

The RACGP progressive capability profile of the specialist general practitioner

(second edition)



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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.

Contents

1	Introduction
1	RACGP educational architecture
2	Purpose
3	Structure
8	Using the profile
10	The roles and capabilities of the specialist general practitioner:
11	The specialist GP as a communicator
14	The specialist GP as a clinician
18	The specialist GP as a health advocate and leader
21	The specialist GP as a professional
23	The specialist GP as a scientist, educator and researcher
29	Glossary
33	Appendix 1 - Development of the second edition
34	Acknowledgements

Introduction

The *Progressive capability profile of the specialist general practitioner* (the profile) defines the progressive development of competencies from entry into general practice training, through to the achievement of Fellowship of the Royal Australian College of General Practitioners (RACGP). Structured around the roles of a specialist general practitioner's work, the capabilities are linked to four key milestones and levels of supervision.

RACGP educational architecture

The position of the profile

The profile sits within the [RACGP Educational Framework](#) which describes the guiding principles and educational imperatives that inform the approach to education and training. The guiding principles are a statement of the values, priorities, and educational philosophy of the RACGP. The framework articulates the components of RACGP education and their interconnections to enable coordinated delivery, revision and evaluation. This allows the RACGP to deliver well-trained general practitioners (GPs) who can serve the Australian community.

The *Progressive capability profile of the specialist general practitioner* is one of the RACGP's guiding instruments under the RACGP Educational Framework. It interacts with the other guiding instruments of the curriculum and syllabus, the Standards for general practice training and educational policies.

The [RACGP curriculum and syllabus for Australian general practice](#) details the competencies and content expertise required to be awarded a Fellowship of the RACGP.

The [RACGP standards for general practice training](#) and the educational policies outline the requirements, expectations and outcomes related to education and training. They work together to ensure high-quality, effective education and safe clinical practice.

The [Aboriginal and Torres Strait Islander cultural and health training framework](#) is key to embedding Aboriginal and Torres Strait Islander values, ways of thinking and approaches to learning into all RACGP education and training.

The [RACGP assessment framework](#) provides structure and guidance for systems of assessment at the RACGP.

Purpose

The purpose of the profile is to translate the principles and imperatives of the Educational Framework into the global outcomes of general practice education and training. The profile aims to be an illustration of the growing competencies for those contemplating or engaging in a career as an Australian general practitioner (GP). It details the progressive expansion of competencies required from first term in general practice with supervision, through to the attainment of the RACGP Fellowship and the certification for independent practice as a specialist GP in Australia.

Capabilities and competencies

In the profile, the term 'capability' describes the high-level abilities and qualities required of a GP. It's based on the concept of capability presented in the Australian Medical Council (AMC) consultation paper, *Competence-based medical education*.¹ Capabilities are 'The ability to use competencies in new, uncertain, complex and changing circumstances, to formulate and solve problems in familiar and unfamiliar settings and adapt, change and/or improve performance'.^{2,3,4} A capability requires drawing on a broad range of competencies to perform a complex task. Discrete competencies are conceptually more contained and are amenable to teaching and assessment.

By showing the progression of competencies through the milestones of training, the profile provides an anchor for assessments to measure against. It provides a series of professional benchmarks, which can be used to guide return-to-practice after extended absence or supervision requirements. The capabilities articulate the Statement of Fellowship outcomes. The Fellowship competencies demonstrate the breadth and depth of these for a specialist general practitioner.

In comparison, the purpose of the curriculum and syllabus is to provide direction for medical educators and supervisors for the delivery of education and training. The curriculum and syllabus will follow the same roles as the profile providing further granulation of the skills, knowledge and attributes required of specialist GPs. It describes more singular outcomes that are easier to deliver and measure. Together, the curriculum and syllabus, inform learners of the core and contextual areas of focus for training and assessment.

Structure

The profile is structured around the five roles of a specialist general practitioner's work (communicator, clinician, health advocate and leader, professional, and scientist, educator and researcher) and across the four milestones of general practice training which are represented by the levels of supervision in training (entry, foundation, consolidation and Fellowship).

