different stages of medical and general practice training. The skills are generic, and are obtainable by all doctors at each stage. The statement also provides a list of extension skills and learning objectives to encourage those interested in furthering a career in teaching and mentoring in general practice.

### Medical students as teachers and learners

Equipping students with teaching and learning skills helps students to self direct their learning.

Peer tutoring is an educational strategy whereby student tutors – usually senior medical students – take on the helping role that facilitates first year students in activities by enabling them to support each others learning in undergraduate studies.

Programs concentrating on clinically focused topics, evidence based medicine and physical examination skills in both conventional and problem based contexts have proven to be beneficial for all students, both teachers and learners

### Prevocational doctors as teachers and learners

Education in teaching and educational skills is an important and necessary component of the prevocational doctor's overall medical curriculum.

Prevocational residents also demonstrate teaching style preferences that indicate the need for education in this skills area. They prefer a didactic approach rather than developing learner problem solving skills, and rarely use feedback for educational purposes. They prefer to question learners rather than engage in educational discourses, demonstrate techniques and procedures, and reference literature only minimally.<sup>2</sup>

Several key features of teaching and mentoring skills required by graduates at this stage or hospital resident level have been identified. In particular, prevocational doctors:

- spend 20-25% of time teaching
- enjoy teaching and consider it vital for their own education, not only in clinical skills but also in their own self directed learning skills and motivation
- recognise the importance of teaching to the profession
- often have little formal instruction as educators
- would prefer to spend more time teaching than they do
- lack confidence teaching when they need education in areas taught
- demonstrate improvement in teaching skills when they are given formal tuition in teaching

- demonstrate improvement in clinical skills and knowledge, although this cannot be directly attributable to the teaching skills program alone.

Teacher training is therefore recommended for all doctors in their postgraduate hospital years.

## Vocational doctors as teachers and learners

Both the teacher and learner benefit from peer assisted learning. Universities are encouraging vertical integration of medical education, and general practice trainees are increasingly likely to experience roles in teaching medical students within the practices where they work. Some vocational trainees also choose to undertake an academic post at a university in which they are expected to teach medical students on campus.

Apart from student teaching, vocational trainees may frequently be involved with teaching peers and other health professionals within the training context. This may occur in workshop settings, small study groups or in clinical practice. Vocational trainees are also a valuable learning resource for their supervisors.

## Postvocational doctors as teachers and learners

General practitioners need to develop, maintain and expand skills as trainers, educators, mentors, researchers and leaders over their professional lifetime.

Many GPs will be involved in a variety of teaching roles, eg. staff education or educating medical students (in their practice or in a more formal academic setting), postvocational doctors and colleagues in a peer education process or in 'train the trainer' settings.

Effective teaching demands ongoing review of educational skills, and professional development programs need to consider and review the level of teaching skills required in order to develop and maintain teaching skills to the appropriate standards.

See also: *Philosophy and foundation of general practice*.



## The five domains of general practice – GPs as teachers and mentors

### Communication skills and the patient-doctor relationship

Teaching and mentoring require a degree of sharing of the teacher's clinical expertise. This requires good communication skills to ensure the messages are heard.

Feedback is an essential part of teaching and mentoring in general practice. Listening to the learner's needs ensures that teaching occurs at the appropriate level and in the appropriate context.

The learner-teacher relationship is the most important factor in the effectiveness of the supervision. Reflection and discussion are important learning tools in general practice. The teacher should demonstrate good interviewing and facilitation skills.

### Applied professional knowledge and skills

Effective teaching requires specific knowledge and skills about teaching and learning. Knowledge of clinical skills is not necessarily enough to be an effective teacher. A good clinician is not necessarily a good teacher. Adequate clinical knowledge of the proposed topic is essential for effective teaching and learning, in order to answer the learner's questions. Instructions and practice in teaching skills should be available to clinicians involved in teaching. This could be in the form of short 'train the trainers' courses or postgraduate education. There should be some teaching skills provided at all stages of medical and general practice training. General practitioner teachers should be aware of the range of learning styles, and be able to adjust their teaching style appropriately.

### Population health and the context of general practice

Preventive medicine is a key population health strategy for the individual GP, and education skills make a central contribution to the provision of preventive consultation in the clinical setting. General practitioners can play a key role in the community promoting the benefits of population based health strategies, and teaching skills greatly enhance their ability to fulfil this role. The development and use by the general practice teacher of appropriate education resources in the general practice training and education will greatly enhance a learner's educational experience of the population health domain in the RACGP curriculum.

### Professional and ethical role

Professional codes of ethics highlight the professional obligation of passing on knowledge and skills to colleagues and students.<sup>3</sup> Teaching should aim to improve patient outcomes and be in no way detrimental to the patient. An effective teacher should recognise their own limits (both in clinical and teaching skills) and knowledge. Effective teaching in general practice requires an enthusiasm for teaching, learning and general practice.

### Organisational and legal dimensions

Teaching time should be set aside and protected against other intrusions. The environment in which teaching occurs affects the effectiveness of the teaching and learning. Learners generally respond well to being given increased responsibility with support and clinical advice. However, the supervising clinician maintains overall responsibility for the patient's care. Being available and approachable is a key component to effective supervision in general practice.

# Learning objectives across the GP professional life

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## Medical student

### Communication skills and the patient-doctor relationship

- Demonstrate ability to change between the roles of student and teacher
- Demonstrate insight into personal learning gaps
- Demonstrate ability to respond to the personal learning problems, challenges and triumphs of others
- Demonstrate awareness of the influence of personal feelings on the student's learning behaviour
- Describe how to build on own learning strengths
- When involved in teaching, demonstrate how to offer constructive feedback on other students learning progress
- Where appropriate, demonstrate involvement in activities that enable students to support each other's learning in undergraduate studies.

### Applied professional knowledge and skills

- Demonstrate how to make learning contracts
- Demonstrate appropriate knowledge and experience of subject areas to be effective in teaching
- Demonstrate provision of reliable information and resources
- Demonstrate effective educational interviewing and facilitation skills
- Integrate a variety of interactive teaching methods to engage students including discussion, interactive lectures using computer based presentations and other audiovisual aids, and small group breakout sessions
- Describe how to self critique each session
- Reflect on the effectiveness of the chosen teaching methods

### Population health and the context of general practice

- Identify sociocultural and other population health factors which may inhibit learning
- Describe the relevance of the learning experience to the student and how this could vary according to a student's background

### Professional and ethical role

- Develop peer support systems for students
- Encourage peer support and learning through self role-modelling
- Encourage reflection by students
- Describe the importance of learning to recognise one's own limits
- Structure a learning plan to address identified gaps in knowledge or skills
- Encourage students to participate in planning curriculum
- Develop educational activities in collaboration with a supervising mentor academic
- Encourage and support student discussion and clinical questioning on a peer to peer basis

### Organisational and legal dimensions

- Demonstrate how to organise time to enable student-teacher access and discussion
- Work in collaboration with academic teachers
- Develop course content consistent with overall curricular goals
- Undertake assessment of the student learning and course material

# Learning objectives across the GP professional life

## Prevocational doctor

### Assumed level of knowledge – medical student

#### Communication skills and the patient-doctor relationship

- Demonstrate a sound understanding of the application of communication skills in the teaching context, particularly in the areas of:
  - developing and maintaining rapport
  - empathy
  - communicating a nonjudgemental, respectful and supportive attitude
  - appropriate use of nonverbal behaviour
  - articulating context, intent and planning (what's happening, and what will happen next)
  - code switching, ie. addressing different audiences (patient, family members, staff and students)
- Demonstrate a sound understanding of the application of communication skills in the teaching role, particularly in:
  - facilitating learning as well as delivering content
  - supporting student centred learning as well as delivering a normative curriculum
  - mentoring students and offering a learning role model as well as teaching clinical skills
  - developing and offering a safe, supportive learning environment
- Demonstrate an inclusive, team based approach to teaching which involves:
  - orienting students to the learning environment
  - orienting staff and patients to the student's role
  - orienting students, staff and patients to the teacher's role
  - communicating with the student as an integral member of the health care team
  - clearly articulate team roles, responsibilities and expectations

#### Applied professional knowledge and skills

- Apply adult learning principles in the teaching context
- Assess the learning needs of students, particularly gaps in learner knowledge and skills
- Develop a teaching agenda which focuses what students should learn (eg. normative curriculum) as well as what they want to learn (student centred learning intent), particularly by:
  - assisting learners to 'learn' rather than you 'teaching' what you know
  - drawing on the learner's own knowledge, skills and experience
  - supporting learner autonomy, and learner identification of the appropriate level of autonomy in the circumstance
  - allowing for variation in learning style
- Develop learning objectives which will enable the learner to understand what they need to achieve in terms of learning outcomes
- Facilitate a student's progress through the compilation of a learning portfolio, with particular reference to mentoring:
  - needs assessment
  - learning objectives and plan
  - periodic evaluation and formative feedback
  - systematic collection of evidence of learning
  - periodic revision of the learning plan
  - submission of the final portfolio

- Structure a learning environment to enable learning objectives to be met, particularly by:
  - providing a safe environment for learning
  - managing work rounds to ensure time for teaching and learning
  - applying theory to real scenarios
  - facilitating opportunistic teaching and learning in the experiential setting
- Structure an educational activity to enable learning objectives to be met, particularly by:
  - planning and structuring the learning experience in advance, where possible (ie. specific patients, breakout opportunities, followup group debrief)
  - structuring learner expectations so that learners know what they are expected to know as a result of any one learning unit or opportunity
  - communicating goals/objectives
  - adjusting teaching to the learning environment, and variations in this
  - providing active learning opportunities for the learner by
    - involving the learner in examination of the patient
    - involving the learner in discussion of the patient
    - asking or reflecting questions back to the learner
    - encouraging them to reflect on and assess case and learning arising from it
    - supporting teaching with evidence, standards and guidelines
    - developing a learner's clinical problem solving skills
    - allowing time for practice of skills or procedure and provide feedback
    - providing guidance to appropriate reading materials
    - providing feedback
      - giving positive and constructive feedback individually and in the group setting
  - using audiovisual and electronic teaching aids
  - providing followup learning opportunities, eg. interpretation of tests, referral letters, references, URLs and self directed learning resources
- Demonstrate an understanding of the appropriate use of a variety of teaching methods to enable learners to meet their learning needs and satisfy normative learning objectives, such as
  - lectures
  - small group discussion, particularly to promote active learning and relationship building
  - roleplay
  - bedside teaching
  - teaching in the clinic
  - teaching microskills
    - setting clear learning expectations
    - discussion/questioning, asking questions that promote learning eg. clarifications, Socratic questions, probes, reflective questions
    - motivating learners
    - asking learners to commit to a diagnosis or plan
    - probing for supporting evidence/thought processes
    - directing attention
    - psychomotor skills
    - demonstrating techniques and teaching procedures
    - checking for understanding and retention
    - presentation skills, eg. lecture, small group, delivering information/teaching skills in small chunks
    - giving feedback, particularly on specific knowledge or skills or techniques or evidence
    - inviting questions (now or later)

- Structure an evaluation process that will enable improvement of the educational process, particularly in relation to
  - 360 degree evaluation (student, faculty, self assessment)
  - creating the agenda and opportunity for future learning
  - offering quality assurance
- Implement assessment processes that will enable learning outcomes to be measured
- Deliver content to the limit of their own knowledge and skills

### **Population health and the context of general practice**

- Nil stated

### **Professional and ethical role**

- Model professional behaviour
- Manage interpersonal behaviour in a manner appropriate to the teacher's and educational mentor's role and responsibilities to the learner
- Demonstrate an enthusiastic and motivational attitude to students and to teaching
- Demonstrate accountability for teaching and learning process and outcomes
- Structure an evaluation process that offers quality assurance to peers, faculty and students

### **Organisational and legal dimensions**

- Manage time efficiently and effectively to enable both teaching and educational mentoring and caregiving in the clinical context
- Articulate, as required, the legal constraints and limitations of the teacher/mentor's role in the specific educational context eg. privacy legislation and equal opportunity laws

# Learning objectives across the GP professional life

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## Vocational registrar

### Assumed level of knowledge – prevocational doctor

#### Communication skills and the patient-doctor relationship

- Basic skills
  - clearly explain to learners the reasoning behind the use of particular clinical strategies
  - formulate appropriate questions to encourage learners to develop problem solving skills
  - discuss and demonstrate strategies to help develop rapport with the learner/mentee
- Extension skills
  - demonstrate the ability to provide constructive and specific feedback to learners which challenges them to reflect and expand their skills
  - demonstrate the appropriate use of the range of public presentation audiovisual aids and educational resource technology in delivering education to peers and undergraduates
  - Practice communication skills that are useful in facilitating learning at the one-to-one, small group and larger group contexts

#### Applied professional knowledge and skills

- Divide tasks or knowledge into manageable portions to improve learning opportunities
- Identify the level at which learning needs to occur for different learners
- Develop personal learning plans and objectives based on identification of learning needs and development of learning activities and strategies to fulfil these objectives

#### Population health and the context of general practice

- Explain the characteristics of a nurturing environment which encourages learning and professional development
- Identify factors which may be inhibit learning and discuss strategies suitable to address them

#### Professional and ethical role

- Explain circumstances which would demonstrate appropriate supervision of learners
- Demonstrate appropriate professional role to learners
- Model appropriate attitudes to learning and professionalism
- Identify own limits when teaching others
- Set and maintain appropriate, clear role boundaries
- Discuss strategies that can be used to stimulate learning and encourage reflection.

