



RACGP

Royal Australian College of General Practitioners

## *The WBA competencies*

1. Communication and consultation skills
2. Clinical information gathering and interpretation
3. Making a diagnosis, decision making and reasoning
4. Clinical management and therapeutic reasoning
5. Partnering with the patient, family, and community to improve health through disease prevention and health promotion
6. Professionalism
7. General practice systems and regulatory requirements.
8. Procedural skills
9. Managing uncertainty

## ***The WBA assessment competencies, criteria and performance lists***

The Curriculum provides a competency framework based on what are considered to be the essential qualities of an Australian general practitioner. The WBA competencies have been developed to enable assessment in the workplace. Competencies are behavioral descriptors and need a strong link to clinical practice to allow a medical educator to observe and use them in assessing a trainees' performance. The WBA criteria and performance lists can serve as this link.

The RACGP curriculum describes five Domains of general practice within which there are thirteen high-level core skills. This is further sub-divided into numerous competency outcomes. Each core skill is a statement of the end point that indicates the achievement of competence in a key area of general practice. The core skills describe the "what" of being a general practitioner.

For assessment purposes the WBA competencies have been described and mapped to the core skills. This arrangement allows for a synthesis of competency outcomes across the Domains. The WBA competencies span the 5 Domains of general practice with some incorporating a number of competency outcomes and others focused on a more discrete area. Each competency has a specific focus describing not only the clinical consultation but also areas of professionalism, general practice systems and other areas not commonly assessed. There is also a focus on clinical reasoning and specific WBA competencies described to facilitate assessment and feedback on this.

Within each WBA competency there are a number of criteria, describing the performance expected at the level of early Fellowship. That level is the point at which the doctor is ready to demonstrate competence for unsupervised practice in Australia and is calibrated against the Competency Profile at the Australian general practitioner at the point of Fellowship. The criteria provide a description of the performance that is expected as a trainee progresses through training and frame the competencies in the context of clinical practice. The performance lists are not linked to a stage of training, which is aligned with the concept that competencies develop at different rates.

There are many ways in which a participant could demonstrate that they have achieved the outcomes, and performance lists are provided to guide assessors and provide narrative anchors for rating performance and providing feedback.

The criteria and performance lists are used to develop the rubrics for the clinical assessments, with each assessment tool focusing on different areas in different ways.

The standard expected is set at the point of Fellowship for all assessments. The decision to be made in any assessment is binary – at the standard or not. Being at the standard expected would mean that the doctor is ready for unsupervised general practice in Australia.

The description for each of WBA competencies is as follows:

## 1. Communication and consultation skills

This competency focuses on communication with patients, and the use of appropriate general practice consultation techniques. Communication skills enable the consultation to proceed, and the demonstration of specific communication skills, especially in difficult consultations, is a requirement. Communication and the consultation are patient-centered and the doctor engages the patient to understand their ideas, concerns and expectations. The development of respectful therapeutic relationships involves empathy and sensitivity, with the doctor trying to see things from the perspective of the patient. Explanations provided to the patient about the diagnosis or management are appropriate to the patient, their health literacy and their health beliefs. The doctor checks for understanding and agreement at various times during the consultation.

### Criteria

#### Communication skills

- Communication is appropriate to the person and the sociocultural context
- Engages the patient to gather information about their symptoms, ideas, concerns, expectations of health care and the full impact of their illness experience on their lives
- Matches modality of communication to patient needs, health literacy and context
- Communicates effectively in routine and difficult situations
- Demonstrates active listening skills.
- Uses a variety of communication techniques and materials (e.g. written or electronic) to adapt explanations to the needs of the patient.
- Uses appropriate strategies to motivate and assist patients in maintaining health behaviours

#### Consultation skills

- Adapts the consultation to facilitate optimal patient care
- Consults effectively in a focused manner within the timeframe of a normal consultation.
- Prioritises problems, attending to both the patient's and the doctor's agenda.