The profile moves from the five broad roles of a general practitioner (GP) to detailed competencies for that role at each of the four different milestones. In practice, a specialist GP integrates the roles and capabilities seamlessly, however, the profile structure provides an accessible way of describing the complexity of the development of a specialist GP. The structure is:

- Roles – five roles of a specialist GP
- Capabilities – 20 high-level abilities required for the complex role of a specialist GP
- Themes – a topic area that is part of a capability
- Competency – a discrete statement about what can be done
- Milestones – four descriptors of the level of general practice training based on level of supervision.

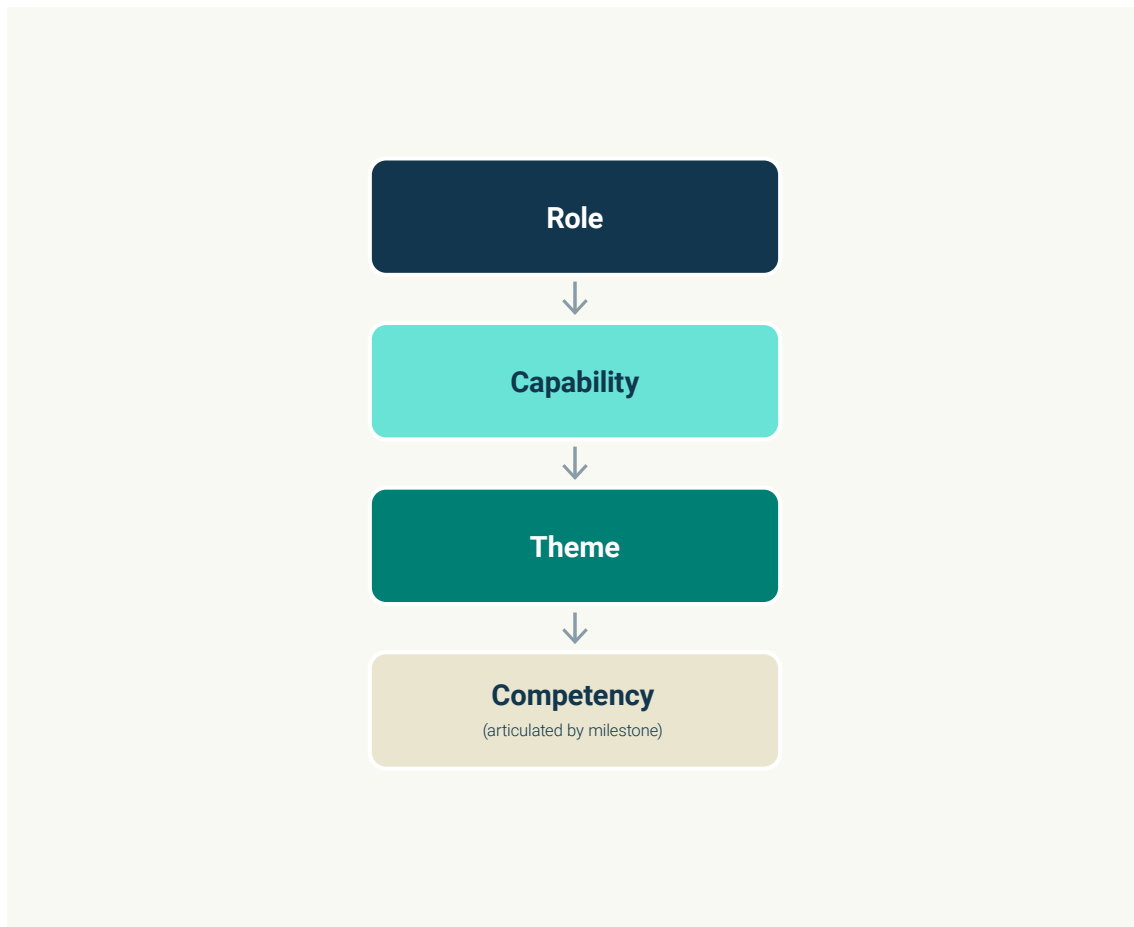


Figure one shows the structure of the RACGP Progressive capability profile of the specialist general practitioner (second edition)

The roles of the specialist general practitioner

General practice is a broad discipline, and to deliver education, training and assessment in a meaningful and coordinated way, the content needs to be arranged in a logical format. The roles can provide that structure.