#### Organisational and legal dimensions

- Identify and create suitable learning opportunities within consultations
- Explain how to obtain patient consent for the teaching process within the consultation
- Arrange for sufficient time for discussion
- Describe the legislative requirements associated with teaching and learning such as copyright, privacy and public lending rights

## Learning objectives across the GP professional life

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### Continuing professional development

#### **Assumed level of knowledge – vocational registrar**

##### **Communication skills and the patient-doctor relationship**

- Consider continuing education on communication skills for effective teaching
- Demonstrate ability to provide effective feedback to learners

##### **Applied professional knowledge and skills**

- Describe a variety of teaching techniques and their appropriateness to different settings
- Develop further skills in teaching
- Demonstrate ability to assess and deal with students needing further assistance, eg. remediation

##### **Population health and the context of general practice**

- Describe differences in individual needs and learning styles between students and registrars and demonstrate ability to adapt to those differences

##### **Professional and ethical role**

- Become involved in a network of teachers, professional educator organisations and education providers to encourage further skills development
- Demonstrate awareness of potential conflicts that may occur with an increasing variety of roles, eg. teacher, employer, supervisor, examiner, GP
- Describe the role of being alert to one's own limitations in teaching skills and be able to involve others if needed

##### **Organisational and legal dimensions**

- Describe the effects of teaching on the running of a general practice in terms of space, time and finances.
- Recognise the need for ongoing support and resources from organisations involved in training and education

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# Health informatics

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## Definition

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Health informatics<sup>1</sup> is the appropriate and innovative application of the concepts and technologies of the information age to improve health care and health.

With the evolution of the field, health informatics is probably best defined in the context of eHealth, which is generally accepted as an umbrella term composed of two elements:

- health informatics (related to the collection, analysis and movement of health information and data to support health care), and
- telehealth (related to direct, eg. videoconferencing, or indirect, eg. website delivery of health information or health care to a recipient).

eHealth encompasses products, systems and services, including tools for health authorities and professionals, as well as personalised health systems for patients and citizens. The scope of eHealth includes desktop to bedside to population health activities, which present complex information management challenges to support individualised patient care.

## Rationale

The majority of Australian general practices have computers for management and clinical care.<sup>2</sup> Many general practitioners, like the wider Australian community, use email and web based communication, and Australian general practitioners are increasingly recognising, participating, and benefiting from advances in information technology and management.<sup>3</sup>

The context of Australian general practice has changed considerably over the past 15 years. The introduction of computers for patient and data records has changed the way practices operate as well as the dynamics of the patient-doctor relationship.

From an international perspective, eHealth is seen to be increasingly important in ensuring system efficiencies and improving data quality in the care of an expanding and aging population.<sup>4</sup>

The uptake of computers in patient care is variable with most general practices having access to computers and a practice based electronic health record that does not utilise the functions of clinical software system in a maximal fashion or use the computer for limited purposes in conjunction with a paper record.<sup>5,6</sup> Data quality continues to be an issue of concern.

Reported barriers for uptake of information technology in general practice include lack of time, lack of skills/training, cost and nonuniform national standards.<sup>7</sup> Research has shown that these barriers, especially that of time, can be overcome.<sup>8,9</sup> Change management principles should be used to overcome these hurdles, however, inappropriate resource allocation has made this change difficult to enact.<sup>10</sup>

The use of information management can assist general practitioners to keep up-to-date with clinical advances through guidelines, summary services (eg. clinical evidence) and decision support.

Effective use of medical records data can assist general practitioners to better understand the practice patient base, provide services and derive business benefit.

The general practice profession must consider how various technological platforms will affect daily practice. Patients are referring to the internet for information<sup>11</sup> and younger users are using web based technologies for routine day-to-day communication. From a professional aspect, future developments in the area of a national health record, e-billing and telehealth will need to be monitored by the general practitioner.

General practitioners must be mindful of the potential risks of information management, including security and privacy issues.

Refer also to curriculum statements: *Chronic conditions*, *Population health* and *Practice management*.

## The five domains of general practice – health informatics

### Communication skills and the patient-doctor relationship

Communication skills are fundamental to a successful health informatics strategy. Health informatics is a technological science and a sociocultural field of study. General practitioners and practice staff must acknowledge that data collection and retrieval involves a relationship between the patient, practitioner and the computer/device.

This relationship is fluid and the practitioner must be conscious of the use of the computer 'taking over' the consultation. There is a three way relationship between the doctor-patient-computer, however, the doctor-patient relationship remains paramount, and the practitioner needs to be able to facilitate and use the computer to enhance the relationship.

### Applied professional knowledge and skills

Health informatics incorporates both basic and advanced professional knowledge and skills.

Basic knowledge and skills include:

- basic computer literacy skills
- knowledge of appropriate and reliable websites for patient information
- basic knowledge of booking and billing systems, and
- understanding of the role of the electronic health record in health practice.

Advanced knowledge and skills include:

- knowledge of evidence based practice search strategies, eg. PubMed and Cochrane
- knowledge of appropriate e-medicine websites for professional 'just in' time information, eg. E-Medicine, Harrison's Online, Dermnet
- understanding of infrastructure set up, eg. server system, security and data recovery
- telehealth including teleconsults, email consultations
- electronic billing via Health Insurance Commission (HIC) online, and
- higher level electronic health record skills involving using templates for application of medical summaries, medication lists, care plans and health assessments.

### Population health and the context of general practice

Health informatics has a key role in assisting general practice in improving population health strategies. General practices that have an information management strategy in place and staff who promote clean data protocols can use informatics principles to retrieve population health statistics from their own practice.

Health informatics strategies in the form of recalls and reminders can also assist general practices to engage in population health activities such as Pap tests and preventive health activities.

### Professional and ethical role

General practice and medical technology is continuously evolving and general practitioners and practice staff need to engage in continual skill development. Mastering medical computer skills is independent of medical experience and knowledge.

General practitioners, regardless of age, should acknowledge that health informatics can complement and coexist with traditional general practice. Change management is a key concept in assisting uptake in increasing usage of the electronic health records in health practice.

## Organisation and legal dimensions

Health informatics is different from practice management. Health informatics encompasses some elements of practice management and also has defined activities in the area of patient information and professional medical information processes.

General practices require a long term view of system security and privacy, including virus protection, server firewall set up, encryption of patient information through emails or system networks, data recovery plan and back up procedures. The electronic health record is a patient record and, like the paper based, is a legal document.

General practitioners need to ensure appropriate data quality and up-to-date record keeping is key health informatics strategy. Responsible practice staff need to ensure that practice systems are sound or have dedicated resources or a third party to ensure a reliable service for all users.

Practices need to monitor developments in emerging technologies, eg. Voice over Internet Protocols (VoIP) and email/telehealth strategies.

# Learning objectives across the GP working life

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## Medical student

### Communication skills and the patient-doctor relationship

- Describe issues relating to the computer as a barrier to patient-doctor relationship.
- Outline strategies that can assist in ensuring a patient centred consultation style.

### Applied professional knowledge and skills

- Define the basic computer skills.
- Demonstrate basic computer literacy skills.
- Describe the electronic health record and its role in health care.
- Outline the role that the internet can play in patient care.

### Population health and the context of general practice

- Outline how health informatics can be used in preventive care.
- Outline how systems can be used for reminders and recalls.

### Professional and ethical role

- Identify how health informatics issues can impact on the general practitioner, staff and patient.
- Identify change management issues that are associated with health informatics.
- Describe the definition of 'clean' data and data coding.

### Organisational and legal dimensions

- Describe potential issues that can affect health informatics delivery, eg. security and data protection.
- Outline legal implications in the usage of the electronic health record.
- Outline basic infrastructure issues in relation to the day-to-day running of general practice, eg. updates.

# Learning objectives across the GP working life

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## Prevocational doctor

### Assumed level of knowledge – medical student

#### Communication skills and the patient-doctor relationship

- Demonstrate understanding of communication skills involved in a modern practice environment.
- Illustrate strategies to ensure patient centred practice.

#### Applied professional knowledge and skills

- Demonstrate the ability to use the internet for appropriate and reliable patient education purposes.
- Demonstrate the ability to use the internet for use of up-to-date information in the consultation process and also for evidence based medicine information, eg. PubMed, Cochrane.
- Show acquisition of basic computer skills.

#### Population health and the context of general practice

- Demonstrate understanding of recall and reminder systems in preventive health care.
- Describe issues relating to patient data to assist in population health planning for general practices.

#### Professional and ethical role

- Demonstrate a working knowledge of change management principles.

#### Organisational and legal dimensions

- Outline basic infrastructure issues in relation to the day-to-day running of general practice, eg. back ups, updates, security protocols.
- Identify evolving health informatic technologies that could be used in health care delivery, eg. Voice over Internet Protocol (VoIP).
- Describe and analyse the issues in intra- and inter-professional communication and health informatics, eg. results, discharge summaries, referral letters.

# Learning objectives across the GP working life

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## Vocational registrar

### Assumed level of knowledge – prevocational doctor

#### Communication skills and the patient-doctor relationship

- Demonstrate higher level communication skills in the consultation, ranging from information giving and usage of computer decision aids to communicate patient information.

#### Applied professional knowledge and skills

- Demonstrate expertise in using the internet for information and evidence based studies to support current practice.
- Outline higher level health informatic systems to support day-to-day general practice, eg. billing and booking systems, accounts keeping, HIC online.
- Demonstrate mastery of the electronic health record in daily practice, eg. prescriptions, reports, results checking, updating past history, recall systems, search patient databases.

#### Population health and the context of general practice

- Demonstrate health informatic principles to improve the care of general practice patients using recall databases and data specific patient searches.

#### Professional and ethical role

- Demonstrate correct usage of coding systems in the electronic health record for effective practice.
- Describe strategies to assist general practitioners in the transition to the paperless patient record.
- Describe coding and its impact of clean patient information for self and third party information requirements.

#### Organisational and legal dimensions

- Identify characteristics which make health informatics different to practice management.
- Identify legal implications for evolving technologies, eg. email consultations, Voice over Internet Protocol (VoIP) consultations, national electronic health record, SMS messaging systems.
- Discuss critically privacy issues in eHealth and general practice.
- Discuss the role of encryption technologies for patient and population data transfer.
- Describe of the legal status of the electronic health record.
- Describe health informatics infrastructure and systems in the general practice setting.
- Describe understanding of legal responsibility involved with recalls and reminder systems.



# The learning objectives across the GP working life

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## Continuing professional development

### Assumed level of knowledge —vocational registrar

#### Communication skills and the patient-doctor relationship

- Demonstrate continuing evaluation of consultation skills and ensuring patient centred practice.
- Demonstrate effective communication skills with colleagues and staff when dealing with health informatics issues.

#### Applied professional knowledge and skills

- Demonstrate continued information mastery skills in usage of the internet for patient and self education purposes.
- Demonstrate high level skills in using the electronic health record for care planning, health assessments and monitoring of up-to-date data, eg. medication and relevant past history.
- Describe billing and booking systems to assist in patient focused service delivery.

#### Population health and the context of general practice

- Identify ongoing issues with data quality.
- Identify patient key performance indicators to inform practice quality.

#### Professional and ethical role

- Demonstrate effective change management principles, especially toward colleagues and general practice staff.
- Outline possible continuing professional development activities that could be provided for topics where traditional training and education is not available, eg. RACGP online learning.

#### Organisational and legal dimensions

- Demonstrate ability to initiate a data recovery plan in the advent of a system shutdown.
- Identify issues in relation to hardware and software update requirements.
- Identify issues to when a third party is responsible for information technology infrastructure.
- Demonstrate continuing consideration of legal and privacy issues in eHealth, including encryption of patient data, patient ownership of electronic data.

