



RACGP

Royal Australian College of General Practitioners

*Curriculum for
Australian general practice*

User's guide 2018



Curriculum for Australian general practice: User's guide 2018

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The Royal Australian College of General Practitioners Ltd
100 Wellington Parade
East Melbourne, Victoria 3002 Australia

Tel 03 8699 0414
Fax 03 8699 0400
www.racgp.org.au

ABN: 34 000 223 807

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We acknowledge the Traditional Custodians of the lands and seas on which we work and live, and pay our respects to Elders, past, present and future.

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Glossary of terms

Competency-based curriculum	A curriculum that focuses on the measurable competencies to be achieved, not on how they are developed or delivered.
Competency outcome	An overarching statement that describes the knowledge, skills and/or attitudes of a component of a core skill. Each core skill has a number of related competency outcomes.
Core skill	A statement of an end point that indicates the achievement of competence in a key area of general practice.
Contextual units	Details of the breadth of populations, presentations and processes to which the competencies of the curriculum are applied in Australian general practice. These units provide context to the core skills.
Criteria for stage of training	A description of measurable action/s relevant to each stage of training. Each competency outcome is linked with a collection of criteria that are mapped against the three stages of the general practitioner (GP) learning life. At each stage, when a group of criteria has been achieved, the related competency outcome is met.
Curriculum	Document that contains core skills that are further broken down into outcomes and criteria.
Curriculum mapping	Linking the core skills and/or outcomes and one or more contextual units to the learning program, unit or session.
Domains of general practice	Five key areas of general practice under which the core skills are allocated.
General practice – lifelong learning	Post-Fellowship of the Royal Australian College of General Practitioners (FRACGP), the GP participates in continuing professional development.
General practice under supervision	The training program where the doctor in training is under supervision while learning. The end point for general practice under supervision is the successful achievement of FRACGP.
Learning life	The continuum of learning and development of the GP from prior to GP training to ongoing professional development.
Learning program	A broad overview of the units and activities that will take place over a defined time frame.
Learning session	A detailed agenda for the presentation of an activity contained within a unit that includes information on times, presenters, resources and presentation techniques.
Learning unit	A detailed description of the learning outcomes, activities and assessments that address one or more specific areas of knowledge or skill development.
Pre-general practice	The time before entering the training program. The end point of the pre-general practice pathway is entry into the program.
Populations	Groups defined by their common characteristic/s.
Presentations	Conditions that are commonly encountered in general practice.
Processes	Activities that form part of Australian general practice.

Introduction

2016 curriculum

Since the first published curriculum in 1997, the curriculum for Australian general practice has grown and expanded, reflecting the continuous development of general practice as a speciality in Australia. The revision of the 2011 curriculum (the third published since 1997) took place in 2013. At that time, it was clear that the curriculum was in need of a thorough review. The size of the curriculum (nearly 600 pages) and the many areas of overlap or repetition made it a difficult document to use or map to activities or assessments. In line with best practice in education, the move to a consolidated, competency-based approach was decided. The review process engaged over 200 stakeholders and many different writers, taking nearly two years to complete.

Moving to competency-based, time-variable education: Evidence and rationale

A shift by The Royal Australian College of General Practitioners (RACGP) towards competency-based medical education (CBME) is in line with international best practice and is a means of ensuring high-quality outcomes for both candidates and the patients they treat.

Increasingly, medicine is being asked to be responsive to societal needs and mindful of the outcomes of its educational enterprise. Medical educators now 'begin with the end in mind' and focus on the competencies needed by graduates of medical education to meet the needs of those they serve, and affect the outcomes desired in health care.¹

Once strictly in the domain of vocational education and training, competency-based education has undergone a renaissance in the higher education sector. This is also true in medical education, which in some countries, including Australia, is undergoing reviews of curricula and assessment to bring them into a competency framework.²

As the uptake of CBME has increased, the definition of competency-based education has broadened and deepened.³ One of the common criticisms of CBME is that it is reductionist and behaviourist,⁴ and this can be true if the context and complexity are not factored in:^{2,5,6}

It is essential ... to avoid a narrow view of competency, which will restrict the learning activities of students to mastering 'the 100 things we need to know'.⁵

CBME involves developing training and assessment processes that are able to demonstrate that the candidate's acquisition of knowledge, skills, attitudes and values are sufficient to practice safely and effectively. This cannot be done if the competencies are either reduced to observable behaviours or are so vaguely defined that they could be open to a level of interpretation that may impact negatively on patient safety. Getting the balance right will be the greatest challenge of moving from the current descriptive curriculum to one that is easier to map to training programs and assessment activities.