In this second edition of the profile, five role-based domains of the specialist general practitioner are used:

- Communicator
- Clinician
- Health advocate and leader
- Professional
- Scientist, educator and researcher

The evolution from the four roles of the profile in the first edition to these five roles allow for unification with the RACGP curriculum and syllabus, ensuring these two guiding instruments are useful and functional for RACGP education, assessment and training.

It is acknowledged that in all their professional interactions, the roles of a specialist GP are interconnected (as represented in figure two) and specialist GPs seamlessly integrate the multiple roles into their patient care and work within the community.

Whilst the roles and capabilities may initially appear straightforward, they are only a window into the detail of the breadth and depth of skills, knowledge and abilities which are represented as the competencies of a specialist GP. The unique combination and depth of competencies are what differentiates the specialist GP from other professions and allows them to perform their central role in the healthcare system.



Figure two shows the interconnected nature of the five roles of the specialist general practitioner.

Milestones

Capability development happens sequentially. A capability involves a number of competencies. Gaining a competency can be dependent on the earlier acquisition of foundational competencies. The profile is designed to have competencies defined for each milestone within the role. It is acknowledged that each doctor will develop their range of competencies at an individual pace. Whether a doctor is making adequate progress in a training program would be defined by the program and its stated expectations.

There are some areas that are important at any stage of a doctor's professional career, such as values, honesty, trustworthiness, and legal obligations that are well defined in other policies and documents. These include [Good Medical Practice: a code of conduct for doctors in Australia](#), the [RACGP Fellowship Policy](#), and State and Commonwealth legislation. Adherence to these is expected at all stages of a career.

The milestones of training used in the profile are:

- Entry – Commencement of training in the general practice setting under direct supervision
- Foundation – Transition to indirect supervision
- Consolidation – Transition to ad hoc supervision
- Fellowship – Transition to independent practice.

For example:

The specialist general practitioner as a clinician

Capability	Theme	Milestone competencies			
		Entry	Foundation	Consolidation	Fellowship
Provide person-centred and comprehensive care, using a biopsychosocial approach	Person-centred approach	Discuss whole person-centred culturally appropriate care, and its interface with the biopsychosocial approach	Identify psychological, social and cultural factors that impact the patient and the opportunities for person-centred care	Acknowledge and respect patients' experiences and perspectives and integrate these into care	Accommodate patients' experiences and perspectives and integrate these into the ongoing provision of whole-person care
	Comprehensive care with continuity	Identify opportunities for, and potential benefits of, comprehensive care and continuity of care	Provide care considerate of the patient's physical, mental and social health and facilitate continuity of care when possible	Provide comprehensive care for a wide range of conditions and utilise the opportunities of continuity of care	Provide comprehensive care with appropriate continuity
	Strengths-based approaches with Aboriginal and Torres Strait Islander Peoples	Respect and support the self-identification of Aboriginal and Torres Strait Islander Peoples, and identify specific cultural and health needs required to deliver whole-person care	Recognise the cultural strengths and values of Aboriginal and Torres Strait Islander Peoples to support the delivery of person-centred care	Integrate the cultural strengths, needs, and appropriate resources for Aboriginal and Torres Strait Islander Peoples to enable the delivery of person-centred care	Uphold the principle of self-determination by empowering Aboriginal and Torres Strait Peoples to have a voice in their healthcare decisions, fostering culturally safe, person-centred approaches that promote autonomy and equitable health outcomes
	Trauma-informed	Understand the health and	Demonstrate an understanding	Start applying trauma-informed	Integrate trauma-informed care

Entry milestone

The entry milestone is defined as the point when a doctor is ready to commence in a general practice training program in a general practice setting under direct supervision.

Privilege

The doctor is deemed suitable to commence training in the general practice setting.