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# Integrative medicine

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## Definition

Integrative medicine refers to the blending of conventional and complementary medicines and therapies with the aim of using the most appropriate of either or both modalities to care for the patient as a whole. Integrative medicine, like general practice, also embraces and encourages a holistic approach to practice incorporating patient involvement in self health care, prevention and lifestyle interventions. Integrative medicine encompasses more than complementary medicine, although the integration of complementary medicine is an important and obvious aspect of integrative medicine.

For the purposes of the RACGP curriculum, complementary medicine will refer to therapies and medicines which are not conventionally used by doctors, but may complement medical management and be successfully integrated into it, whether the therapy is delivered by a doctor or a suitably trained complementary medicine practitioner.

The National Center for Complementary and Alternative Medicine classifies complementary and alternative therapies into five categories<sup>1</sup> or domains:

### Alternative medical systems

Alternative medical systems are built upon complete systems of theory and practice. Examples of alternative medical systems that have developed in Western cultures include homeopathic medicine and naturopathic medicine. Examples of systems that have developed in non-Western cultures include traditional Chinese medicine, acupuncture and Ayurveda.

### Mind-body interventions

Mind-body medicine uses a variety of techniques designed to enhance the mind's capacity to affect bodily function and symptoms. Some techniques that were considered complementary and alternative therapies in the past have become mainstream (eg. patient support groups and cognitive behavioural therapy). Other mind-body techniques are still considered complementary and alternative therapies, including meditation, prayer, mental healing, and therapies that use creative outlets such as art, music, or dance.

### Biologically based therapies

Biologically based therapies in complementary and alternative therapies use substances found in nature such as herbs, foods, and vitamins. Some examples include dietary supplements, herbal products, and the use of other so-called natural but as yet scientifically unproven therapies (eg. using shark cartilage to treat cancer). Some uses of dietary supplements have been incorporated into conventional medicine, eg. folic acid for prevention of neural tube defects.

### Manipulative and body based methods

Manipulative and body based methods in complementary and alternative therapies are based on manipulation and/or movement of one or more parts of the body. Some examples include chiropractic or osteopathic manipulation, and massage.

### Energy therapies

Energy therapies involve the use of energy fields. They are of two types:

- biofield therapies involve the existence of energy fields that have not been scientifically proven. Some forms of energy therapy manipulate biofields by applying pressure and/or manipulating the body by placing the hands in, or through, these fields. Examples include qi gong, Reiki and therapeutic touch.
- bioelectromagnetic based therapies involve the unconventional use of electromagnetic fields such as pulsed fields, magnetic fields, or alternating current or direct current fields.

Because of the changing nature of evidence and clinical practice there is a grey area as to whether some particular therapies are classified as complementary or conventional.

## Rationale

A significant driver for integrative medicine has been the rising community interest in complementary medicine. General practitioners need to be familiar with a number of areas within integrative medicine. This may be because the doctor:

- would like to take an integrative medicine approach to their medical practice
- needs to be able to discuss integrative medicine or complementary medicine with their patients, including finding out current patterns of integrative medicine use, if any, or
- may need to know where to find quality information to answer clinical questions.

Nearly two-thirds of the community have used some form of complementary medicine and many do not disclose this use to their doctor. Research has demonstrated as high as 57% of people taking complementary medicines do not tell their doctor and about 50% used conventional medicines on the same day.<sup>2</sup> This situation is potentially unsafe and needs to be addressed.<sup>2,3</sup> Patients with chronic diseases are increasingly looking for health care outside of conventional health systems.

Some doctors may not be confident in dealing with complementary medicine related issues and may have limited awareness of the evidence base and potential safety issues associated with use, and consequently fail to ask patients about use of complementary medicines because of these reasons. Nevertheless, an increasing number of doctors are using complementary medicine or referring patients for complementary medicine.<sup>4</sup>

There is a higher acceptance of complementary medicines in other parts of the world than in Australia, eg. 64% of medical courses in the United States have content on complementary medicine.<sup>5</sup> Patients not satisfied with conventional medicine<sup>6</sup> often self prescribe complementary medicines without professional supervision emphasising the need for general practitioners who use integrative medical approaches.

### Integrative medicine in general practice

General practitioners are ideally placed to help patients in integrative medicine because of their broad based scientific and generalist training and their regular contact with the community.

Comprehensive integrative medicine training aims to:

- provide a greater range of therapeutic options to patients
- help patients make safe and balanced decisions regarding complementary medicine use, and
- avoid potentially harmful interactions between complementary and conventional therapies.

Integrative medicine does not reject or compete with conventional health care and overlaps significantly with what is currently widely accepted as quality general practice. Integrative medicine seeks to broaden conventional health care by emphasising principles that some doctors and patients believe are undervalued in conventional medical practice. Integrative medicine emphasises a number of issues including:

- a focus on wellness and illness prevention
- being holistic in nature by focusing on physical, psychological, spiritual, social and lifestyle issues
- incorporating evidence based, safe and ethical complementary therapies
- individualising the approach to any particular patient or clinical situation using the best of all available modalities in conjunction with informed patient choice
- integrating all of the above into conventional medical care, and
- acknowledging that advances in health care will be dependent on scientific advances, improvements in health care delivery systems, cultural change as well as practitioner and patient education.

Therefore a comprehensive approach to integrative medicine means more than merely adding a little complementary knowledge to the 'kit bag' of the general practitioner. Integrative medicine incorporates a philosophy of health care as well as a way of practising. Prevention, holism and informed patient choice are obviously integral to the whole of general practice, and therefore the complementary aspects are often given the most attention when considering what integrative medicine is.

For this reason, integrative medicine training is not seen as a separate or stand alone aspect of general practice training. Some aspects of integrative medicine may be taught as stand alone modules or in integrative medicine seminars and case discussions, but are best understood and applied when integrated appropriately into other aspects of general practice training. For example, when a doctor is learning about the management of depression or cardiovascular disease, training should integrate important principles of integrative medicine into this training or case studies.

## The five domains of general practice – integrative medicine

### Communication skills and the patient-doctor relationship

Clinicians need to communicate effectively with patients about integrative medicine, including taking a nonjudgmental history about the use of complementary medicines and self care issues, while responding to a patient's context in terms of history, culture, gender, race, spirituality and personal choices. Communication is central to assisting patients to make decisions about their philosophy of health care and which treatment modality is best for them. Effective communication includes the ability to say no to unreasonable requests and setting limits for patients. The clinician also needs to be able to effectively communicate some integrative medicine skills, eg. relaxation techniques.

### Applied professional knowledge and skills

Clinicians need to know the definitions, philosophy and main modalities of integrative medicine, have a basic but broad knowledge of the integrative medicine field, as well as the principles for appropriate use in conventional medical practice.

Clinicians also require:

- an awareness of the current evidence for widely used complementary medicines
- an awareness of important interactions and side effects (common and/or severe) associated with complementary medicines
- skills in behaviour change and lifestyle strategies, and
- to know how to access quality sources of information on integrative medicine to suit therapist's and patient's needs.

Some clinicians may need to know about or how to use a number of complementary modalities which are safe and well supported by evidence, as well as knowing about how to deal with situations where knowledge is lacking, and how to access quality information to help guide clinical decisions. Some clinicians may manage common conditions using or offering complementary medicines where appropriate, and develop an integrative management plan for patients with chronic and complex illnesses including combining complementary and conventional medicine.

### Population health and the context of general practice

Clinicians require knowledge of integrative and complementary medicine usage in the community and an awareness of attitudes toward their use, both in the community and the medical profession.

### Professional and ethical role

Integrative medicine requires appropriate clinical attitudes including respect, openness and tolerance for patient's choices and experience, as well as to nonmedical complementary practitioners, while being still able to give advice and direction when choices may be unsafe. Clinicians need to recognise presentations that require more intensive or specialised integrative medical management, and also need to be able to deal with interdisciplinary issues and be able to communicate with medical and nonmedical complementary practitioners. Ethical principles need to be applied to integrative medical clinical situations. Clinicians need to be aware of their legislative requirements and regulations regarding complementary medicines.

### Organisational and legal dimensions

Clinicians need to maintain an awareness of medicolegal issues relating to integrative and complementary medicine issues, and need to be up-to-date with current laws and regulations regarding the use of complementary medicines including medical indemnity implications.

## Learning objectives across the GP professional life

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### Medical student

#### **Communication skills and the patient-doctor relationship**

- Demonstrate an ability to take a history about the use of complementary therapies in a nonjudgmental manner.

#### **Applied professional knowledge and skills**

- Define integrative medicine and complementary medicine.
- Describe the philosophy of integrative medicine.
- Describe the main modalities of integrative medicine.
- Describe the current evidence for evidence based of widely used complementary medicines.

#### **Population health and the context of general practice**

- Describe the general safety issues of complementary medicines.
- Describe the community usage and attitudes toward integrative medicine and complementary medicines.

#### **Professional and ethical role**

- Describe the principles for the appropriate use of integrative medicine in conventional medical practice.

#### **Organisational and legal dimensions**

- Describe important integrative medicolegal and ethical issues.



## Learning objectives across the GP professional life

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### Prevocational doctor

#### **Assumed level of knowledge – medical student**

##### **Communication skills and the patient-doctor relationship**

- Demonstrate an ability to assist patients to make decisions about which treatment modality is best for them.

##### **Applied professional knowledge and skills**

- Demonstrate management of common conditions using or offering integrative medicine where appropriate.
- Describe important interactions and side effects (common and/or severe) associated with complementary medicines.

##### **Population health and the context of general practice**

- Outline the impact of integrative medicine on the community and medical profession.

##### **Professional and ethical role**

- Demonstrate application of ethical principles to simple clinical situations involving complementary medicines.
- Describe how to deal with interdisciplinary issues.

##### **Organisational and legal dimensions**

- Demonstrate ability to effectively communicate with medical and nonmedical integrative and complementary medical practitioners.

## Learning objectives across the GP professional life

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### Vocational registrar

#### **Assumed level of knowledge – prevocational doctor**

##### **Communication skills and the patient-doctor relationship**

- Demonstrate ability to deal with unreasonable requests and set limits for patients during consultations.

##### **Applied professional knowledge and skills**

- Demonstrate how to develop a management plan for patients with chronic and complex illnesses, where appropriate, by incorporating integrative into conventional medicine.
- Identify and manage important interactions and side effects (common and/or severe) associated with complementary medicines and therapies.

##### **Population health and the context of general practice**

- Refer important interactions and side effects (common and/or severe) associated with complementary medicines and therapies.

##### **Professional and ethical role**

- Apply ethical principles to more complex clinical situations involving integrative and complementary medicines.

##### **Organisational and legal dimensions**

- Describe the legislative requirements and regulations regarding complementary medicines.
- Identify presentations requiring more intensive or specialised integrative medical management.
- Understand the medicolegal and indemnity issues related to the use of complementary medicine.

## Learning objectives across the GP professional life

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### Continuing professional development

#### **Assumed level of knowledge – vocational registrar**

##### **Communication skills and the patient-doctor relationship**

- Demonstrate regular review of gaps in communication skills in integrative medicine.

##### **Applied professional knowledge and skills**

- Review professional knowledge areas in integrative medicine, especially around advances in complementary medicines.
- Review the need for any ongoing educational activities in integrative medicine.

##### **Population health and the context of general practice**

- Demonstrate regular review patterns of complementary medicine use.

##### **Professional and ethical role**

- Reflect and act upon on professional development needs in integrative medicine including QA&CPD activities.

##### **Organisational and legal dimensions**

- Demonstrate regular review practice of links with integrative and complementary medicine practitioners.
- Demonstrate regular review of medicolegal and indemnity requirements for integrative and complementary medicines.

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## DEFINITION

**Patient safety** in general practice is the freedom from hazards due to medical care or medical error in the general practice setting.

In reality, the total absence of harm is unachievable and so the concept of **safety** relates to the reduction of risk of unnecessary harm associated with health care to an acceptable minimum level. An acceptable minimum refers to the collective notion of a level of risk that is generally acceptable given the level of current knowledge, resources available and the context in which care is delivered weighed against the risk of non-treatment or other treatment.

Patient safety initiatives in general practice often involve quite complex terminology and consistent use of language is required to enable constructive approaches to gaining skills in this area. This curriculum uses patient safety terms and language consistent with the World Health Organization and the taxonomy of the World Alliance for Patient Safety.[1]

### • Important terminology

A **hazard** is a **circumstance** or **agent** that may lead to **harm**, damage or **loss**.

**Harm** includes unexpected or unintended disease, injury, suffering, disability and death.

An **agent** is a person, substance, object or system that acts to produce a change that may lead to harm.

A **circumstance** includes all the situations and factors connected with, or influencing, an **event**, **agent** or person/s.

**Loss** is any negative consequence, such as the diminution of quantity, quality, or value resulting from the occurrence of some undesired event, including financial.