In medical education, the rationale underpinning the chosen length of training programs has never been well argued.⁷ Length of training in CBME should be determined by the needs of the participant; however, current educational structures are bound by time – years to complete qualifications, time in programs, and so on, limiting the ability of training providers to change the time requirements based on individual need. The amount of time that someone needs to acquire a particular set of skills or body of knowledge is difficult to define.⁸ The current apprenticeship model of medical education assumes that everyone progresses at the same speed; therefore, learners who need or desire additional time to achieve competences are viewed as failures, and those who are capable of finishing earlier are often unable to do so.⁹ Time is still an important factor, but candidates are better

able to work towards achieving competence when doing so at their own pace where motivation, opportunity, trustworthiness and context also play a role in how much time an individual will need.

CBME focuses on the knowledge, skills, attitudes and values that the candidate is able to demonstrate as a result of participating in a learning program and a process of assessment. The approach does not limit how the teacher teaches nor how the learner learns. Rather, it focuses on what the candidate needs to achieve, leaving the development of the learning activities and assessment processes to be guided by the outcomes.^{10,11} The process is context driven and, in a large and diverse country such as Australia, flexibility in the training of GPs is an important consideration.

An additional benefit of the competency approach is that it has applications beyond primary training programs.⁵ Clearly defined assessment criteria that are mapped to the competency standards create a strong and transparent framework for assessment in general, and for assessing recognition of prior learning in particular. The intentional broadness of the criteria enables candidates to meet them in a variety of different ways but still within clearly defined boundaries.

Understanding the curriculum

Curriculum format

The format of the curriculum employs a 'drill down' methodology, starting with the domains and finishing with the criteria. Each one of the many different criteria for each stage of the learning life relate directly back to its 'parent' domain, thus eliminating crossovers and duplications, which were a feature of earlier curricula.

The curriculum is best understood in the online version where the 'drill down' is more graphically expressed. However, for mapping purposes, the downloadable version may be preferred.

Domains of general practice

At the highest level are the domains of general practice. These long-standing domains categorise what follows under five broad headings:

1. Communication and the patient–doctor relationship
2. Applied professional knowledge and skills
3. Population health and the context of general practice
4. Professional and ethical role
5. Organisational and legal dimension

Core skills

For each domain, two or more core skills were identified (Figure 1). These skills were distilled from throughout the previous curricula and represent the fundamentals of best practice in Australian general practice.

There are 13 core skills in total. Each one is expressed as an aspirational end point – for example, 'General practitioners communicate effectively and appropriately to provide quality care'. These core skills provide the foundation for the outcomes and criteria that follow, no matter what the stage in the learning life.