Supervision level

In the general practice setting, the doctor must practise under direct supervision, with the supervisor having oversight of every case and carrying predominant responsibility for each patient. The rationale for this is that clinical care in the context of general practice can be very different to previous clinical experiences which may be predominantly hospital based. This level of oversight should continue until the doctor has been judged to have the competencies set out at the Foundation milestone.

Competencies

The competencies defined at this milestone are intended to incorporate the knowledge, skills and attitudes required at the point at which a doctor commences work as a general practice registrar in a general practice setting.

Foundation milestone

The foundation milestone is defined as the point at which a doctor has demonstrated the required competencies to transition to indirect supervision with reliable access to supervisory support and close oversight of their practice.

Privilege

The doctor is deemed capable of attending general practice patients under close indirect supervision.

Supervision level

The doctor is considered safe and competent to provide general practice care to patients, taking primary responsibility for management decisions. They are expected to adhere to guidelines on when to escalate the care of a patient to a supervisor. The supervisor monitors the doctor's performance closely and is reliably available for support as required. The supervisor is responsible for ensuring that mechanisms are in place to monitor the doctor's quality and safety of practice. This close supervision and support is required until the doctor attains the competencies of the consolidation milestone.

Competencies

The competencies defined at the foundation milestone are those necessary to be competent to practise safely without direct supervision. The doctor will need to have demonstrated the foundational clinical knowledge, skills and attitudes to assess common general practice presentations. They will also need insight into the limits of their knowledge and skills and their ability to access help when required; these competencies are fundamental for both patient and doctor safety.^{6,7,8}

Assessment of these competencies is largely the responsibility of the supervisor and their team.

Consolidation milestone

The consolidation milestone is defined as the point at which a doctor has demonstrated the required competencies to work largely independently in the general practice setting. They still require mentorship and occasional supervisory support.

Privilege

The doctor is deemed capable of working largely independently, but with access to support and supervision as needed.

Supervision of practice

The doctor is considered safe and competent to manage a broad range of general practice presentations. The supervisor continues to ensure there are mechanisms in place to monitor whether the doctor is providing quality care, and remains available to provide mentoring, support and advice as requested by the doctor.

Competencies

The competencies defined at the consolidation milestone are close to those required for independent practice. These enable the doctor to be capable of undertaking assessment and management of a large range of general practice presentations and work with a high degree of self-sufficiency.

Fellowship milestone

The Fellowship milestone is defined as the point at which a doctor transitions to independent practice, having achieved the capabilities required to work as an RACGP Fellowed GP.

Privilege

At this milestone, the doctor is deemed capable to practise safely as an unsupervised GP anywhere in Australia.

Supervision of practice

The doctor is considered suitable for unsupervised practice as a qualified GP in Australia.

Competencies

Transition to this point requires a doctor to have refined and built on the competencies of the consolidation milestone. They will have demonstrated the capabilities to work as a GP independent of supervision.^{9,10}

Statement of Fellowship outcomes

The capabilities serve as the Statement of Fellowship outcomes for specialist general practitioners. These are intentionally written as high-level statements. The competencies at the point of Fellowship can be used to better understand the breadth and depth of the range of expertise of a specialist general practitioner. These are the competencies that all specialist general practitioners are expected to have at the point of Fellowship. Many specialist general practitioners have additional expertise that is more advanced that they may also utilise in their work.

Using the profile

The profile defines the progressive development and expansion of competencies from entry into general practice terms, through to achievement of RACGP Fellowship.

The structure of the profile shows the expected progression from entry to consolidation, to foundation and then to Fellowship. The competencies at the earlier levels are integrated into the competencies required at higher levels. In this way, the profile provides anchor points for feedback and assessment that can allow for consistency of understanding about how a registrar is progressing towards being a specialist general practitioner.

Information to support judgements about competency attainment may come from many sources and will vary based on the competency. For example, information to support judgements about performance related to communication may be obtained from observation of consultation, and patient feedback. However, for a competency relating to use of practice systems, feedback from a practice manager may be more relevant. An assessment program encompassing workplace-based assessment is designed to provide information across a range of competencies, to support judgements about attainment and progression.