A **medical error** is an action with potentially negative consequences for the patient that would have been judged wrong by skilled and knowledgeable peers at the time of the occurrence of the error, independent of whether the action resulted in any negative consequences.

- Medical errors can be either failure to complete a planned action as intended (called **omission**) and/or the use of a wrong plan to achieve an aim (called **commission**) including problems in practice, products, procedures, and systems.
- This excludes
  - when the natural history of disease does not respond to treatment
  - when the foreseeable complications of a correctly performed procedure occur; and
  - cases in which there is a reasonable disagreement over whether a mistake has occurred.

A **patient safety incident** is an event or circumstance that could have resulted, or did result, in unnecessary harm to a patient.

An **incident** can be a reportable circumstance, near miss, no harm incident or harmful incident (adverse event).

- A **reportable circumstance** is a situation in which there was significant potential for harm, but no incident occurred, such as a very busy clinical session with staff absent or the discovery of faulty equipment although it was not needed.
- A **near miss** is an incident which did not reach the patient. For example, an antibiotic injection was prepared and was about to be given to the wrong patient, but this error was detected before the injection was given.
- A **no harm** incident is an event that reached a patient but no discernable harm resulted. For example, an antibiotic injection was prepared and was given to the wrong patient, but there were no adverse reactions to the injection.

- A **harmful incident (adverse event)** is an incident that results in harm to a patient. For example, an antibiotic injection was prepared and was given to the wrong patient, and the patient dies from an allergic reaction.

Other important terms used within discussions of patient safety and the context of general practice include:

**Adverse outcome:** the outcome of an adverse event.

**Error:** Error is a generic term to encompass all those occasions in which

- a planned action, such as a sequence of mental or physical activities, fails to achieve its intended outcomes; or
- the application of an incorrect plan, and when these failures cannot be attributed to the intervention of some chance agency.[1, 2]

There are many sorts of errors. These include:

- **active errors**, where the effects are felt almost immediately; and
- **latent errors**, where errors in design, organisation of training or maintenance may lead to operator errors at a later point in time. That is, the errors lie dormant or **latent** within a system that creates the potential for adverse events.

The pre-existing conditions leading to latent errors are called **latent conditions**.

**Human factors:** Human factors is the study of the interrelationship between humans, their tools and the environment in which they live and work.[1]

**Lapse:** a skill-based failure when the operator knows what to do, but fails to do so, by omitting or forgetting a step in a sequence of events, often related to memory failure.

**Open disclosure:** The process of open discussion of adverse health care events and the associated investigation and improvement undertaken to reduce the risk of recurrence of the harm.

**Risk management:** The process of clinical, administrative and manufacturing activities undertaken to identify, evaluate, and reduce the risk of injury to patients, staff, and visitors and the organisation itself.

**Root cause analysis:** a systematic process for investigating incidents or adverse outcomes in order to determine the multiple, underlying contributing factors and, where appropriate, to develop recommendations for improvements to decrease the likelihood of a similar incident in the future. The analysis focuses primarily on systems and is interdisciplinary in nature.

**Slip/slip-up:** an inadvertent skill-based failure of an executed action.

**Swiss cheese model:** a model of how defences, barriers and safeguards for the patient may be penetrated by an accident.[3]

**Systems approach:** An approach that focuses on multidisciplinary systems analysis to uncover both the:

- **proximal** cause (the superficial or obvious cause of the incident), and
- **systemic** causes of errors

Systemic errors are based on the concept that although individuals make errors, characteristics of the systems within which they work can make errors more likely. Error inquiry then focuses on circumstances rather than on operator characteristics. More errors are likely to be eliminated by focusing on systems than on individuals.[1]

## RATIONALE

Patient safety encompasses all aspects of health care that all patients receive. This incorporates all the elements that may contribute to an adverse event occurring during the process of health care provision.

Safety covers everything from harm caused as a result of a wrong clinical procedure or decision, to the adverse effects of drugs, hazards posed by medical devices, substandard products, human shortcomings or system errors. These events may occur in hospital settings but also in any other health care provision setting, such as primary health care clinics, nursing homes, pharmacies, patients' homes and clinical trials.[4]

Patient safety is achieved primarily through the development and implementation of strategies that reduce the risk of events that could cause harm to patients. Collecting, classifying and aggregating data and information about these events, particularly with regard to preventive, mitigating and recovery strategies, is a central part of the process for improving patient safety. Classification of patient safety data requires universal agreement and understanding of key terms and concepts as well as a standardised method for examining the data.[1]

Although, by international standards, the quality of Australian general practice is generally high, risks of harm to patients, health workers, general practice organisations and their patient communities are always present.

Research into the frequency and nature of error in primary health care shows diversity in the findings.[5] This may be due to different methods of collecting data about adverse events which lead to differences in the reported rates.[6] However, the incident monitoring techniques can be successfully applied to Australian general practice which could facilitate the identification of contributing factors to adverse events in order to allow the development of preventive interventions.[7]

Contributing factors that influence safety can be seen as a combination of personal, contextual and task dependent factors[2] suggesting the need for general practitioners to assess risk attributed to the clinicians, systems, and to patients themselves[8]. Although patients are usually thought of in a passive way (as the victims of error), there is considerable scope for them to play an active role in ensuring that their health care is appropriate, and in preventing mistakes.[9]

General practice includes many invasive procedures, from seemingly simple actions such as immunisation to more complex tasks such as major skin flap surgery. Many of these activities, including apparently simple tasks, may be subject to error that may result in patient harm. As a result, there is a range of patient safety related knowledge and skills relevant across many general practice activities and contexts, for example, the ability to identify causes of lapses in safety. Also, there is a range of context specific patient safety related knowledge and skills, such as processes for ensuring the correct procedure is done at the correct site for the correct patient.[10]

The importance of effective communication is a common theme in research about patient safety. Communication errors are reported to be the leading causes of patient harm. Communication occurs at a number of levels and can be verbal or written. The presence of effective communication tools such as briefings, handover, good record keeping, patient information materials and checklists, and behaviours such as clinician assertiveness can reduce the rate of harm.[11]

Poor communication after an adverse event, and not only the original injury, can determine the decision to take legal action. Concern about the standards of care, the need for an explanation, compensation, and the belief that staff and organisations should be accountable are emerging as reasons for litigation.[12]

Research suggests that adverse events related to medicines are common in primary health care[13], that medication errors are widely distributed amongst doctors and that a reduction in medication errors requires a systems approach.[14]

There is a widespread practice in medicine that focuses on the forgetfulness, carelessness and poor motivation of the health care provider (the so called 'person approach'). This

approach isolates safety from the context in which it is maintained or reduced. Although there is a tendency for health care team members to define error as a breach of standards by an individual[15], a systems approach that identifies contributing factors in the environment and builds defences against potential harm regardless of the cause is more appropriate. This approach takes a complementary role to a focus on competence in the individual[3]. Members of high performing teams generally have a clear understanding of their roles and of the demands on other team members and work within a climate of openness and trust where team leaders are receptive to alternate views.[16]

Risk management in the health care system involves all levels of an organisation and is concerned with the creation and maintenance of safe systems of care.[17] Systems utilised by the primary health care provider will vary but may include such tools as monitoring and reporting, practice system audits, recall systems, incident logging and relevant continuous professional development activities.[10]

Promoting a culture of safety in health care settings is one of the pillars of the patient safety movement. A patient safety culture recognises the inevitability of error and actively seeks to create safeguards for patients.[18]

The journey of general practice can mean that as workplace situations and patient populations change, some knowledge and skills are enhanced, while other areas are diminished. This emphasises the role for ongoing vigilance of self and others in relation to competence, performance and maintaining the ability to refer appropriately. Advances in the 'science' of general practice, such as new medicines, new technology and improved evidence about efficacy and effectiveness, also mean that the risks to patients change. Therefore, key workplace attitudes that foster general practice patient safety promote:

- a just, supportive and transparent culture
- skills and knowledge in error-awareness, and
- a systems approach.

See also: Patient safety affects all areas of health, but other curriculum statements of direct relevance to patient safety are *Doctor's health*, *Practice management* and *Procedural skills*.



## **THE FIVE DOMAINS OF GENERAL PRACTICE—PATIENT SAFETY**

### **COMMUNICATION SKILLS AND THE PATIENT - DOCTOR RELATIONSHIP**

Communication during the therapeutic process includes interactions between attention to external cues (such as a patient describing their presenting problem) and internal cues (such as a sense of unease or internal thoughts questioning events). Active listening to patients helps clinicians recognise external cues while self-awareness and self-reflection helps critically appraise internal cues. Self-reflection then also assesses when these cues are a help or hazard to patient safety.

Effective patient communication helps clinicians acknowledge the experience that patients bring to their care, such as their knowledge about their symptoms and treatments, to help protect their safety. Patients can take an active role in patient safety, sometimes helping to detect errors and adverse events, which may alert doctors to the presence of risk.

Effective communication with patients and the general practice team about complaints and the patient's concerns is a key skill for general practitioners in promoting patient safety.

Effective skills in discussing adverse events with patients and peers that aim to identify causes and prevent recurrence are key tools in reducing harm.

### **APPLIED PROFESSIONAL KNOWLEDGE AND SKILLS**

Changes in the person (such as change in cognitive state), the patient health care context (such as the emergence of new diseases) and in the nature of clinical care (for example, advances in technology) all create changes that may increase the likelihood of harm to patients, requiring ongoing vigilance as to the impact of these changes on clinical care.

The impact of human factors, such as the role of cognitive overload and resilience, need to be applied to the general practice setting in order to maximise the safety of patients.

Knowledge about, and the use of, processes that ensure that the correct patient receives the correct treatment or procedure is integral to safe general practice care. These processes need to be compatible with those used in the acute health setting sector (such as the same rules are used for marking sites for procedures), so that errors are minimised.

General practitioners need to be able to recognise and manage adverse outcomes including adverse events and near misses in patient care.

Understanding the characteristics of effective teams and the skills needed to develop and sustain effective teams is a core element of ensuring a systemic approach to patient safety.

Knowledge and skills in the identification of the causes of near misses and adverse events are central to reducing risk of harm. The approaches to causal analysis used, need to reflect the Australian general practice setting.

General practitioners also need to have the skills and knowledge necessary to undertake both quality assurance and quality improvement activities that reduce the risk of adverse events.

### **POPULATION HEALTH AND THE CONTEXT OF GENERAL PRACTICE**

Knowledge about the incidence of harm to patients, for example, common causes of harm, focuses attention on the most effective interventions for reducing the risk of harm to patients.

Factors that affect the capacity of patients to engage in reducing risk of harm during their health care need to be identified, so that care and patient safety measures can be tailored accordingly. Examples include the legal competence of patients and their views of medical care and the authority of doctors.

A variety of ways of explaining risk is needed, in order to meet the needs of the community, of which some will have more difficulty understanding the magnitude, likelihood and impact of the risks they face in their health care. This includes adapting risk explanations to people from culturally and linguistically diverse backgrounds.

General practice advocacy at a health system level helps to protect the safety of patients, whether this is by alerting manufacturers to design limitations (for example, poor packaging) or by ensuring that the health system itself is not a barrier to patient safety (for example, the impact of workforce numbers on safe general practice care).

## **PROFESSIONAL AND ETHICAL ROLE**

Applying the legal and ethical requirements for obtaining informed consent from patients and carers is a key strategy in reducing patient harm. This application extends to the impact and implications of competence in decision making, and to advance decision making including advance care planning and health directives.

Maintaining the safety of patients requires general practitioners to provide feedback on performance to all members of the general practice team. This includes engaging with peers, team members and other providers about issues such as competency and then undertaking steps that protect patients from related factors that may cause harm.

Familiarity with the principles of natural justice and procedural fairness helps this to occur when patient safety issues are investigated.

An active role in seeking feedback from patients, general practice peers, team members, and acting on the feedback helps promote a safer patient environment.

Documentation of processes and procedures, such as triage arrangements and quality improvement processes, helps promote patient safety and is an important component of the professional role of general practitioners.

General practitioners need to undertake quality assurance and quality improvement activities which reduce the likelihood of harm to patients.

## **ORGANISATIONAL AND LEGAL DIMENSIONS**

General practitioners need to communicate effectively with members of their teams, to ensure that there is continuity of the information flow needed to optimise patient care and protect patient safety.

General practitioners need to be able to engage with the members of their teams in briefings before, and where necessary, debriefings after procedures with which team members assist.

Effective recording of clinical encounters with patients is central to the continuity of safe, high quality patient care, and to the resolution of adverse outcomes.

The development of an open, transparent, supportive and just culture within the general practice setting is regarded as the foundation of safety for patients and members of the health care team. Thus, the active engagement in this activity by general practitioners is a key dimension of patient safety.

General practitioners need to facilitate teamwork, and demonstrate both leadership and the ability to take direction and work within teams when necessary.