### **For the participant**

*This domain focuses on your communication with patients, their families and others involved in their care. You will need to demonstrate patient-centered communication skills and be able to deal with difficult situations such as breaking bad news.*

*Your active listening skills, your ability to use open questions, your ability to avoid unnecessary interruptions and your use of non-verbal skills in exploring and clarifying the patient's symptoms are all assessed.*

*You need to respond appropriately to important or significant cues from the patient, as these enable a deeper understanding of the patient's problem.*

*In addition, you will be observed exploring the patient's problem by considering the relevant psychological, social and occupational aspects of the problem. It is a requirement that you demonstrate a patient-centered focus, by exploring the patient's health understanding, and being curious to find out what the patient really thinks, is concerned about or expects.*

*There must be evidence of an explanation of the patient's problem, and this needs to be in appropriate patient-centered language, taking into consideration the patient's health literacy and health beliefs. This will usually involve a reference to patient-held ideas during the explanation of the problem and its diagnosis. Specifically seeking to confirm the patient's understanding of the diagnosis and any proposed management plan is another important component of your communication skills.*

*Your consultation skills, including how you adapt the consultation to the patient's needs, your time management and the general structure of the consultation are also assessed.*

## 2. Clinical information gathering and interpretation

This competency is about the gathering, interpretation and use of data information for clinical judgement. This includes information gathered from the history, clinical records, physical examination and investigations. History-taking includes gathering information from other sources such as family members and carers, where appropriate. Information gathering should be hypothesis-driven and used to confirm or exclude likely diagnoses as well as red flags. The physical examination, and the selection of appropriate and evidence-based investigations are incorporated into this assessment area. This should be appropriate to the patient and presentation and be evidence-based.

### Criteria

#### History

- A comprehensive biopsychosocial history is taken from the patient.
- All available sources of information are appropriately considered when taking a history.

#### Physical examination

- An appropriate and respectful physical examination is undertaken, targeted at the patient's presentation and likely differential diagnoses.

- Physical examination findings are detected accurately and interpreted correctly.
- Specific positive and negative findings are elicited.

#### Investigations

- Rational options for investigations are chosen using an evidence-based approach
- Interprets investigations in the context of the patient's presentation

#### For the participant

*This focuses on how you gather information through taking the patient's history, conducting a physical examination and selecting results of evidence-informed investigations. The way that you explore relevant hypotheses is important. This requires obtaining sufficient information about symptoms, details of medical history, choice and methods of physical and mental state examination, and selection of investigations that confirm or support your prevailing hypotheses.*

### 3. Making a diagnosis, decision making and reasoning

This is about a conscious, structured approach to making diagnoses and decision-making. The focus is on the content and includes all the steps leading up to formulating a diagnosis or problem list. This also includes diagnostic accuracy that does not necessarily require the correct diagnosis, but that the direction of reasoning was appropriate and accurate. The doctor's ability to think about and reflect on their reasoning is another aspect of this assessment domain. This WBA competency is closely aligned with information gathering but can be assessed in different ways.

#### Criteria

- Integrates and synthesises knowledge to make decisions in complex clinical situations
- Modifies differential diagnoses based on clinical course and other data as appropriate
- Demonstrates diagnostic accuracy: This does not require the correct diagnosis, but that the direction of reasoning was appropriate and accurate.
- Collects / reports clinical information in a hypothesis driven manner
- Articulates an appropriate problem definition
- Formulates a rational list of differential diagnoses including most likely, less likely, unlikely and can't miss diagnoses
- Directs evaluation and treatment towards high priority diagnoses
- Demonstrates metacognition (thinking about own thinking)

#### For the participant

*The focus here is on the steps leading up to formulating a working diagnosis, relevant differential diagnoses and a problem list. Using a safe diagnostic strategy and describing how you developed a specific problem list are assessed in this area. By formulating a clinically appropriate working diagnosis, you demonstrate diagnostic accuracy. This does not require the correct diagnosis but that the direction of your reasoning was appropriate and accurate.*

#### 4. Clinical management and therapeutic reasoning

This competency concerns the management of common, serious, urgent and chronic medical conditions encountered in general practice. Aspects of care beyond managing simple consultations, including management of comorbidity and uncertainty, are incorporated. The management plan is patient-centered at all times. Therapeutic reasoning includes the steps taken based on the problem list or likely diagnosis that has been developed and is a part of the clinical reasoning process.