The roles, capabilities, and themes provide a structured guide to identifying the most relevant competencies in each situation, recognising that different contexts offer varied opportunities for assessment. Even within a session in practice, the competencies required in a consultation with a patient with chest pain, differ from those of the next patient with an undifferentiated presentation, and from the next consultation with a child for immunisation. All will provide information on the topic of communication with patients and families. All will test multiple competencies, but the presentation of chest pain may provide the best information on the theme of urgent, emergent, time sensitive care. The undifferentiated presentation may provide the most information on the theme of management of uncertainty. The immunisation consultation may provide the most information on the health education and health literacy theme.

During a training journey, a doctor's professional identity grows as they attain more competencies and expertise.^{11,12} Self-reflection and review of one's own practice is also an important aspect of identifying areas of risk and improvement and would be relevant to the attainment of competencies. Registrars can use the profile to reflect on their progress towards Fellowship.

In summary the *Progressive capability profile of a specialist general practitioner* provides anchor points across the range of required competencies a doctor needs to develop to be a specialist GP. It can help doctors understand their progress and allow supervisors and programs to be able to understand registrar progress and facilitate appropriate supervision.

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The roles and capabilities of the specialist general practitioner:

Communicator

- Communicate effectively with patients and families
- Practice culturally respectful, responsive and safe communication
- Communicate relevant information efficiently to others involved in a patient's care

Clinician

- Provide person-centred and comprehensive care, using a biopsychosocial approach
- Conduct consultations to effectively facilitate care
- Apply expert medical knowledge and skills in assessing and diagnosing conditions
- Manage the full range of presentations including providing first contact access
- Manage uncertainty and undifferentiated presentations
- Promote health and deliver preventive care

Health advocate and leader

- Advocate for access to care
- Coordinate care and lead healthcare teams
- Responsibly steward healthcare system utilisation
- Promote practice quality, safety and viability

Professional

- Behave in a professional and ethical way
- Practice self-care
- Engage in reflective practice and ongoing learning
- Understand own professional competency
- Meet legal and duty of care responsibilities

Scientist, educator, and researcher

- Integrate best available scientific evidence into practice
- Support learning and improvement through education, mentoring, and engagement with research

The specialist GP as a communicator

This role includes how a specialist general practitioner communicates with patients, families, carers, other health professionals and within the practice. It includes verbal, non-verbal, written and digital communication.

Milestone competencies					
Capability	Theme	Entry	Foundation	Consolidation	Fellowship
Communicate effectively with patients and families	Patient-centred communication	Communicate effectively in routine consultations	Adapt communication to patient needs, health literacy and context	Consistently communicate effectively, respectfully and empathically with patients, families and carers	Communicate effectively, respectfully and empathically with patients, families and carers with proactive use of appropriate resources
	Communication where there are language barriers	Tailor communication style to effectively interact with patients where there are language barriers including children and people with disability	Tailor communication style to effectively interact with patients where there are language barriers in the general practice context	Adapt style and utilise resources to effectively communicate with patients where there are language barriers	Communicate effectively, respectfully and empathically with patients where there are language barriers, with proactive use of appropriate resources
	Navigating challenging conversations	Communicate effectively and with empathy in challenging situations to provide factual information	Communicate effectively with patients and carers in challenging situations, assessing understanding and enabling patients to make informed decisions about next steps	Effectively and clearly communicate in challenging situations, including where there is uncertainty	Communicate effectively in a sensitive, compassionate manner in challenging conversations
	Shared decision-making	Provide information on options to patients in a way they understand	Acknowledge and explain to patients when there are options, so they understand there is choice and the benefits and harms	Counsel patients on the benefits and harms of diagnostic and management options to support shared decision-making	Facilitate shared decision-making to align patient values, goals and preferences to develop a personalised plan

