



RACGP National Rural Faculty

Small town rural general
practice curriculum 2012



The RACGP
National Rural
Faculty



The Royal Australian
College of General
Practitioners





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Published by:

The Royal Australian College of General Practitioners
College House, 1 Palmerston Crescent
South Melbourne Victoria 3205 Australia

Tel 03 8699 0510
Fax 03 9696 7511
www.racgp.org.au

ISBN 978-0-86906-336-1
Published April 2012
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Purpose

The aim of this curriculum is to outline the skills and competencies required by a general practitioner (GP) based in a rural or remote community in Australia. In these settings, the GP is less likely to have access to the range of human and material resources available in metropolitan areas. The GP will also deal with a range of emergencies, illnesses and conditions that commonly occur in rural and remote settings, for which additional support is unlikely to be available.

Duration

Completion of the requirements of this curriculum should take 12 months (full time equivalent).

Prerequisites

The candidate must be:

- based in an ASGC-RA 3–5 location unless otherwise approved by the Censor of the National Rural Faculty (NRF)
- in a training post that has been endorsed by the Director of Training of the regional training provider (RTP) and the RACGP rural censor
- living in the community in which she or he is practising
- committed to full engagement in an equal share of weekly on-call duties undertaken by the practice
- committed to full engagement in the local hospital inpatient, outpatient and residential aged care.



Learning objectives

The terms in *italics* are further defined in the range statement

1. Communication skills and the patient-doctor relationship

Demonstrate advanced communication skills with patients, family members and carers	1.1. Demonstrate focussed, flexible and appropriate <i>communication</i> with patients 1.2. Modify communication with patients from <i>culturally and linguistically diverse communities</i> 1.3. Modify communication with patients from <i>Aboriginal and Torres Strait Islander</i> backgrounds 1.4. Provide clear <i>health information</i> to patients on ways to manage and improve their health
Record information accurately	1.5. Take accurate and comprehensive patient records using <i>appropriate and available</i> methods 1.6. Manage patient records ensuring confidentiality
Communicate effectively with other healthcare professionals	1.7. Present patient information to other healthcare professionals using <i>available communication infrastructure</i> 1.8. Develop and maintain a comprehensive <i>professional referral network</i>

2. Applied professional knowledge and skills

Demonstrate a range of <i>clinical skills</i> relevant to <i>common conditions and diseases found in rural communities</i>	2.1. Assess, diagnose, treat and manage acute, post-acute and chronic diseases 2.2. Provide holistic assessment, treatment and management options for patients presenting with multiple issues 2.3. Manage normal obstetric deliveries if required 2.4. Identify treatment and referral options based on patients' needs and available resources 2.5. Manage patients who live in <i>isolation</i>
Manage mental health issues	2.6. Identify the early signs of <i>mental illness</i> and provide appropriate interventions 2.7. Manage patients with acute and chronic psychiatric conditions using a variety of <i>mental health resources</i> available in the community 2.8. Manage <i>involuntary admissions</i> according to legal and legislative requirements 2.9. Support and manage community members suffering with stress, trauma and grief as required
Manage patients with chronic disease and disabilities	2.10. Arrange and manage <i>palliative care</i> for terminally ill patients 2.11. Arrange and manage treatment and care for elderly patients 2.12. Arrange and manage treatment and care for patients with <i>disabilities and special needs</i> 2.13. Communicate <i>support options</i> to carers of adults and children with chronic health problems and/or disabilities



Source and use appropriate resources	2.14. Use and interpret a range of medical imaging modalities where appropriate and available 2.15. Demonstrate flexibility and creativity in using, adapting and acquiring limited resources in rural setting 2.16. Access local resources to support health management and care options for patients 2.17. Initiate or participate in regular audits of local resources
Manage emergencies	2.18. Demonstrate <i>emergency management skills</i> in a rural context 2.19. Lead or participate in disaster or emergency triage, retrieval and management 2.20. Develop or participate in the development of an emergency management plan where appropriate 2.21. Follow <i>protocols, policies and procedures</i> when involved in disaster or emergency management 2.22. Participate in emergency management teams 2.23. Identify and maintain a professional emergency referral network
Work effectively with other health professionals	2.24. Participate in antenatal and postnatal <i>shared care</i> 2.25. Manage inpatient and outpatient care in the local hospital 2.26. Participate in <i>multidisciplinary care</i>