The protection of the safety of patients involves the reporting of incidents including lapses in safety, slips, errors, mistakes, adverse events and near misses within the practice. General practitioners need to assist in cultivating a meaningful and timely way of reporting and acting on reports.

General practitioners need to report errors appropriately to organisations outside the practice such as their medical indemnity insurer, companies for equipment failures and other agencies such as adverse drug reporting authorities.

It is important for general practitioners to understand their legal obligations (including those to their medical indemnity insurers), especially in the context of the discussion of adverse events.

A systems based approach to health focussing on the contributions to safety resulting from practice systems is likely to produce a safer health care environment, thus complementing the person based approach.

## THE LEARNING OBJECTIVES ACROSS THE GP WORKING LIFE

### MEDICAL STUDENT

- **Communication skills and the patient-doctor relationship**
  - Describe internal cues that might facilitate or impede the patient-doctor relationship.
  - Identify factors that contribute to distracting the practitioner during patient care tasks.
  - Outline occasions when a patient might contribute to maintaining the safety of care.
- **Applied professional knowledge and skills**
  - Define a near miss and adverse event.
  - Outline characteristics of effective teams.
  - List common factors that are causes of error in general practice.
- **Population health and the context of general practice**
  - Describe common forms of harm to patients in medical practice.
  - List examples of factors that may impede a patient making a realistic assessment of risk.
- **Professional and ethical role**
  - Describe the elements of valid consent.
  - Describe factors that would facilitate discussion of patient safety amongst peers.
  - Describe the concept of 'professional boundaries'.
  - Describe the symptoms of stress and fatigue and apply these to the workplace.
- **Organisational and legal dimensions**
  - Describe a clinician's patient safety related legal obligations to their medical registration board and medical indemnity insurer.
  - Outline the difference between a 'person based' and a 'systems based' approach to patient safety.

## THE LEARNING OBJECTIVES ACROSS THE GP WORKING LIFE

### PREVOCATIONAL DOCTOR

#### Assumed level of knowledge — medical student

- **Communication skills and the patient-doctor relationship**
  - Describe internal cues that occur during a clinician's interactions with patients.
  - Distinguish patient-related factors that are likely to impede effective communication.
  - Differentiate between an effective handover of clinical care from an ineffective handover.
- **Applied professional knowledge and skills**
  - Differentiate between a near miss and an adverse event.
  - Explain why the distinction between near misses and adverse events is important.
  - Distinguish examples of effective leadership and the ability to take direction and work within teams when necessary.
- **Population health and the context of general practice**
  - Describe common causes of harm to patients in hospitals and how this may differ from general practice.
- **Professional and ethical role**
  - Distinguish appropriate boundaries in patient relationships from inappropriate boundaries.
  - Describe a variety of ways of gaining feedback from patients in a general practice context.
  - Describe how to give constructive feedback on performance to other members of the team.
  - Outline the principles of natural justice and procedural fairness.
- **Organisational and legal dimensions**
  - Differentiate a just culture from one which is not.
  - Describe examples of a positive contribution to creating a 'safety culture', and their application to the current workplace.
  - Identify the symptoms of stress and fatigue and apply these to the workplace.
  - Outline quality assurance processes and how these apply to the general practice.

## THE LEARNING OBJECTIVES ACROSS THE GP WORKING LIFE

### VOCATIONAL REGISTRAR

#### Assumed level of knowledge — prevocational doctor

- **Communication skills and the patient-doctor relationship**
  - Demonstrate effective communication in the patient-doctor relationship.
  - Explain effective ways to manage complaints by patients.
  - Demonstrate effective strategies to raise concerns about a lapse in safety with a colleague.
  - Explain the issues involved in discussing an adverse event with patients.
- **Applied professional knowledge and skills**
  - Complete a structured and systematic analysis of the causes of a near miss or adverse event.
  - Arrange a quality improvement activity focused on improving practice processes.
- **Population health and the context of general practice**
  - Outline the relevant laws relating to competence in decision making, for minors and for adults.
  - Show how the magnitude, likelihood and impact of risk can be explained to patients with poor literacy skills.
- **Professional and ethical role**
  - Describe processes for maintaining appropriate boundaries in doctor-patient relationships.
  - Apply the concept of procedural fairness to a complaint about a colleague.
  - Explain the ethical issues that arise in a discussion about an adverse event caused in another health setting.
- **Organisational and legal dimensions**
  - Describe human factors and a range of safeguards in the general practice setting which protect against these.
  - Explain how safeguards to patient safety operate within the systems of the practice.
  - Demonstrate effective recording of clinical encounters with patients.
  - Identify and modify organisational risks to patient safety.

## **THE LEARNING OBJECTIVES ACROSS THE GP WORKING LIFE**

### **CONTINUING PROFESSIONAL DEVELOPMENT**

#### **Assumed level of knowledge —vocational doctor**

- **Communication skills and the patient-doctor relationship**
  - Demonstrate the ability to modify communication processes about risks and benefits for the individual context of each patient.
  - Create checklists for briefing and debriefing for new or uncommon procedures.
  - Formulate ways to explain new technologies or treatments to patients.
- **Applied professional knowledge and skills**
  - Assess areas where clinical competence diminishes and create safeguards against harm to patients.
  - Modify plans to accommodate cognitive overload, fatigue and stress in the practice team.
  - Create opportunities to recognise and reward quality initiatives in the practice setting.
- **Population health and the context of general practice**
  - Document the reporting of lapses in quality to external agencies, such as medical indemnity insurers and post-marketing surveillance bodies such as the Therapeutics Goods Administration and Australian Drug Reactions Advisory Committee.
  - Monitor trends in near misses and adverse events in the general practice field.
  - Modify processes in line with advances in the evidence of effective clinical practice.
- **Professional and ethical role**
  - Plan clinical discussions with peers in order to learn from ongoing practice.
  - Integrate patient feedback into ongoing professional development.
- **Organisational and legal dimensions**
  - Design enhanced safeguards for patients into the organisational processes of the general practice.
  - Integrate contingency planning into general practice planning.
  - Assess risk in the practice setting on a consistent basis.

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# Practice management

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## Definition

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Practice management involves decisions, actions and resource allocation to enable the provision of professional services to meet the objectives of the organisation.

The management of a medical practice requires understanding of the needs of the health professionals, patients, nonmedical staff and the community. Management processes involve planning, finance, technology application, information and, most importantly, people.

## Rationale

The effective delivery of health care to patients and the community depends on efficient practice management systems that address the needs of patients, the community and health professionals in a balanced, responsive and cost effective way.

Involvement in management is not confined to practice owners and practice managers, but also requires the participation of all persons in the practice. General practitioners, as a health professionals, need to understand and apply management knowledge and skills to ensure the best outcomes for their patients and themselves.

Important issues that need to be addressed in relation to practice management and health needs of the community include:

- workforce shortages and the increased reliance on team based community care
- funding for health care
- the application of quality management principles, evidence based management and risk management to all areas of practice management, and
- health information management.

Practice management provides the medium for clinical practice and is a significant determinate in successful health outcomes. The application of practice management occurs across the five domains of general practice, and is critical in the working life of the general practitioner and needs to be sensitive to the context of general practice. Wherever a clinical activity occurs there is a management activity occurring in tandem. For example, performing a Pap test requires a range of management activities, including the provision of facilities and equipment, couriers for slides, information management, recall systems and staff.

General practitioners need to effectively manage their professional role as medical practitioners and organisational role as a member of a general practice, regardless of whether they have an ownership or an employee role.

General practitioners are increasingly working as part of a multidisciplinary general practice team, presenting new challenges to practice management. Human resource management will become more complex including processes associated with recruitment and ongoing staff management.

General practitioners practice in a range of clinical situations and the management processes involved will vary according to the setting. To enable all doctors to fulfil their clinical role, knowledge of management is needed. More depth of understanding is required for general practitioners who are running their own practice compared to employed general practitioners.

Refer also to curriculum statement: *Health informatics*.

## The five domains of general practice – practice management

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### **Communication skills and the patient-doctor relationship**

Patients and their carers need clear communication with respect to practice operational procedures such as opening times, access to after hours services and home visits, and costs and billings. Potential barriers to communicating practice procedures need to be identified and overcome, eg. in patients with disabilities, young people and patients from linguistically and culturally diverse backgrounds.

### **Applied professional knowledge and skills**

Knowledge of the regulations impacting upon the business of general practice is essential for effective patient management.

### **Population health and the context of general practice**

An overall knowledge and special characteristics of the Australian health system and how general practice operates within this environment influences Australian practice management practice processes, including special issues relating to the local community.

### **Professional and ethical role**

Practice governance, ethical and legal considerations all influence practice management process. Balancing work-life issues are central to professional and personal success management.

### **Organisational and legal dimensions**

Organisational skills are the foundation of good practice management. While management skills have traditionally not taken a high role in medical education, they are essential to ensuring the viability of high quality general practice services, and therefore, the cornerstone of the Australian health system. While many individual issues require attention for effective practice management, they can be grouped into areas of financial management, working with people, managing facilities, practice quality and safety, and information management.

# Learning objectives across the GP professional life

## Medical student

### Communication skills and the patient-doctor relationship

- Describe the importance of communicating practice policies and procedures such as appointment booking to patients and community.
- Discuss barriers to effectively communicating practice operating procedures to patients such as patients with disabilities, young people and those from culturally and linguistically diverse backgrounds.
- Describe importance of communication skills for patient service delivery including dealing with complaints.

### Applied professional knowledge and skills

- Identify regulations that apply to medical practitioners and their implications for professional practice.
- Describe the essential features of the *Medical Practice Act* or the equivalent legislation for your state or jurisdiction.
- Describe the difference between an employee and contractor.
- Describe the management roles and responsibilities of a practice owner.

### Population health and the context of general practice

- Describe the health care system in Australia and contrast this with international examples.
- Describe and contrast public and private health care in Australia.
- Outline the Medicare Benefits Schedule (MBS) and Pharmaceutical Benefits Scheme (PBS).
- Outline the compensation programs for work and traffic injuries.

### Professional and ethical role

- Discuss the Australian Medical Association (AMA) Code of Ethics Statement in practice management.
- Explain the role of business ethics in a medical practice.
- Describe and compare stages of a medical career.
- Analyse issues relating to balancing professional and personal life.

### Organisational and legal dimensions

- Outline patient billing in general practice including private fees, bulkbilling and third party payments.
- Describe the major costs in operating a general practice and provide examples of how these can be controlled.
- List and describe job roles in a solo and group general practice.
- Describe and provide examples of GPs working in a health team.
- Describe and compare the role of a GP in the community with the role of medical specialists in a hospital.
- Describe the infrastructure needs for general practice.
- Outline basic principles of quality management.
- Describe examples of medical risk and business risk in general practice.
- Understand processes for managing information in general practice including health and business information.

- Explain regulations relating to health information and their application.
- Describe how health information is recorded and used.
- Describe the use of patient recall systems.
- Describe the different legal forms of practice, especially in regard to liability including company, partnership, associateships and trusts.
- Describe the legal and ethical responsibilities that an employer has to their staff.

# Learning objectives across the GP professional life

## Prevocational doctor

### Assumed level of knowledge – medical student

#### Communication skills and the patient-doctor relationship

- Demonstrate effective communication of hospital, institutional or organisation operating policies and procedures such as appointment booking to patients.
- Demonstrate effective skills for overcoming barriers to communicating hospital, institutional or organisation practice operating procedures to patients such as patients with disabilities, young people and those from culturally and linguistically diverse backgrounds.
- Outline communications skills required for dealing with complaints in the hospital, institutional or organisational setting.

#### Applied professional knowledge and skills

- Describe the complex interaction between the health care environment, doctor and patient.
- Outline how physical or cognitive disability can limit access to health care services.
- Describe legal/institutional requirements for health records.
- Outline the role of the health record in continuity of care.
- Outline how time management impacts on patient care and hospital function.
- Demonstrate an ability to prioritise daily workload, including demonstrating punctuality in the workplace.
- Demonstrate an appropriate standard of professional practice and work within personal capabilities.
- Explain the principles of medical triage.
- Outline the elements of effective discharge planning, eg. early, continuous, multidisciplinary.
- Follow organisational guidelines to ensure smooth discharge.

#### Population health and the context of general practice

- Describe the legal requirements in patient care, eg. *Mental Health Act*, death certification.
- Complete medicolegal documentation appropriately.
- Liaise with legal and statutory authorities.
- Outline the MBS and how it works.
- Demonstrate compliance with informing authorities of notifiable diseases.
- Describe logistic processes of disease outbreak management.