##### Criteria

- Demonstrates knowledge of common therapeutic agents, uses, dosages, adverse effects and potential drug interactions and ability to prescribe safely
- Rational prescribing is undertaken
- Monitors for medication side-effects and risks of polypharmacy
- Outlines and justifies the therapeutic options selected, basing this on the patient's needs and the problem list identified.
- Safely prescribes restricted medications using appropriate permits.
- Non-pharmacological therapies are offered and discussed
- A patient-centered and comprehensive management plan is developed
- Provides effective explanations, education and choices to the patient

##### For the participant

*This focuses on how you develop appropriate and patient-centered management plans. Using an evidence base for prescribing pharmacological treatment and considering non-pharmacological options are included in the assessment. Your management plan should be appropriate for the working diagnosis and the problem list that you develop and should reflect a good understanding of accepted general practice. The conditions, their implications and intervals for follow-up or review need to be discussed with the patient and agreed to.*

## 5. Partnering with the patient, family, and community to improve health through disease prevention and health promotion

This competency is about the provision of general practice care and service that supports an economically rational and effective use of the healthcare system. Issues related to public health are identified and managed. The determinants of health and disease are identified both on the individual and community level. Disease prevention and health promotion activities are included here.

### Criteria

- Implements screening and prevention strategies to improve outcomes for individuals at risk of common causes of morbidity and mortality
- Uses planned and opportunistic approaches to provide screening, preventative care and health promotion activities.
- Coordinates a team-based approach
- Demonstrates understanding of available services in the local community.
- Current and emerging public health risks are managed appropriately
- Educates patients and families in disease management and health promotion skills.
- Identifies opportunities to effect positive change through health education and promotion
- Uses appropriate strategies to motivate and assist patients in maintaining health behaviours

### For the participant

*As a GP, you need to have a good understanding of community resources and how to access these in partnership with your patients and their families. You also need to be aware of public health issues. This area will assess how you approach disease prevention and health promotion.*

## 6. Professionalism

### a) Professional knowledge, behaviour and attitudes

This requires knowledge of ethical principles, as well as duty of care and maintaining appropriate therapeutic boundaries. The ability to appropriately review potential and actual critical incidents to manage consequences and reduce future risk is an important consideration in this domain. The response to scrutiny of own professional behaviour, being open to feedback demonstrating a willingness to change is included.

#### Criteria

- Encourages scrutiny of professional behaviour, is open to feedback and demonstrates a willingness to change
- Exhibits high standards of moral and ethical behaviour towards patients, families and colleagues including an awareness of appropriate doctor/patient boundaries
- Appropriately manages ethical dilemmas that arise
- Identify and manage clinical situations where there are obstacles to provision of duty of care
- Implements strategies to review potential and actual critical incidents to manage consequences and reduce future risk

### b) Learning and professional development.

Being able to respond appropriately to feedback as an educational dialogue and demonstrating the ability to reflect on performance and identifying personal learning needs are important components of this competency. Using critical appraisal skills, actively participating in clinical audits and demonstrating a commitment to ongoing professional development all form part of this domain of assessment.

#### Criteria

- Judges the weight of evidence, using critical appraisal skills and an understanding of basic statistical terms, to inform decision-making
- Shows a commitment to professional development through reflection on performance and the identification of personal learning needs.
- Attends and participates in all learning and assessment activities of an educational program
- Actively engages in feedback as a dialogue, discussing performance and setting own goals for professional development.
- Participates in audits and quality improvement activities and uses these to evaluate and suggest improvements in personal and practice performance.