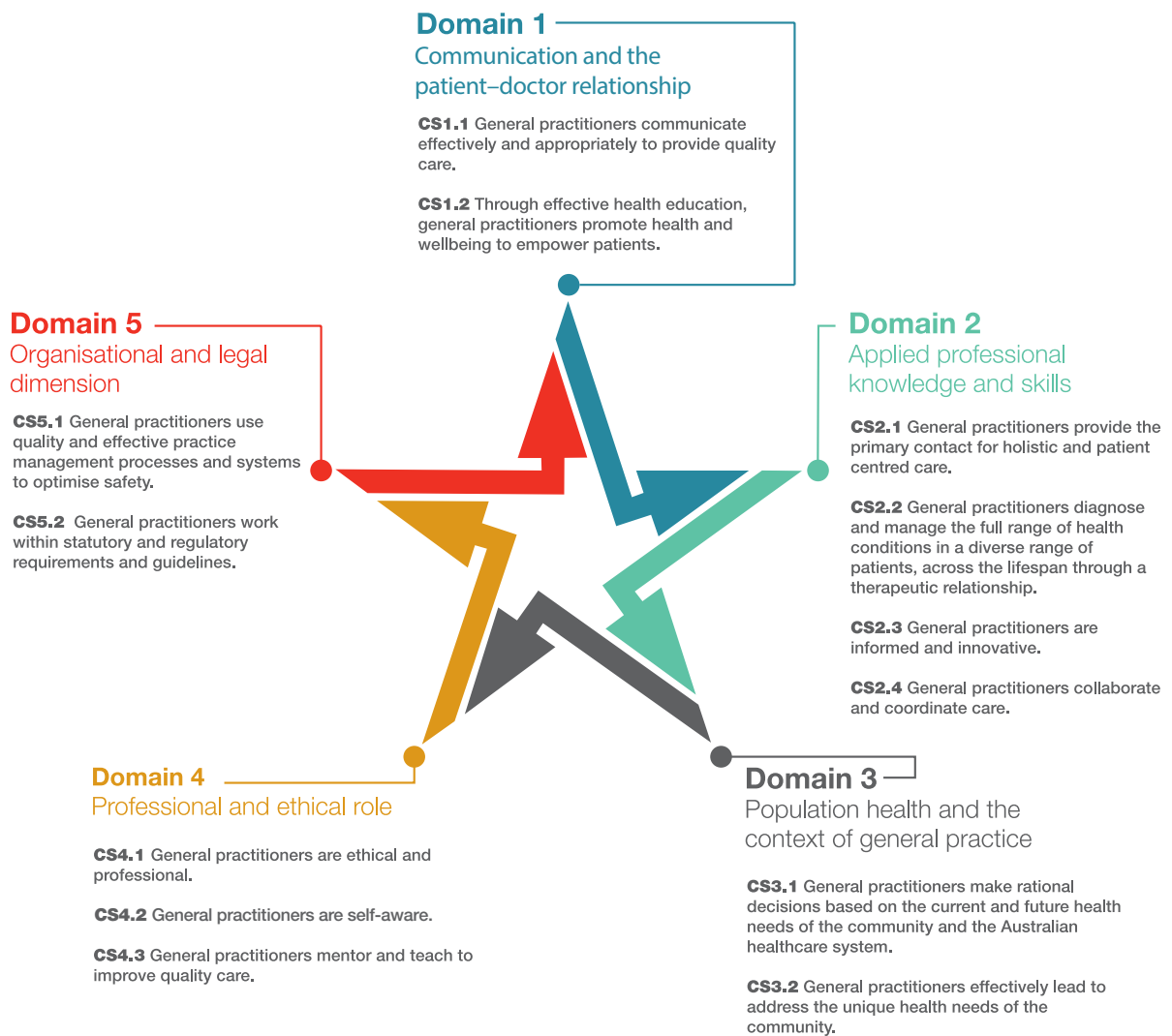


Figure 1. The five domains of general practice

Outcomes

For each stage of the learning life of the GP, the core skills break down into a number of outcomes relevant to the stage. Each stage past pre-general practice assumes knowledge of what was contained in the preceding stage. The outcomes are quite broad but still measurable to enable the educator or assessor to establish what evidence will demonstrate their achievement – for example, ‘Effective communication is used in challenging situations’.

Criteria

Each outcome has several criteria that break it down into even smaller components. Each criterion is also measurable. For instance, effective communication in challenging situations is broken down into the types of challenging situations that may require effective communication – for example, ‘Assess and effectively manage an agitated patient or family member’.

Contextualising

The nature of competency-based curricula means that the language is by necessity quite broad. A range of options for interpreting broad statements is available by clicking through the hyperlinked words or phrases embedded in the outcomes or criteria. For example, 'An agitated patient or family member' when clicked through provides additional information that can be useful for developing talking points or learning activities.

– may include the need to assess the person in order to evaluate the cause of their agitation, including emotional distress related to a bad prognosis, anger at perceptions of being treated unfairly or inappropriately (refer to CS1.3.4), having unmet expectations regarding treatment (particularly relevant to drug-seeking patients), experiencing a delirium related to substance use or a health condition such as a metabolic imbalance, a head injury or a psychotic disorder, etc. Effective management involves optimising safety of the GP, practice staff and members of the public in the vicinity (including family members and carers of the agitated individual).

Contextualisation of the core skills is enabled by applying the outcomes or criteria to one or more of the contextual units (refer below). For example, the criterion cited above, 'An agitated patient or family member', is relevant to CO16 Care of older persons, AM16 Addiction medicine, OP16 Oncology and PS16 Psychological health, to name a few. More broadly, all of the criteria and outcomes matched to the core skills are applicable in most if not all of the contextual units.

Contextual units

The contextual units cover the presentations, populations or processes of general practice. They are formatted differently to the core skills curriculum. They contain a rationale with relevant background to the unit, links to related units, references, resources and tools. There are approximately 30 contextual units, with new ones being developed or existing ones being updated as the general practice landscape continues to change.