#### Professional and ethical role

- Describe and demonstrate respect for the roles and responsibilities of team members.
- Participate fully in teams, recognising that teams extend outside the hospital, eg. GPs.
- Demonstrate preparedness to adopt a variety of roles within a team.
- Understand the characteristics of effective teams.
- Demonstrate an ability to work with others and resolve conflicts when they arise.
- Demonstrate flexibility and preparedness to change.
- Outline the leadership role that may be required of a doctor.
- Show an ability to work well with and lead others.
- Outline what makes a good leader, eg. vision, strength, humility.
- Reflect on personal experiences, actions and decision making.
- Outline the ethical complexity of medical practice, and follow professional and ethical codes.

- Demonstrate consultation with colleagues about ethical concerns.
- Accept responsibility for ethical decisions.
- Outline the personal health risks of medical practice such as fatigue and stress.
- Maintain personal health and wellbeing.
- Recognise the potential risk to others from your own health status.

### **Organisational and legal dimensions**

- Identify the different types of health care teams, eg. resuscitation team and multidisciplinary stroke team, including the patient and carers in the team where possible.
- Demonstrate respect for the leadership role within a team, such as nurse unit manager, trauma resuscitation leader.
- Demonstrate provision of access to culturally appropriate health care.
- Describe the harm caused by errors and system failures.
- Document and report adverse events in accordance with local incident reporting systems.
- Demonstrate recognition and management of adverse events and 'near misses'.



# Learning objectives across the GP professional life

## Vocational registrar

### Assumed level of knowledge – prevocational doctor

#### Communication skills and the patient-doctor relationship

- Demonstrate effective communication of practice operating policies and procedures such as appointment booking to patients and community in the general practice and community based setting.
- Demonstrate effective skills for overcoming barriers to communicating practice operating procedures to patients such as patients with disabilities, young people and those from culturally and linguistically diverse backgrounds in the general practice and community based setting.
- Outline communications skills required for dealing with complaints in the general practice and community based setting.

#### Applied professional knowledge and skills

- Discuss regulations that apply to medical practitioners and their implications for professional practice including business regulations as they apply in a medical practice, including the *Trade Practices Act*, Occupational health and safety regulations and equal employment opportunity legislation.

#### Population health and the context of general practice

- Outline general practice models of service delivery.
- Identify community agencies and health practitioners and describe their relationship with local GPs.
- Explain health insurance to patients.
- Use and interpret MBS, PBS and government funding programs as they apply to general practice, including practice incentive payments (PIP), service incentive payments (SIP) and other blended payments.

#### Professional and ethical role

- Describe the management roles and responsibilities of a practice owner.
- Describe features of good practice governance.
- Discuss and evaluate activities that improve personal wellbeing.
- Describe the process of assessing a practice to join or purchase in relation to personal needs.

#### Organisational and legal dimensions

- Outline the processes involved in employment of people in general practice.
- Describe and demonstrate processes for developing and leading people in a practice.
- Describe and compare different costing and billing practices.
- Manage and develop relationships with colleagues.
- Describe and use negotiation skills.
- Employ conflict resolution skills with patients and staff.
- Outline the use of motivation and goal setting.
- Explain the important elements of infrastructure design and maintenance in general practice.
- Describe equipment maintenance requirements for general practice.
- List insurance requirements in general practice.
- Describe security measures in general practice for provider identifying information such as prescriptions, provider and prescriber numbers.
- Analyse and evaluate risk in general practice and strategies for managing risk.

- Describe the role and summarise the content of RACGP *Standards for general practices*.
- Describe the quality improvement process in general practice.
- Compare customer service in a general practice to the retail sector.
- Respond to, and resolve, patient complaints.
- Identify high risk areas for adverse patient outcomes in general practice.
- Compare paper and electronic health information management.
- Consider issues of back up, database integrity and security, eg. virus protection.
- Use patient recall systems and risk management procedures.
- Identify critical business information systems in general practice.
- Identify information sources for practice.

# Learning objectives across the GP professional life

## Continuing professional development

### Assumed level of knowledge – vocational registrar

#### Communication skills and the patient-doctor relationship

- Review communication skills required for the effective delivery of general practice services.

#### Applied professional knowledge and skills

- Review professional knowledge areas in practice management, especially business requirements.

#### Population health and the context of general practice

- Demonstrate optimisation of patient care systems to utilise special funding and access arrangements for patients.

#### Professional and ethical role

- Evaluate and implement practice governance activities.
- Formulate a professional development plan.
- Assess strategies for marketing professional services.
- Evaluate the role of public relations activities in general practice.
- Develop a succession plan.

#### Organisational and legal dimensions

- Analyse and evaluate a business strategy.
- Measure practice performance.
- Formulate a business plan.
- Evaluate superannuation and investment strategies.
- Describe financial reporting and tax compliance requirements for general practice.
- Describe the use of management accounting skills in general practice.
- Evaluate financing options in general practice.
- Describe the process to manage change.
- Describe and evaluate practice culture and recognise elements of practice culture that promote improvement and those that impede improvement.
- Develop and review policies and procedures relating to employment including job descriptions, advertising and recruitment, interviewing and selection, orientation, training, performance management and appraisal, feedback and termination.
- Evaluate facility utilisation.
- Compare financing and investment strategies in providing practice facilities.
- Meet quality standards such as those described in the RACGP *Standards for general practices*.
- Use practice audits to improve patient service and care.
- Apply continuous improvement and quality tools to improve practice activities.
- Identify and develop communication strategies and barriers that promote or impede improvements in health care.
- Analyse near miss and critical incidents.
- Use patient feedback to improve patient service.
- Use a practice database to improve care.
- Use practice information systems to assess practice capacity, demand and equity of care.
- Develop and use key performance indicators for achieving practice objectives.

## DEFINITION

**Procedural skills** encompass the areas of clinical care that require physical and practical skills of the clinician in order to accomplish a specific and well characterised technical task, or **medical procedure** (or just a **procedure**).

A **procedure** is a manual intervention that aims to produce a specific outcome during the course of patient care; it may be investigational, diagnostic, and/or therapeutic, and is usually able to be performed in the ambulatory primary health care setting thus excluding:

- manual skills which are part of routine clinical examination
- purely interpretive skills
- complex surgical procedures that require a general anaesthetic.

Inherent in the term of medical procedure is the concept of **invasiveness**. This may involve discomfort for the patient and a risk of adverse effects and complications associated with the procedure in addition to those associated with the medical condition which initially necessitated the procedure.

This aspect of invasiveness is not absolute, as some procedures are more invasive than others, for example, venepuncture compared with urinalysis.

Procedures may require the use of equipment which, in turn, implies the need for appropriately equipped and resourced facilities with quality control processes in place for the successful completion of the procedure.

**Procedural skills requirements** vary according to the context in which procedures are performed and according to the level of complexity of the required procedure. For example, general practitioners in rural and remote communities may be required to provide treatment such as emergency medicine procedures[1], which entail a level of complexity different to that of their urban counterparts. The term **advanced rural level skills** has been developed to describe these requirements which include:

- major general surgery
- obstetrics (inc. management of the delivery, surgical or non surgical)
- anaesthesia (inc. general anaesthesia)
- orthopaedic surgery (inc. the management of dislocations and fractures requiring major regional or general anaesthesia)
- radiology (inc. personally performed x-rays, ultrasounds and/or echocardiograms with interpretation of results, not confined to limb x-rays)
- endoscopy (inc. colonoscopy or gastroscopy)

**Procedural skill competency** is the type and level of behaviour required in relation to a specific skill to achieve a successful outcome. For example, the skill competency for one procedure (eg dipstick urinalysis) may include the ability to explain and perform the task appropriately in an unsupervised fashion. Other procedures may require just the skill to be able to explain the procedure's principles to a patient without the necessary skill for the clinician to perform the procedure themselves, eg. an abdominal CT scan.

Clinicians need to be familiar with the professional, legal and jurisdictional requirements regarding eligibility to perform particular procedures.

Procedural competency often involves the acquisition of specific psychomotor skills. Procedural skills training needs to provide the opportunity to perform and perfect the necessary psychomotor skills, taking into account that the acquisition of knowledge and skills takes place at an individual rate.

**RATIONALE**

Procedural medicine is an integral part of Australian general practice and is becoming more common.

During 2008–09, there were 16.7 procedural events for every 100 general practice encounters. This is a significantly higher number of procedures than the 12.5 procedures per 100 patient encounters in 1999–00.[2]

**Patient safety and informed consent**

For many patients, a successful clinical outcome depends on having a well performed technical procedure. Therefore, technical competence is a key aspect for procedural training.[3] The opportunities for learning and successfully performing procedural tasks necessary for unsupervised general practice need to be balanced with concerns of patient safety, which are of the highest priority during any medical procedure.

The ability to educate and inform patients of the risks and benefits of each procedure and to ensure that informed consent is obtained is part of procedural skills competency. This includes discussing any discomfort or pain and how these will be managed.

Acquiring proficiency in procedural skills requires skills in recognising and managing associated complications.

Maximising procedural skill competencies not only helps to minimise any potential harm to patients, but may also help minimise potential medicolegal consequences. Continuing surveillance of reports from medical boards, alerts, bulletins, medical defence organisation, continuing education and surveillance authorities for trends in procedural risk complications provides an important opportunity to identify and minimise adverse risk associated with medical procedures.

**Occupational health and safety**

Education on the potential hazards to the health of the clinician performing the procedure and their assistant(s) is critical for the prevention and management of procedural-related harm.

Clinicians and workplace managers need to be aware of their roles and responsibilities in maintaining a safe work environment during procedural tasks or procedural complications in accordance with workplace standards; for example, the safe handling of body fluids and substances, or the clinician's responsibilities regarding blood borne virus transmission and the management of needle stick injuries.

Clinicians must also recognise that psychomotor impairment or medical conditions may affect the ability to successfully and safely perform technical tasks and must act appropriate to each particular circumstance. This may require limiting participation to those tasks for which they can demonstrate competence.

**Procedural skills and the general practitioner learning life**

Over the general practice learning life, varying procedural skill levels may be required.

In general, procedural skills acquired as a medical student provide a basis for procedural skill acquisition later in the learning life, although career path changes can result in significant changes in procedural skill requirements and competency levels. General practitioners need to recognise their current procedural skill requirements and ensure that the appropriate skill competency level is maintained.

Skill level requirements will often depend upon the clinical context. For example, a prevocational hospital doctor may have acquired specific procedural skills that may not be required when they commence working in an urban general practice. This lack of demand for the use of this skill may result in a diminished skill level. However, should the need arise for this clinician to practise in a remote area, they may need to undertake additional training to acquire appropriate skill competency levels.

Some general practitioners will develop special interest areas, for example, dermatology or aviation medicine, requiring a different procedural skill set in addition to that of routine general medical practice. Clinicians in these situations need to be clear on their skill requirements and the ongoing requirements for procedural skill maintenance.

Procedural skill requirements for the level of final year **medical students** are set by medical schools and the Australian Medical Council.[4]

Procedural skill requirements for **prevocational doctors** (first and second postgraduate year and later) are set by the Australian Curriculum Framework for Junior Doctors.[5]

Procedural skill requirements for general practice registrars for Fellowship are set by the Royal Australian College of General Practitioners.

General practitioners with a special interest area or undertaking additional procedural skills need to ensure that their skill levels meet the recognised standards/curriculum requirements for procedural skill competency acquisition and maintenance. Examples include:

- advanced rural skills training[1]
- Fellowship of Advanced Rural General Practice[6]
- RACGP Joint Consultative Committees[7]
- other specialist medical colleges
- other jurisdictional requirements/standards, eg. the Australian Government requirements for Yellow Fever vaccination providers[8] or RACGP guidelines for Implanon insertion.[9]

### **Procedural skills, Advanced Life Support (ALS) and the RACGP Fellowship**

Competencies in procedural skills related to emergency life support measures are critical for successful patient management. Advanced life support training is a requirement for Fellowship, and doctors must complete training in the early management of trauma and advanced life support (ALS) during vocational training (see Requirement V.12. ) [10].

### **Teaching of procedural skills**

Training of technical procedures through parts of a medical practitioner's learning life has been reported as being unsystematic and unstructured.[3] This may be because the need for procedures which can then be used to observe, learn, and develop skill levels often arises randomly.

Doctors at all levels of their learning lives are often involved in teaching procedural skills to their juniors: the medical student may learn skills from the first year intern or the registrar from the vocational doctor, reflected in the traditional expression "See one, do one, teach one". Teaching can also be an important method of reinforcing learning in the teacher. Clinicians involved in teaching need to assess their teaching processes to ensure that they are teaching technical skills in a systematic manner.

Use of simulation based teaching techniques to initially acquire and to practice skills is highly recommended.

See also: Procedural skills impact on most areas of the RACGP curriculum statements but closely related areas include *Patient safety*, *Practice management*, *Pain management*, *Acute and serious illness* and *Doctor's health*.