#### For the participant

*Developing your skills in reflective practice is emphasised throughout the PEP. Your approach to receiving and accepting feedback and developing a learning plan will provide evidence of how you are progressing. Your commitment to professional development and your awareness of the need for self-care, as well as of ethical principles and legislation relevant to general practice, form part of this domain.*



## 7. General practice systems and regulatory requirements.

This competency is about understanding general practice systems, including appropriate use of administration and IT systems, the importance of effective record keeping, clinical handover and recall systems. It also requires an understanding of how primary care is organised in Australia, and the statutory and regulatory requirements and guidelines that are in place. Written communication skills can be assessed in this domain when referral letters and clinical notes are reviewed. Patient consent and maintaining confidentiality are also incorporated into this domain.

### Criteria

- Appropriately uses the computer / IT systems to improve patient care in the consultation
- Maintains comprehensive and accurate clinical notes
- Written communication is clear, unambiguous and appropriate to the task.
- Demonstrates efficient use of recall systems to optimise health outcomes
- Accurately completes legal documentation appropriate to the situation
- Implements best practice guidelines for infection control measures
- Patient confidentiality is managed appropriately
- Informed consent is explained and obtained

*This domain concerns your understanding of general practice organisation and systems, including administration and IT systems and the importance of effective record keeping, clinical handover and recall systems. It also requires an understanding of how primary care is organised in Australia and the applicable statutory requirements and guidelines.*

## 8. Procedural skills

Appropriate procedures are those which are likely to be most beneficial to the individual's health and wellbeing from a diagnostic and/or management perspective. Assessment of the appropriate nature of procedures is inherently related to the practice setting, individual sociocultural context and consequent availability of access to more specialised services. Recommendations for procedures should consider the potential benefits, considering the evidence basis and the possible risks and costs in the context of any relevant sociocultural beliefs of the individual. The individual doctor should be able to demonstrate a range of procedures appropriate for general practice. Consideration is given to the skills that need to be developed, with specific consideration of the local community or practice population needs.

### Criteria

- Demonstrates a wide range of procedural skills to a high standard and as appropriate to the community requirements
- Refers appropriately when a procedure is outside their level of competence.

*You should be able to demonstrate knowledge and skills in the range of procedures that are appropriate for general practice. In addition, you should identify skills that you need to develop, specifically considering the needs of the local community or the practice's population.*

## 9. The uncertainty of ongoing undifferentiated conditions is managed

Ongoing undifferentiated conditions can cause considerable anxiety for patients, their families and the GP. There is a need for a structured, evidence-based approach in order to minimise risk from health and economic perspectives. Undifferentiated conditions are often associated with uncertainty and ambiguity, and present management challenges for the clinician. Clinical decision-making around choices of investigations need to be rational and balance the potential risks of both over and under investigating and management, against the benefits in the context of the individual.

### Criteria

- Manages the uncertainty of ongoing undifferentiated conditions
- Uses time as a diagnostic tool.
- Addresses problems that present early and / or in an undifferentiated way by integrating all the available information to help general differential diagnoses.
- Recognises when to act and when to defer doing so and uses time as a diagnostic tool.
- Has confidence in and takes ownership of own decisions while being aware of own limitations

*Your approach to ongoing undifferentiated conditions needs to be structured and evidence-based to minimise risk from health and economic perspectives. Clinical decision making around choices of investigations needs to be rational and must balance the risks of over-investigating and under-investigating against the potential benefits for the individual.*