Aboriginal and Torres Strait Islander health and rural health

There are separate core skills units for both Aboriginal and Torres Strait Islander health and rural health in recognition of the specific knowledge and skills required to work effectively in these areas. These units contain the same formatting as the core skills units, with the outcomes and criteria mapped to the corresponding core skills. They do not duplicate the core skills described above.

Updating/reviewing

The curriculum accessed through the RACGP website is the most up-to-date version. Downloaded versions may not be current.

Updates occur as required. The core skills are reviewed every three years, though it is unlikely that they will change to any significant extent. The contextual units are updated as required. Comments, suggestions and feedback on the curriculum are always welcome, particularly regarding useful resources to include. These can be emailed to curriculumrenewal@racgp.org.au

Tips for using the curriculum

Selecting an appropriate level

The curriculum is divided into the stages in the learning life of the GP. Before mapping against existing programs, activities or assessments, or developing new ones, select the correct level (Figure 2). For activities that occur before a candidate enters a designated training pathway to Fellowship, select 'Pre-general practice'. Pathway candidates require the stage designated 'General practice under supervision'. The final stage, 'General practice lifelong learning', is for activities that target the FRACGP GP. These include Quality Improvement and Continuing Professional Development (QI&CPD) activities and non-QI professional development activities.

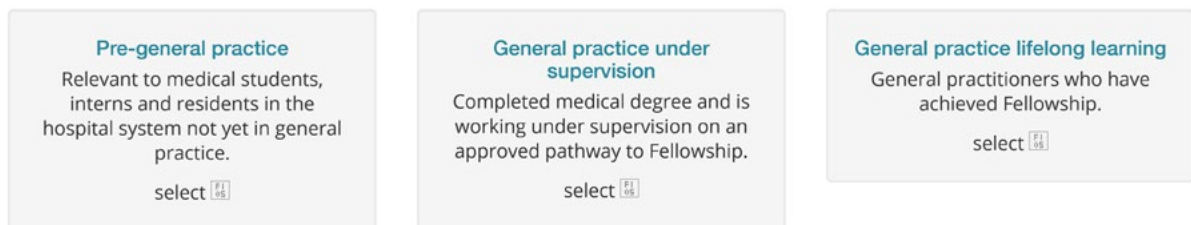


Figure 2. Selecting from the three stages of GP learning life

Developing learning programs

A **learning program** consists of a number of **learning units** that in turn consist of **activities** and **assessments**. A learning program contains details regarding topics, presenters, venues, dates and times. It provides a broad framework for education planning, including resource allocation.

Learning programs and units should be cross-referenced to the curriculum core skills as well as to the relevant contextual units where appropriate.