## **THE FIVE DOMAINS OF GENERAL PRACTICE—PROCEDURAL SKILLS**

### **COMMUNICATION SKILLS AND THE PATIENT - DOCTOR RELATIONSHIP**

The ability to clearly explain all facets of the procedure is critical to obtaining valid informed consent. This includes:

- explaining the reasons for the procedure
- explaining the steps of the procedure
- explaining the potential outcomes including benefits, risks and complications
- addressing patient interests and concerns.

### **APPLIED PROFESSIONAL KNOWLEDGE AND SKILLS**

Clinicians need a procedural skill competency level appropriate to their learning life level and workplace requirements. This is achieved through the application of medical procedural knowledge relevant to their requirements, explaining indications, contraindications, patient preparation methods, sterile techniques, pain management and proper techniques for handling specimens and fluids obtained, and test results. Clinicians also need to be able to recognise and manage complications of procedures. This may involve recognising complications of procedures that they did not perform.

### **POPULATION HEALTH AND THE CONTEXT OF GENERAL PRACTICE**

A knowledge of the pattern of risks and complications of procedural errors through the reports from medical boards, alerts, bulletins, medical defence organisation, continuing education and surveillance authorities provides an important opportunity to identify and minimise adverse risk associated with medical procedures. Clinicians also need to be aware of other community risks, such as the transmission of blood borne viruses and their potential for transmission between patients and health care providers during procedures.

### **PROFESSIONAL AND ETHICAL ROLE**

The level of competence required for each procedural skill level is dependent upon the specific requirements for the stage of the learning life and work requirements. Clinicians need to be able to detail their procedural requirements and to acquire and maintain skill competency levels appropriate to meet these requirements.

The presence of psychomotor impairment or medical conditions may affect the ability to successfully and safely perform technical tasks and work practices may need to be altered to suit each particular circumstance. This may require limiting participation to tasks for which competence or suitability can be demonstrated.

Clinicians need to be familiar with any professional, legal and jurisdictional requirements regarding eligibility to perform particular procedures.

### **ORGANISATIONAL AND LEGAL DIMENSIONS**

Procedural tasks need to meet the ethical and legal requirements for patient informed consent including documentation.

Systemic processes need to include a mechanism for the ongoing identification and minimisation of procedural related risks (see *Patient safety* RACGP curriculum statement for more detail).

Organisational measures need to ensure that facilities are appropriately equipped and resourced to meet procedural task requirements.

## THE LEARNING OBJECTIVES ACROSS THE GP WORKING LIFE

### MEDICAL STUDENT

- **Communication skills and the patient-doctor relationship**
  - Demonstrate the ability to counsel patients regarding the reasons for procedures.
  - Demonstrate the ability to counsel patients regarding any potential outcomes including benefits, risks and complications for procedures.
  - Demonstrate the ability to clearly explain the steps of procedures.
  - Demonstrate how to address patient interests and concerns about procedures.
  - Demonstrate communication skills necessary to obtain informed consent for procedures.
- **Applied professional knowledge and skills**
  - Demonstrate applied professional and procedural skill competence.
  - Demonstrate the ability to explain indications, contraindications, patient preparation methods, sterile techniques, pain management and proper techniques for handling specimens and fluids obtained and test results for procedures.
  - Describe the complications and management of procedures.
- **Population health and the context of general practice**
  - Describe patterns of potential risks and complications of procedures.
  - Describe sources of information for ongoing identification of risk trends in procedural errors.
  - Describe the epidemiology of hazards and risks to patients and health care workers associated with procedural medicine.
- **Professional and ethical role**
  - Detail procedural requirements to a level appropriate for the medical student skill setting.
  - Outline processes of maintaining appropriate skill competency levels.
  - Describe how psychomotor impairment or medical conditions may affect an individual's ability to successfully and safely perform technical tasks and work practices.
- **Organisational and legal dimensions**
  - Describe the ethical and legal requirements for patient informed consent for procedures.
  - Describe how organisational system processes need to include a mechanism for the ongoing identification and minimisation of procedural related risks (see *Patient Safety* curriculum statement for more detail.)
  - Describe organisational facilities and equipment requirements necessary to provide an acceptable standard of care for procedures.
  - Describe any professional, legal and jurisdictional requirements regarding eligibility to perform particular procedures.



## THE LEARNING OBJECTIVES ACROSS THE GP WORKING LIFE

### PREVOCATIONAL DOCTOR

#### Assumed level of knowledge — medical student

- **Communication skills and the patient-doctor relationship**
  - Demonstrate the ability to counsel patients regarding the reasons for procedures.
  - Demonstrate the ability to counsel patients regarding any potential outcomes, including benefits, risks and complications of procedures.
  - Demonstrate the ability to clearly explain the steps of procedures.
  - Demonstrate how to address patient interests and concerns about procedures.
- **Applied professional knowledge and skills**
  - Demonstrate applied professional and procedural skill competence.
  - Demonstrate the ability to explain indications, contraindications, patient preparation methods, sterile techniques, pain management and proper techniques for handling specimens and fluids obtained and test results for procedures.
  - Describe the complications and management of procedures.
- **Population health and the context of general practice**
  - Describe patterns of potential risks and complications of procedural errors.
  - Describe sources of information for ongoing identification of risk trends in procedural errors.
  - Describe the epidemiology of hazards and risks to patients and health care workers associated with procedural medicine.
- **Professional and ethical role**
  - Detail procedural requirements to a level appropriate for the prevocational setting.
  - Outline processes of maintaining appropriate skill competency levels.
  - Describe how psychomotor impairment or medical conditions may affect an individual's ability to successfully and safely perform technical tasks and work practices.
- **Organisational and legal dimensions**
  - Describe the ethical and legal requirements for patient informed consent for procedures.
  - Describe how organisational system processes need to include a mechanism for the ongoing identification and minimisation of procedural related risks (see *Patient safety* RACGP curriculum statement for more detail).
  - Describe organisational facilities and equipment requirements necessary to provide an acceptable standard of care for procedures.
  - Describe any professional, legal and jurisdictional requirements regarding eligibility to perform particular procedures.

## THE LEARNING OBJECTIVES ACROSS THE GP WORKING LIFE

### VOCATIONAL REGISTRAR

#### Assumed level of knowledge — prevocational doctor

- **Communication skills and the patient-doctor relationship**
  - Demonstrate the ability to counsel patients regarding the reasons for procedures.
  - Demonstrate the ability to counsel patients regarding any potential outcomes including benefits, risks and complications for procedures.
  - Demonstrate the ability to clearly explain the steps of procedures.
  - Demonstrate how to address patient interests and concerns about procedures.
- **Applied professional knowledge and skills**
  - Demonstrate applied professional and procedural skill competence.
  - Demonstrate ability to explain indications, contraindications, patient preparation methods, sterile techniques, pain management and proper techniques for handling specimens and fluids obtained and test results for procedures.
  - Describe the complications and management of procedures.
- **Population health and the context of general practice**
  - Describe patterns of potential risks and complications of procedural errors.
  - Describe sources of information for ongoing identification of risk trends in procedural errors.
  - Describe the epidemiology of hazards and risks to patients and health care workers associated with procedural medicine.
- **Professional and ethical role**
  - Detail procedural requirements to a level consistent with the requirements for Fellowship of the Royal Australian College of General Practitioners.
  - Describe processes of maintaining appropriate skill competency levels. This includes adjusting for changing career skill level requirements over the course of continuing professional development.
  - Describe how psychomotor impairment or medical conditions may affect an individual's ability to successfully and safely perform technical tasks and work practices.
- **Organisational and legal dimensions**
  - Describe the ethical and legal requirements for patient informed consent for procedures.
  - Describe how organisational system processes need to include a mechanism for the ongoing identification and minimisation of procedural related risks (see *Patient safety* RACGP curriculum statement for more detail).
  - Describe organisational facilities and equipment requirements necessary to provide an acceptable standard of care for procedures.
  - Describe any professional, legal and jurisdictional requirements regarding eligibility to perform particular procedures

## THE LEARNING OBJECTIVES ACROSS THE GP WORKING LIFE

### CONTINUING PROFESSIONAL DEVELOPMENT

#### Assumed level of knowledge —vocational doctor

- **Communication skills and the patient-doctor relationship**
  - Demonstrate the ability to counsel patients regarding the reasons for procedures.
  - Demonstrate the ability to counsel patients regarding any potential outcomes, including benefits, risks and complications for procedures.
  - Demonstrate the ability to clearly explain the steps of procedures.
  - Demonstrate how to address patient interests and concerns about procedures
- **Applied professional knowledge and skills**
  - Demonstrate maintenance of applied professional and procedural skill competence levels.
  - Demonstrate ability to explain indications, contraindications, patient preparation methods, sterile techniques, pain management and proper techniques for handling specimens and fluids obtained and test results for procedures.
  - Describe the complications and management of procedures.
- **Population health and the context of general practice**
  - Describe patterns of potential risks and complications of procedural errors.
  - Describe sources of information for ongoing identification of risk trends in procedural errors.
  - Describe the epidemiology of hazards and risks to patients and health care workers associated with procedural medicine.
- **Professional and ethical role**
  - Detail procedural requirements appropriate to the clinician's specific clinical setting, ie. primary health care, obstetrics, and others.
  - Discuss processes of maintaining appropriate skill competency levels. This includes adjusting for changing career skill level requirements over the course of continuing professional development.
  - Describe how psychomotor impairment or medical conditions may affect an individual's ability to successfully and safely perform technical tasks and work practices.
- **Organisational and legal dimensions**
  - Describe the ethical and legal requirements for patient informed consent for procedures to the appropriate level of applied professional knowledge and skills.
  - Demonstrate organisational systems for the ongoing identification and minimisation of procedural related risks (see *Patient safety* RACGP curriculum statement for more detail).
  - Indicate organisational measures, facilities and equipment in place to provide an acceptable standard of care for procedures.
  - Describe any professional, legal and jurisdictional requirements regarding eligibility to perform particular procedures.

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Dealing with undifferentiated problems in general practice**DEFINITION**

**Undifferentiated problems** refer to ambiguous, uncertain, unexplained and undiagnosed symptoms, problems, conditions and illnesses presenting to the clinician.

The causes and management of undifferentiated problems may become clearer through history, examination or investigations, or may become clearer over time as a disease process progresses. For example, a connective tissue disease such as systemic lupus erythematosus may first present as tiredness, but further investigation or the passage of time may result in the diagnosis becoming clearer. Similarly, the cause of an initial presentation of undiagnosed chest pain would become apparent if a dermatomal rash developed after one day, ie. herpes zoster.

Some undifferentiated problems remain undiagnosed despite thorough assessment and investigation.

Some undifferentiated problems may have a psychological origin, which presents potential challenges to patient safety because of the potential for missed, delayed or wrong diagnosis.

**RATIONALE**

Undifferentiated problems are most likely to present in general practice. For example, the presentation of weakness or tiredness is common in general practice and accounts for a significant proportion of the reasons for initiating further investigations, such as blood tests.[1]

General practitioners are primarily diagnosticians[2] and are highly experienced at managing undifferentiated problems. These problems challenge diagnostic skills and clinical decision making processes that are aimed at discovering serious illness at an appropriate stage while minimising over-investigation of patients.[3] The expertise in dealing with undifferentiated problems places general practitioners in an ideal situation to educate and train other clinicians in this skill area.

Important differences exist between primary care and secondary/tertiary care medicine, with distinct differences between the patients, pathologies, and presentations encountered by the GP in comparison with a specialist colleague. Conditions seen in general practice are often evolving, when text book descriptions and classifications simply do not apply. Early presentation of many illnesses defy categorisation because they are transient and self limiting, or are treated early before reaching the stage of traditional diagnosis.[2]

General practitioners also make different decisions from specialists with the precise diagnostic labels being sometimes less important than deciding on an appropriate course of action. For example, a diagnosis may be framed in terms of dichotomous decisions: treatment versus nontreatment, referral versus nonreferral, and serious versus nonserious. For example, the management of a respiratory infection might not require a specific diagnosis, but rather a specific decision on whether antibiotics are required or not.[2]

The range of common undifferentiated problems in general practice is large and includes such presentations as fatigue, insomnia, stress, dizziness, headache, anorexia and nausea, sexual difficulty, weight loss, loss of interest and abdominal discomfort.[4]

The role of the passage of time and knowledge of the natural history of these conditions are a key general practice aspect in managing undifferentiated problems[3].