3. Population health in the context of general practice

Undertake rural health related research and evaluation	3.1. Research and apply current evidence based practises and information 3.2. Access and critically analyse relevant, up-to-date information and evidence about current health needs and issues relevant to the community 3.3. Develop and apply evaluation methodology to health related services, programs and activities
Construct a profile of the community's health and wellbeing	3.4. Identify the demography of the community and region 3.5. Identify the <i>social, cultural and economic issues</i> that impact on a patients' health 3.6. Identify <i>health priority areas</i> in the community
Engage with the community	3.7. Consult with consumers, carers and community members about their health needs and those of the community 3.8. Identify and select consumers, carers and community members to participate in <i>health related decision making</i> in the community 3.9. Participate in community activities as appropriate
Disseminate health information through relevant networks and organisations	3.10. Organise and participate in <i>health promotion</i> activities in the community 3.11. Identify a range of <i>community groups and support networks</i> that contribute to the health and wellbeing of patients, their families and carers 3.12. Participate in national, regional and local prevention and education initiatives



Manage public health in the community	3.13. Assess, manage and report <i>public health risks</i> according to state and federal guidelines 3.14. Undertake <i>public health roles</i> and responsibilities as required 3.15. Research and review current data and initiatives as they relate to public health in a rural setting
Initiate and participate in health service provision policies and activities	3.16. Use relevant guidelines and where needed, develop new guidelines for both acute and preventative health service provision that may be either missing or in need of reform in your community 3.17. Involve consumers and consumer groups in the development of policies and initiatives in health service provision

4. Professional and ethical role

Apply high standards of ethical practice and behaviour	4.1. Manage <i>boundaries</i> with patients who are also friends and acquaintances 4.2. Maintain patient confidentiality 4.3. Maintain personal and family boundaries in the community 4.4. Effectively manage different <i>roles and responsibilities</i> in the community
Establish positive relationships with colleagues and other health professionals	4.5. Support and mentor peers 4.6. Identify, support and advise colleagues who are <i>unwell</i> 4.7. Establish and maintain positive relationships with hospital personnel where appropriate 4.8. Establish and maintain positive relationships with allied health professionals in the community
Practise personal and professional development	4.9. Monitor own health and wellbeing 4.10. Manage personal and professional time effectively 4.11. Identify and address professional development needs and opportunities 4.12. Participate in <i>professional development activities</i> 4.13. Practise critical self reflection

5. Organisational and legal dimensions

Work effectively in a general practice situation	5.1. Apply <i>small business management principles</i> if appropriate 5.2. Recruit and manage staff where appropriate 5.3. Manage after hours arrangements where appropriate 5.4. Establish and maintain relationships with local businesses and suppliers
Manage continuity of care	5.5. Develop and use <i>resources and processes</i> to ensure continuity of care 5.6. Develop and implement 24 hour <i>healthcare arrangements</i> in the community
Engage with local area health services and local government	5.7. Identify relevant federal, state and local government departments that provide information, guidelines, funding and support for general practice 5.8. Identify key stakeholders in all relevant state and local government departments 5.9. Participate in lobbying and applying for funding for health services or resources as appropriate



Range statement

1. Communication skills and the patient-doctor relationship

Communication can include:

Listening, speaking, non-verbal, written (electronic and paper based, including information brochures, instructions, policies and procedures), phone, web based modalities such as Skype or web conferencing.

Culturally and linguistically diverse communities can include:

Refugees, visa holders and migrants, people from English and non-English speaking backgrounds, people with diverse cultural and religious beliefs and practises that may include unfamiliar/unconventional/challenging medical beliefs and practises, cultures that hold beliefs and practises about the roles of children, women, men and others in the community (eg. doctors, teachers, workers in roles such as manual labouring, cleaning).

Aboriginal and Torres Strait Islander people

People who identify as Aboriginal and Torres Strait Islander

Health information can include:

Verbal, written and web based information about the patient's current health issues, treatment and management, as well as preventative measures and health promotion.

Appropriate methods can include:

e-health records and other current, endorsed record taking processes.