### Map of Curriculum competency outcomes and WBA competency for assessment

Competency outcome	WBA competency
CS1.1.1 Communication is clear, respectful, empathic and appropriate to the person and their sociocultural context.	Communication and consultation skills
CS1.1.2 Effective communication is used in challenging situations.	
CS1.1.3 Communication with family, carers and others involved in the care of the patient is appropriate and clear.	
CS1.2.1 Ways in which health can be optimised and maintained are communicated to patients, family members and carers.	Partnering with the patient, family, and community to improve health through disease prevention and health promotion.
CS2.1.1 The conduct of the consultation is appropriate to the needs of the patient and the sociocultural context.	Communication and consultation skills
CS2.1.2 Continuity of care promotes quality and safety	Clinical management and therapeutic reasoning
CS2.1.3 Comprehensive and holistic management plans are developed collaboratively	Clinical management and therapeutic reasoning
CS2.2.1 A comprehensive, clearly documented biopsychosocial history is taken from the patient	Clinical information gathering and interpretation
CS2.2.2 An appropriate and respectful physical examination of the patient is undertaken	Clinical information gathering and interpretation
CS2.2.3 A significantly ill patient is identified and managed appropriately.	Not assessed
CS2.2.4 A rational list of differential diagnoses is formulated.	Making a diagnosis, decision making and reasoning
CS2.2.5 Appropriate procedures are undertaken after receiving informed consent.	Procedural skills
CS2.2.6 Rational options for investigations are offered	Clinical information gathering and interpretation
CS2.2.7 The results of investigations are interpreted in the context of the patient.	
CS2.2.8 Diagnosis and management is evidence based and relevant to the needs of the patient.	Making a diagnosis, decision making and reasoning
	Clinical management and therapeutic reasoning

Competency outcome	WBA competency
CS2.2.9 Rational prescribing and medication monitoring is undertaken.	Clinical management and therapeutic reasoning
CS2.2.10 The uncertainty of ongoing undifferentiated conditions is managed.	The uncertainty of ongoing undifferentiated conditions is managed
CS2.3.1 Quality evidence-based resources are critically analysed and utilised.	Clinical management and therapeutic reasoning
CS2.3.2 Innovative approach to care of patients with multisystem and/or complex health issues is taken.	Clinical management and therapeutic reasoning
CS2.4.1 Appropriate mode of care delivery to suit the needs of the patient.	Partnering with the patient, family, and community to improve health through disease prevention and health promotion
CS2.4.2 Fragmentation of care is minimised.	
CS2.4.3 Demonstrate leadership in emergency situations.	Not assessed
CS2.2.5 Appropriate procedures are undertaken after receiving informed consent	Procedural skills
CS3.1.1 The patterns and prevalence of disease are incorporated into screening and management practices	Partnering with the patient, family, and community to improve health through disease prevention and health promotion
CS3.1.2 The impacts of the social determinants of health are identified and addressed	
CS3.1.3 Current and emerging public health risks are effectively managed	
CS3.2.1 Barriers to equitable access to quality care are addressed	
CS3.2.2 The health needs of individuals are balanced with the health needs of the community through effective utilisation of resources	
CS4.1.1 Adherence to relevant codes and standards of ethical and professional behaviour	Professionalism
CS4.1.2 Duty of care is maintained	
CS4.1.4 Critical incidents and potential critical incidents are identified and managed	
CS4.2.1 Professional knowledge and skills are reviewed and developed	
CS4.2.2 Reflection and self-appraisal are undertaken regularly	
CS4.2.3 Personal health and wellbeing is evaluated, maintained and developed	Not assessed
CS4.3.1 Professional knowledge and skills are effectively shared with others	Not assessed
CS4.3.2 Identify and support colleagues who may be in difficulty	Not assessed

Competency outcome	WBA competency
CS5.1.1 Infection control and relevant clinical practice standards are maintained	General practice systems and regulatory requirements.
CS5.1.2 Effective clinical leadership is demonstrated	Not assessed
CS5.1.3 Relevant data is clearly documented, securely stored and appropriately shared for quality improvement	General practice systems and regulatory requirements.
CS5.1.4 Quality and safety is enhanced through the effective use of information systems	General practice systems and regulatory requirements.
CS5.1.5 Effective triaging and time management structures are in place to allow timely provision of care	Communication and consultation skills
CS5.1.6 Ethical business processes and practices, and effective governance structures are implemented	Not assessed
CS5.2.1 Patient confidentiality is managed appropriately	General practice systems and regulatory requirements.
CS5.2.2 Shared decision-making and informed consent are explained and obtained	
CS5.2.3 Medico-legal requirements are integrated into accurate documentation	