Milestone competencies					
Capability	Theme	Entry	Foundation	Consolidation	Fellowship
	Therapeutic relationship	Demonstrate empathy and compassion, using language, non-verbal behaviour and active listening to establish rapport	Establish therapeutic relationships in the general practice context	Establish and maintain therapeutic relationships that can navigate differences of opinion	Establish and maintain therapeutic relationships, using contextual awareness in encounters that are challenging including when there are different frames of reference
	Navigating transference and countertransference	Knowing about transference and countertransference	Being aware of the impact of transference and countertransference on the consultation	Identify and manage transference and countertransference	Utilise transference and countertransference to achieve therapeutic benefit while managing boundaries
Practice culturally respectful, responsive and safe communication	Communicating with Aboriginal and Torres Strait Islander Peoples	Demonstrate cultural awareness of appropriate communication and rapport building skills with respect to Aboriginal and Torres Strait Islander Peoples	Demonstrate cultural sensitivity by using culturally appropriate communication and rapport building skills with Aboriginal and Torres Strait Islander Peoples	Demonstrate culture responsiveness by appropriate communication, interaction and rapport building with Aboriginal and Torres Strait Islander Peoples, including when diverse perspectives, contexts and historical events may have an impact	Demonstrate cultural safety through self-reflection and integration of cultural perspectives, beliefs and the impact of historical events to enhance communication with Aboriginal and Torres Strait Islander Peoples
	Communicating with culturally and linguistically diverse peoples	Demonstrate respectful interest and compassion in consultation with patients from culturally and linguistically diverse backgrounds	Demonstrate culturally safe communication in consultations with patients of culturally and linguistically diverse backgrounds, including ensuring understanding and the use of interpreters when needed	Integrate the cultural experience of the patient to demonstrate culturally safe and effective communication with patients and families	Integrate cultural perspectives, beliefs and effects of events to provide culturally safe and effective communication

Milestone competencies					
Capability	Theme	Entry	Foundation	Consolidation	Fellowship
Communicate relevant information efficiently to others involved in a patients care	Team communication and handover	Effectively communicate with others in the care team, including verbal and written communication	Effectively communicate with the care team including highlighting important information for patient care	Effectively and efficiently communicate with the care team in a manner that helps others frame their care of the patient	Effectively and efficiently communicate with the care team in a manner that allows all to understand their roles in assisting the patient
	Communication with others in the practice	Effectively and respectfully communicate with clinical and non-clinical staff	Demonstrate through their communication, respect for others who work in the practice and their roles within the practice	Effectively and constructively communicate with others in the practice to achieve optimal outcomes	Effectively and constructively communicate with others in the practice to support optimal performance of each person and the practice

The specialist GP as a clinician

This role encompasses the clinical role of a specialist general practitioner. It acknowledges the distinct person-centred approach of a specialist general practitioner to the full range of presentations across all ages and all populations and how they help patients whilst also addressing health promotion and public health.

Milestone competencies					
Capability	Theme	Entry	Foundation	Consolidation	Fellowship
Provide person-centred and comprehensive care, using a biopsychosocial approach	Person-centred approach	Discuss whole person-centred culturally appropriate care, and its interface with the biopsychosocial approach	Identify psychological, social and cultural factors that impact the patient and the opportunities for person-centred care	Acknowledge and respect patients' experiences and perspectives and integrate these into care	Accommodate patients' experiences and perspectives and integrate these into the ongoing provision of whole-person care
	Comprehensive care with continuity	Identify opportunities for, and potential benefits of, comprehensive care and continuity of care	Provide care considerate of the patient's physical, mental and social health and facilitate continuity of care when possible	Provide comprehensive care for a wide range of conditions and utilise the opportunities of continuity of care	Provide comprehensive care with appropriate continuity
	Strengths-based approaches with Aboriginal and Torres Strait Islander Peoples	Respect and support the self-identification of Aboriginal and Torres Strait Islander Peoples, and identify specific cultural and health needs required to deliver whole-person care	Recognise the cultural strengths and values of Aboriginal and Torres Strait Islander Peoples to support the delivery of person-centred care	Integrate the cultural strengths, needs, and appropriate resources for Aboriginal and Torres Strait Islander Peoples to enable the delivery of person-centred care	Uphold the principle of self-determination by empowering Aboriginal and Torres Strait Peoples to have a voice in their healthcare decisions, fostering culturally safe, person-centred approaches that promote autonomy and equitable health outcomes
	Trauma-informed	Understand the health and wellbeing impacts of trauma, including intergenerational trauma and the effect on the therapeutic relationship	Demonstrate an understanding of the health and wellbeing impacts of trauma, and describe the principles of trauma-informed care in practice	Start applying trauma-informed care principles into clinical practice by creating a safe, supportive environment, actively listening to patients, and recognising the impact of trauma on their health	Integrate trauma-informed care principles and adapt approaches through reflective practice, ensuring interventions promote healing, resilience, and trust in the therapeutic relationship