Available communication infrastructure can include:

Phone (mobile, landline, satellite), radio, web based communication, facsimile, referral letters, postal services.

Professional referral network can include:

Individuals and groups of professionals who offer treatment, management, advice, support, information and advocacy to patients, their families and carers. Professionals can include people who work in the medical, allied health, legal, social and community sectors.

2. Applied professional knowledge and skills

Clinical skills can include:

Procedural and non-procedural skills, diagnosing, referring, following up, ordering and interpreting tests, treating, managing, prescribing.

Common conditions, illnesses and diseases found in rural communities can include:

Tobacco, alcohol and other drug-related illness, cancer, poor nutrition, skin, ear and eye infections, obesity, diabetes, heart disease, stress, mental illness, depression, road and farm accidents, insect and reptile bites, parasite based illnesses.

Holistic assessment, treatment and management options can include:

Taking into account physical, mental, psychological, social, emotional and environmental factors, using a range of treatment options, engaging the assistance of allied health professionals, community organisations, religious organisations, working with families, carers and the community.

Isolation can include:

Geographic isolation caused by distance, poor roads, being cut off by floods or fires, lack of transport infrastructure, lack of transport, social isolation caused by cultural differences, newness in the community, lack of friends/family, social phobias.

Mental illness can include:

Mental illness as defined by the most up-to-date version of the DSM manual.



Mental health resources can include:

Mental health services, support groups, inpatient and outpatient treatment, written information, web based information.

Appropriate interventions can include:

Referring, medicating, using telepsychiatry, admitting to hospital, alerting police.

Involuntary admissions as defined by the relevant state legislation.

Palliative care can include:

Home based care, in hospital care, pain relief and management, support, pastoral care, communicating with and supporting their family, friends and carers, legal considerations such as participating in competency matters, enforcing advanced directives/living wills.

Disabilities and special needs can include:

Physical and mental disabilities, socioeconomic circumstances, geographic isolation, family situation such as dependent children, chronically ill dependents, lack of transport; cultural or religious needs.

Support options can include:

Residential care, respite care, home help, visits from health professionals, support groups, social supports, funding and grant availability.

Medical imaging modalities can include:

X-ray, fluoroscopy, CT, ultrasound, mammography, MRI, digital vascular imaging and other related modalities.

Resources can be either human or material

Emergency management skills can include:

Triage, transfer, evacuation, retrieval, administering emergency treatment and life support, directing others, liaising with others, managing information.

Protocols, policies and procedures can be determined by:

Federal, state and local government, hospital and retrieval services, emergency services, committees of management and boards.

Shared care can be between:

A GP, obstetrician, registered midwife, Royal Flying Doctor Service, Aboriginal medical service, hospital based obstetric unit.

Multidisciplinary care can include:

Consulting and working with specialists and allied health professionals such as physiotherapists, occupational therapists, podiatrists, dieticians, mental health professionals, Aboriginal health workers, dentists and other professionals such as social workers, complementary health professionals such as acupuncturists, massage therapists.

3. Population health in the context of general practice

Social, cultural and economic issues can include:

Marital/partnership status, family structure, geographic isolation, social isolation, sexual preference, socioeconomic circumstances, employment status, parenting techniques, past/current history of abuse/trauma, religious beliefs and observances, cultural practices.

Health priority areas are set by the Australian Institute of Health and Welfare, and can include:

Arthritis and musculoskeletal conditions, asthma, cancer control, cardiovascular health, diabetes mellitus, injury prevention and control, mental health and obesity.

Health promotion can include:

Information, activities, campaigns, talks, discussions, focus groups, presentations, capacity building and resourcing, data collection, community participation, evaluation, priority setting.



Community groups and support networks can include:

Health related groups run by government or not-for-profit agencies (eg. chronic disease self management, cancer support groups, mental health support and activity groups, Alcoholics Anonymous), special interest groups, church groups, service groups such as Lions or Rotary, exercise groups, advocacy groups.

Public health risks can include:

Communicable diseases such as tuberculosis, HIV, STDs, pandemic flu, designed pests, waste water and sewage, lack of sanitation, environmental pollutants; public policies affecting behaviours such as smoking.