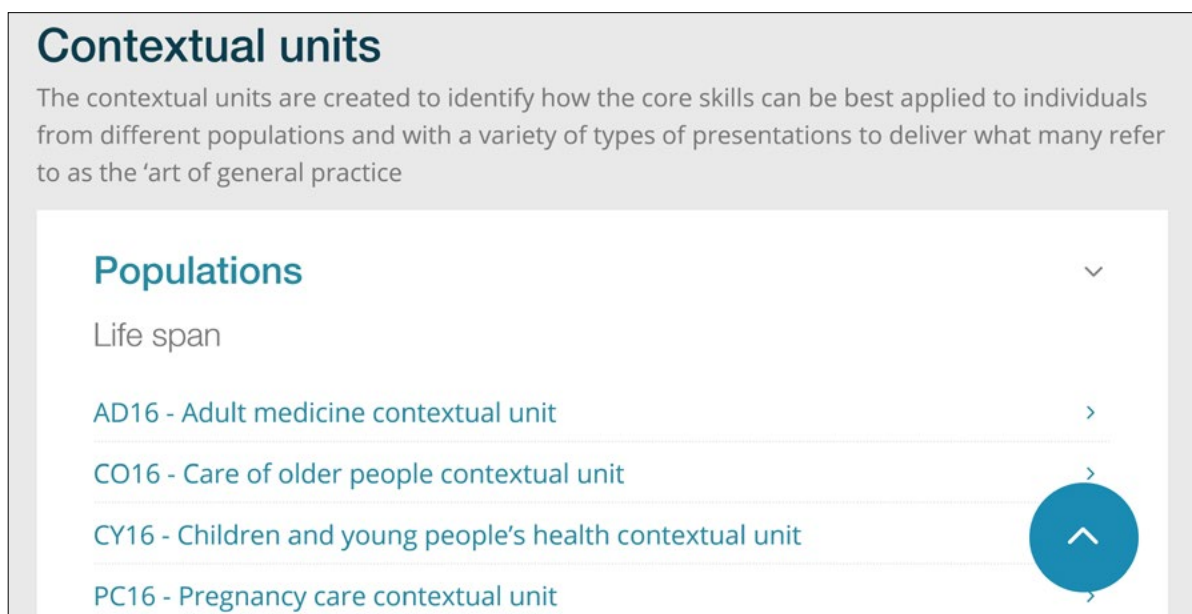


Figure 3. Contextual units – Extract

Developing individual learning units

Break the broad topics from the learning program into learning units. For instance, a large topic such as adult medicine can be broken into units that cover chronic disease management, management of acutely unwell patients and prevention of chronic disease.

Identify which of the core skills are inherent in the topic. Select appropriate outcomes and criteria to address in the unit (Figure 4).

Within the unit:

- develop broad learning objectives and more specific, measurable learning outcomes to address the criteria identified in the core skills
- identify useful resources to supplement learning
- develop individual learning activities
- develop assessment activities to measure the achievement of the learning outcomes.

DOMAIN	CORE SKILL	OUTCOME	CRITERIA
⊖ Domain 2 Applied professional knowledge and skills REFERENCES	⊖ CS2.2 GPs diagnose and manage the full range of health conditions in a diverse range of patients across the lifespan through a therapeutic relationship	⊖ CS2.2.1 A comprehensive, clearly documented biopsychosocial history is taken from the patient	CS2.2.1.1a Describe the key features of a comprehensive biopsychosocial history CS2.2.1.2a Demonstrate effective history taking and documentation using the biopsychosocial model CS2.2.1.3a Identify the key signs to be determined on physical examination during history taking CS2.2.1.4a Identify potential impacts of sociocultural factors on presentation, engagement and compliance

Figure 4. Domains, core skills and outcomes – Extract

Mapping

The curriculum is coded to enable easy mapping. For example:

- **CS1.1** relates to the first core in skill Domain 1.
- **CS1.2** relates to the second core skill in Domain 1.
- **CS2.1** relates to the first core skill in Domain 2.
- **CS3.3** relates to the third core skill in Domain 3.

The letters a, b and c relate to the GP learning life stages:

- Pre-general practice
- General practice under supervision
- General practice lifelong learning

The code for **outcomes** consists of three numbers separated by decimal places (eg CS1.1.1).

The code for **criteria** consists of four numbers and a letter (eg CS1.1.1.1b). The criteria relate directly to the learning life stages, whereas the core skills and outcomes are appropriate for all stages of the learning life.

The contextual unit codes consist of two letters followed by a number that represents the year in which the unit was endorsed. For example, CO16 is the unique code for 'Care of older people' that was endorsed in 2016.

When mapping a learning program or unit to the curriculum, at the very least the mapping should be to the level of the core skills. The domains are too broad to be useful in keeping track of how well the curriculum is being covered. Ideally, the learning program should map to the outcome level, and the learning unit activities can be mapped to the outcome and/or the criteria level where more detail is appropriate.

Figure 5 provides an example of mapping to the outcome level.

Core skills reference codes	CS1.1	CS1.1.1	CS1.1.2	CS1.1.3
Contextual units	Effective communication	Respect and empathy	Challenging situations	Family and carers
Core				
AH16 Aboriginal and Torres Strait Islander health	x	x	x	x
RH16 Rural health	x			
Populations				
Life span				
AD16 Adult medicine	x	x	x	x
CO16 Care of older people	x	x	x	x
CY16 Children and young people	x	x	x	x
PC16 Pregnancy care	x	x		x
Sexuality and gender				
MH16 Men's health	x			
SG16 Sex, sexuality, gender diversity and health	x	x		
WH16 Women's health	x			
Vulnerabilities				
CH16 Custodial health	x		x	
RA16 Refugee and asylum seeker health	x	x	x	x

Figure 5. Mapping to outcome level – Example

Support

The curriculum is managed by the RACGP. If you need any support or assistance, please email curriculumrenewal@racgp.org.au with your question, concerns or suggestions. A senior member of staff with particular expertise in how the curriculum works will contact you.

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