Milestone competencies					
Capability	Theme	Entry	Foundation	Consolidation	Fellowship
Conduct consultations to effectively facilitate care	Consultation management	Elicit the patient's agenda and have a structured approach to consultations	Demonstrate a structured approach to consultations including agenda negotiation, setting reasonable expectations for what is achievable, and planning follow up	Demonstrate a structured approach to consultations including negotiating and prioritising agendas and health issues to optimise the consultation potential	Utilises structured consultations with effective agenda prioritisation and time management, encompassing a holistic approach
Apply expert medical knowledge and skills in assessing and diagnosing conditions	Clinical information gathering	Obtain relevant history, examination and investigations to inform diagnosis and care	Obtain relevant history, perform a focused examination and rationally select investigations relevant to the general practice context to inform care	Efficiently obtain relevant history, perform a focused examination and considering the general practice context, the appropriate investigations to inform care	While considering the patient and context obtain relevant history, examination and investigations to inform care
	Diagnostic reasoning	Use hypothetico-deductive reasoning to make diagnoses	Interpret and synthesise complex clinical assessment and diagnostic information to reach high probability diagnoses	Demonstrate proficiency in clinical problem solving with the ability to adapt reasoning based on emerging information and priorities	Interpret, synthesise and prioritise clinical data in clinical reasoning, and reappraisal over time to integrate new information and modify diagnostic reasoning

Milestone competencies					
Capability	Theme	Entry	Foundation	Consolidation	Fellowship
Manage the full range of presentations including providing first contact access	Urgent, emergent, time sensitive care	Assess presentations for red flags, identify when acute management is required and provide basic life support when needed	Identify clinical deterioration, escalate care and manage appropriately within the general practice context	Have a structured, rational approach to assessment that prospectively assesses deterioration risk to anticipate and manage urgent and emergent conditions, including provision of advanced life support	Manage urgent, emergent, and complex acute situations in line with contemporary practice in the general practice environment
	Management planning	Formulate safe and evidence-informed management plans, seeking timely help from colleagues	Develop management plans that are considerate of patient preferences and evidence, identifying opportunities for patient self-care and management	Develop management and follow-up procedures, referral, appropriate review and safety netting	Develop holistic, rational, patient-centred management plans that are evidence-informed, implementable and revised as needed
	Prescribing	Prescribe safely for common presentations	Prescribe safely and lawfully, including management of polypharmacy	Undertake rational, safe prescribing and medication monitoring	Undertake rational, safe prescribing, deprescribing, and medication monitoring
	Procedures	Safely undertake procedures under appropriate supervision	Safely undertake procedures in general practice context with appropriate supervision	Safely undertake procedures appropriate to context and skill levels	Maintain currency in safely undertaking procedures relevant to the context of practice
Manage uncertainty and assess undifferentiated presentations	Management of uncertainty	Recognise that uncertainty is a factor to be addressed in diagnosis and management	Address uncertainty and complexity in clinical encounters in a safe manner	Manage uncertainty and complexity with appropriate safety-netting and use of time as a diagnostic aid	Manage uncertainty, complexity and ongoing undifferentiated presentations
	Assessment and management of undifferentiated presentations	With support, assess and manage presentations and seek assistance as required	Assess and manage a range of conditions, including first contact undifferentiated presentations, and seek assistance when needed	Assess and manage a wide range of presentations with appropriate safety-netting	Assess and manage the full range of presentations including safety-netting and empowering patient self-efficacy