Public health roles can include:

Screening, preventative health (eg. immunisation), occupational health, policy development, advocacy, liaison, collaboration and research.

4. Professional and ethical role

Boundaries can include:

Personal boundaries around disclosing personal information, socialising, forming relationships, family boundaries around disclosing work related confidential information, protecting the family against unwanted attention from patients, professional boundaries around treating friends, family members.

Roles and responsibilities can include:

GP, parent, partner, committee member, visiting medical officer, emergency coordinator, public health official, teacher, mentor.

Unwell can include:

A range of physical and mental illnesses as well as stress, trauma, over work and exhaustion.

Professional development activities can include:

Reading, researching, writing, undertaking a project, attending lectures or talks, listening to podcasts, completing online learning activities, participating in peer discussions, interacting with a mentor, participating in procedural skills development, such as workshops or clinical attachments.

5. Organisational and legal dimensions

Small business management principles can include:

Sound financial management, forward planning, recruitment, induction and retention of staff, marketing and promotion, managing information systems, time management, workload management, delegation, sourcing and purchasing supplies, managing conflicts, professional development for staff, human resource management, understanding the Medicare system.

Resources and processes can include:

Written and recorded notes, copies of referrals, safety net, screening and recall procedures.

Healthcare arrangements can include:

Rostering staff, diverting to locum services, diverting to the local hospital.



Required skills and knowledge

Essential

The candidate must be able to demonstrate essential knowledge and skills required to perform the tasks and processes outlined in the learning outcomes. They will need to demonstrate cognitive skills to review, analyse, consolidate and synthesise knowledge to identify and provide solutions to complex problems with intellectual independence. They will need cognitive and technical skills that demonstrate a broad understanding of a body of knowledge and theoretical concepts with advanced understanding in some areas. They will also need cognitive skills to exercise critical thinking and judgement in developing new understanding. The candidate will need technical skills to design and use research in a project, and communication skills to present a clear and coherent exposition of knowledge and ideas to a variety of audiences.

In addition, candidates will demonstrate the application of knowledge and skills with initiative and judgement in professional practice, adapt knowledge and skills in diverse context, and be responsible and accountable for their own learning and practice in collaboration with others within broad parameters.

This includes knowledge of and skills in:

Enhanced clinical and procedural skills relevant to a broad range of presenting conditions

- acute injuries and trauma
- women's health
- men's health
- infant and child health
- the elderly
- people with disabilities
- people with cancer
- people in need of palliative care
- chronic illness
- drug and alcohol abuse
- mental illness
- pain.

A broad range of communication strategies that can be adapted to different people and different situations

- empathy
- setting and maintaining personal and professional boundaries
- delivering bad news
- communicating with people from non-English speaking backgrounds

- communicating with community leaders and Aboriginal and Torres Strait Islander community elders
- consulting the community
- preparing and delivering presentations
- using technology.

Organising emergency care

- emergency skills appropriate to situations that arise in rural communities
- team leadership
- triage
- evacuation, retrieval and transfer.

Population health

- the social, economic and cultural impact on health in a rural context
- health promotion and health education practices and principles
- health and social issues associated with people from culturally and linguistically diverse communities, including issues specific to refugees
- health and social issues that relate to Aboriginal and Torres Strait Islander people
- public health legislation and obligations.

Self care

- monitoring own health (both physical and mental)
- prioritising own health and wellbeing
- personal and professional safety
- critical incident debriefing
- stress management
- time management.

Business management

- HR practices involved in recruiting and managing staff
- workplace laws and relevant legislation
- financial management
- risk management
- marketing and promotion.

Lifelong learning

- research and evaluation methods
- sourcing and reviewing current literature
- critical reflection
- report writing
- identifying personal strengths and areas to build upon
- self-directed learning.



Evidence guide

Critical aspects of evidence required to demonstrate competency:

- evidence of knowledge and skills
- regular meetings with a medical educator or mentor
- consistency of performance demonstrated in a variety of situations over a period of time.

Context

The assessment tasks will take place in a rural or remote community and in a general practice. The candidate may provide evidence produced in a simulated environment where it is not practical in situ.

Methods:

- case studies
- projects
- written reports and assignments
- questions
- third party reports
- log books
- workshop and course attendance.



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