Characteristic of undifferentiated problems is the presence of uncertainty and ambiguity, which presents both management challenges for the clinician and how these uncertainties are communicated to patients.[2, 5]

The role of uncertainty in clinical care is not clear. Uncertainty in clinical decision making has been linked to adverse outcomes in patient care in the prevocational setting and linked to a variety of potential adverse outcomes.[6] One study of uncertainty in primary care physicians does not demonstrate differences in patient outcomes, although the presence of uncertainty resulted in changing approaches to information seeking on the part of the physicians.[7] Regardless of the impact of uncertainty, clinical strategies for managing undifferentiated

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Dealing with undifferentiated problems in general practice

problems need to adopt a 'fail-safe' strategy[8] and recognise that some symptoms may never be attributed to specific conditions.

The potential for diagnostic failures is compounded by psychological conditions presenting as physical symptoms, and clinicians need to develop clear strategies for attributing symptoms to both physical and psychological conditions. This may also require a multidisciplinary approach and professional support to ensure that diagnoses are not being missed.[9]

Clinician explicitness and clarity in the decision making processes during the history taking, the examination, and investigations that include the role of evidence based medicine, help maximise diagnostic effectiveness and patient safety and minimise over investigation. This includes familiarity with serious conditions that must not be missed, conditions commonly missed and conditions that may present with unusual or elusive symptoms. Evidence based approaches to assessment and management[10] can help to clarify and strengthen decision making processes.

In addition, general practitioners develop familiarity with the disease patterns specific to their geographical areas of practice which may help establish local variations in disease presentations and diagnoses compared with other regions. For example, presentations of hay fever in spring may be due to local pollen conditions making this diagnosis more common in their area when compared to other localities.

Communication skills are critical to characterising undifferentiated problems and to communicating management outcomes to patients.

Patients with limited capacity to give completed histories, for example, children, patients with dementia or some patients with disabilities may need family, friends and carers to be consulted for further clarification.

Uncertainty can be a source of considerable anxiety for patients, and learning to manage this is a key general practice skill. In addition, due to the role of psychological conditions in undifferentiated problems, communication skills are the key to successful counselling outcomes for managing undifferentiated problems of a psychogenic origin.

*Dealing with undifferentiated problems in general practice* affects many other curriculum statement areas, but in particular see *Patient safety* and *Critical thinking and research*.

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Dealing with undifferentiated problems in general practice**THE FIVE DOMAINS OF GENERAL PRACTICE – DEALING WITH UNDIFFERENTIATED PROBLEMS IN GENERAL PRACTICE****COMMUNICATION SKILLS AND THE PATIENT-DOCTOR RELATIONSHIP**

Clear communication helps characterise symptoms as part of a diagnostic and management strategy for undifferentiated problems in the general practice setting. Where patients are unable to give clear histories, history taking may involve family, carers and others. Communication skills are also required to counsel patients when managing uncertainty of diagnosis and management.

**APPLIED PROFESSIONAL KNOWLEDGE AND SKILLS**

Skilful history taking, examination and appropriate investigations are key skills in the successful management of undifferentiated problems in the primary care setting. Familiarity with early presentations of evolving conditions, their natural history and the impact of early treatment can help characterise undifferentiated problems in general practice. Some undifferentiated problems remain unexplained and undiagnosed despite thorough assessment and investigation, requiring sound communication to manage any uncertainties that may arise. Diagnostic strategies are critical in preventing missed, delayed or wrong diagnoses. An understanding of the role of appropriate diagnostic tests in reducing diagnostic uncertainty helps prevent inappropriate investigations. The diagnosis and management of psychological factors in undifferentiated problems are critical skills for long term management.

**POPULATION HEALTH AND THE CONTEXT OF GENERAL PRACTICE**

Undifferentiated problems are common in the general practice setting and clinicians need to be familiar with their common patterns of presentations including transient and self limiting diseases. Clinicians need to be familiar with the patterns of serious conditions that should not be missed, difficult to diagnose conditions and common conditions which present as undifferentiated problems. Some undifferentiated problems may have a psychological origin, which presents potential challenges to patient safety because of the potential for diagnostic errors.

**PROFESSIONAL AND ETHICAL ROLE**

Self awareness of clinical decision making processes can help highlight potential pitfalls in the diagnosis of undifferentiated problems. Understanding the professional role of the general practitioner in the management of undifferentiated problems recognises that primary care patients present with differing patterns of undifferentiated problems from the secondary/tertiary setting, requiring particular diagnostic and management decisions. As managing undifferentiated problems is mainly the domain of the general practitioner, experienced general practitioners should consider the possibility of training registrars and others in the management of undifferentiated problems.

**ORGANISATIONAL AND LEGAL DIMENSIONS**

Multidisciplinary teams may be required to successfully characterise and manage undifferentiated problems. The legal implications of potential diagnostic errors also need to be considered.

## THE LEARNING OBJECTIVES ACROSS THE GP WORKING LIFE

### MEDICAL STUDENT

- **Communication skills and the patient-doctor relationship**
  - Discuss the ability to clearly characterise symptoms of undifferentiated problems.
  - Discuss the ability to counsel patients when managing uncertainty of diagnosis and management.
- **Applied professional knowledge and skills**
  - Describe the role of history, examination and appropriate investigations in managing undifferentiated problems.
  - Discuss the decision making processes involved in making a diagnosis.
  - Discuss fail-safe diagnostic strategies.
  - Describe the role of appropriate diagnostic tests in reducing diagnostic uncertainty.
  - Describe the role of diagnosis in patient management when dealing with undifferentiated problems.
  - Describe the factors that affect the presentation of undifferentiated problems including patient factors and the natural history of the disease including transient and self limiting conditions.
  - Describe how early treatment can influence the natural history and presentations of disease.
  - Describe how psychological factors impact on undifferentiated problems and their potential challenges to patient safety including diagnostic errors.
  - Outline management options when undifferentiated problems remain undiagnosed despite thorough assessment and investigation.
  - Describe processes for counselling a patient when there is uncertainty regarding diagnosis and management.
- **Population health and the context of general practice**
  - Outline the pattern of common presentations of undifferentiated problems in the hospital and general practice setting.
  - Describe the patterns of commonly missed conditions in undifferentiated problems.
  - Describe important conditions that should not be missed in undifferentiated problems.
  - Describe the differences in disease presentations and management between primary care and secondary/tertiary care medicine.
  - Describe common patterns of psychological conditions that relate to the presentation of undifferentiated problems.
- **Professional and ethical role**
  - Describe appropriate professional behaviours when managing undifferentiated problems.
  - Describe professional differences in diagnostic and management decision making processes between general practitioners and specialists.
  - Describe the impact of uncertainty in clinical decision making and the potential for missed, delayed or wrong diagnosis.
- **Organisational and legal dimensions**
  - Describe the multidisciplinary approaches for the management of undifferentiated problems.
  - Describe the legal pitfalls and implications of managing undifferentiated problems.



## THE LEARNING OBJECTIVES ACROSS THE GP WORKING LIFE

### PREVOCATIONAL DOCTOR

#### Assumed level of knowledge — medical student

- **Communication skills and the patient-doctor relationship**
  - Demonstrate the ability to clearly characterise symptoms of undifferentiated problems.
  - Demonstrate the ability to counsel patients when managing uncertainty of diagnosis and management.
- **Applied professional knowledge and skills**
  - Demonstrate the ability to take a history, examine and appropriately investigate in managing undifferentiated problems.
  - Demonstrate fail-safe diagnostic strategies.
  - Request appropriate diagnostic tests to reduce diagnostic uncertainty.
  - Identify specific factors that affect the presentation of undifferentiated problems.
  - Identify psychological factors impacting upon undifferentiated problems.
  - Identify possible diagnoses that need to be excluded in undifferentiated problems.
  - Discuss management options when undifferentiated problems remain undiagnosed despite thorough assessment and investigation.
  - Demonstrate ability to counsel a patient when there is uncertainty regarding diagnosis and management.
- **Population health and the context of general practice**
  - Describe the pattern of common presentations of undifferentiated problems in their current workplace(s).
  - Describe the patterns of commonly missed conditions in undifferentiated problems in their current workplace(s).
  - Describe the patterns of important conditions that should not be missed in undifferentiated problems in their current workplace(s).
  - Describe common patterns of psychological conditions that relate to the presentation of undifferentiated problems in their current workplace(s).
- **Professional and ethical role**
  - Demonstrate appropriate professional behaviours when managing undifferentiated problems.
  - Describe the impact of uncertainty in clinical decision making and the potential for missed, delayed or wrong diagnosis in specific cases of undifferentiated problems currently being managed.
- **Organisational and legal dimensions**
  - Describe the multidisciplinary approaches for the management of undifferentiated problems in their current workplace(s).
  - Describe the legal pitfalls and implications of managing undifferentiated problems in their current workplace(s).

## THE LEARNING OBJECTIVES ACROSS THE GP WORKING LIFE

### VOCATIONAL REGISTRAR

#### Assumed level of knowledge — prevocational doctor

- **Communication skills and the patient-doctor relationship**
  - Demonstrate the ability to clearly characterise symptoms of undifferentiated problems in the primary care setting.
  - Demonstrate the ability to counsel patients when managing uncertainty of diagnosis and management in the primary care setting.
- **Applied professional knowledge and skills**
  - Demonstrate the ability to take a history, examine and appropriately investigate in managing undifferentiated problems in the primary care setting.
  - Demonstrate fail-safe diagnostic strategies in the primary care setting.
  - Request appropriate diagnostic tests to reduce diagnostic uncertainty in the primary care setting.
  - Identify specific factors that affect the presentation of undifferentiated problems in the primary care setting.
  - Identify psychological factors impacting upon undifferentiated problems in the primary care setting.
  - Identify possible diagnoses that need to be excluded in undifferentiated problems in the primary care setting.
  - Discuss management options when undifferentiated problems remain undiagnosed despite thorough assessment and investigation in the primary care setting.
  - Demonstrate the ability to counsel a patient when there is uncertainty regarding diagnosis and management in the primary care setting.
- **Population health and the context of general practice**
  - Describe the pattern of common presentations of undifferentiated problems specific to the current primary care setting.
  - Describe the patterns of commonly missed conditions in undifferentiated problems specific to the current primary care setting.
  - Describe the patterns of important conditions that should not be missed in undifferentiated problems specific to the current primary care setting.
  - Describe common patterns of psychological conditions that relate to the presentation of undifferentiated problems in the primary care setting.
- **Professional and ethical role**
  - Demonstrate appropriate professional behaviours when managing undifferentiated problems in the primary care setting.
  - Describe the impact of uncertainty in clinical decision making and the potential for missed, delayed or wrong diagnosis in specific cases of undifferentiated problems being managed in the primary care setting.
  - Identify professional supports and mentors in the primary care setting for acquiring skills in the management of undifferentiated problems, eg. colleagues, supervisors, and others.
- **Organisational and legal dimensions**
  - Describe the multidisciplinary approaches for the management of undifferentiated problems in the primary care setting.
  - Describe the legal pitfalls and implications of managing undifferentiated problems in the primary care setting.

## THE LEARNING OBJECTIVES ACROSS THE GP WORKING LIFE

### CONTINUING PROFESSIONAL DEVELOPMENT

#### Assumed level of knowledge —vocational registrar

- **Communication skills and the patient-doctor relationship**
  - Maintain competency in characterising symptoms of undifferentiated problems in the primary care setting.
  - Maintain competency in counselling patients when managing uncertainty of diagnosis and management in the primary care setting.
- **Applied professional knowledge and skills**
  - Maintain skill competencies in the assessment and management of undifferentiated problems.
  - Request appropriate diagnostic tests to reduce diagnostic uncertainty in the primary care setting.
- **Population health and the context of general practice**
  - Describe any trends in patterns of common presentations of undifferentiated problems specific to their current primary care setting.
  - Describe any trends in commonly missed conditions in undifferentiated problems specific to their current primary care setting.
  - Describe any trends in patterns of important conditions that should not be missed in undifferentiated problems specific to their current primary care setting.
- **Professional and ethical role**
  - Maintain appropriate professional behaviours when managing undifferentiated problems in the primary care setting.
  - Outline professional processes for dealing with uncertainty in clinical decision making and the potential for missed, delayed or wrong diagnosis in specific cases of undifferentiated problems currently being managed in the primary care setting.
  - Identify professional supports and mentors within the primary care setting for acquiring skills in the management of undifferentiated problems, eg. colleagues, supervisors, and others.
  - Consider a role in training registrars and others in the management of undifferentiated problems in the general practice setting, eg. colleagues, supervisors, and others.
  - Consider further training in psychological management of undifferentiated problems, eg. somatisation disorders.
- **Organisational and legal dimensions**
  - Describe current practice processes for the multidisciplinary management of undifferentiated problems.
  - Describe the legal pitfalls and risk management processes in place in the current workplace with respect to undifferentiated problems.

## Dealing with undifferentiated problems in general practice

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