Milestone competencies					
Capability	Theme	Entry	Foundation	Consolidation	Fellowship
Promote health and deliver preventive care	Promoting health and wellbeing	Identify individuals with risk factors for common preventable conditions and opportunities to encourage health promoting behaviour and actions	Identify and prioritise preventive care opportunities in consultations including opportunistic preventive actions and education	Integrate understanding of stages of change and harm minimisation into evidence-informed personalised preventive care	Provide evidence-informed, personalised preventive care and support relevant to the patient's context, including access to screening and systems for recall
	Health education and health literacy	Identify opportunities to provide patients or carers with health information including about normal life stages	Proactively provide some opportunistic health education about potential future health needs	Anticipate potential health knowledge needs and prospectively provide relevant information	Use a range of strategies and resources to provide appropriately detailed health education relevant to the patient context
	Aboriginal and Torres Strait Islander Peoples	Identify and understand the health patterns for Aboriginal and Torres Strait Islander Peoples, and recognise relevant opportunities for health promotion	Understand the importance of specific preventative health screening for Aboriginal and Torres Strait Islander Peoples and apply it in clinical practice	Integrate preventative healthcare with Aboriginal and Torres Strait Islander Peoples by understanding the importance of self-determination and community-led approaches	Incorporates strengths-based approaches into health promotion activities by recognising and building on the cultural, social, and community strengths of Aboriginal and Torres Strait Islander Peoples
	Public health	Recognise common health issues that may impact public health and any reportable disease requirements	Identify public health risks seen in general practice and manage appropriately within the consultation	Appropriately notify and/or intervene regarding public health risks	Identify and manage emerging public health risks in the local community

The specialist GP as a health advocate and leader

This role includes the work a specialist general practitioner does to support patients and communities, lead healthcare teams and manage the provision of care in safe, sustainable practices and systems.

Milestone competencies					
Capability	Theme	Entry	Foundation	Consolidation	Fellowship
Advocate for access to care	Advocate for individual patients	Identify barriers to healthcare for patients	Recognise potential approaches to addressing barriers to healthcare for patients	Facilitate access to care for individuals	Use innovative approaches to overcome obstacles to care for individuals
	Addressing health inequality and inequity	Identify the determinants that contribute to poorer health outcomes in population groups	Identify culturally appropriate health services to support individuals from specific population groups to optimise health	Identify and address causes of systemic disadvantage that impact local community health and access to care	Identify strategies to improve health equality and equity in the local community
	Aboriginal and Torres Strait Islander Health	Identify some factors contributing to the health inequities experienced by Aboriginal and Torres Strait Islander Peoples	Understand the key social, colonial, historical and systemic factors contributing to health inequities experienced by Aboriginal and Torres Strait Islander Peoples	Apply knowledge of health inequities to provide patient-centred, strengths-based and culturally safe care to Aboriginal and Torres Strait Islander Peoples and communities	Identify opportunities for engaging with Aboriginal and Torres Strait Islander health organisations and health leaders that are progressing health equity and support their efforts to inform policy development and health system reform
	Systemic causes of inequity, including discrimination and racism	Recognise that there are systemic healthcare barriers that discriminate against specific population groups resulting in health inequity	Identify potential approaches to addressing systemic healthcare barriers	Identify advocacy opportunities to address systemic healthcare barriers that are relevant to the general practice context and participate when feasible and reasonable	Advocate for systemic changes to optimise health outcomes

Milestone competencies					
Capability	Theme	Entry	Foundation	Consolidation	Fellowship
Coordinate care and lead healthcare teams	Working within a multi-disciplinary team	Work respectfully and collaborate effectively with colleagues in healthcare teams	Identify patient care needs and coordinate care with relevant team members	Collaborate with health care teams to provide effective, efficient patient-centred care	Lead collaborative healthcare teams providing continuity, and efficient, effective care respectful of patient preferences
	Aboriginal and Torres Strait Islander health	Recognise and respect the unique knowledge and perspectives of identified Aboriginal and Torres Strait Islander health experts including Aboriginal and Torres Strait Islander health practitioners, workers, liaison officers, nurses, psychologists, specialists other culturally relevant allied health experts	Identify opportunities for Aboriginal and Torres Strait Islander health experts to be part of the healthcare team	Work collaboratively with Aboriginal and Torres Strait Islander health experts within the healthcare team	Provide opportunities to elevate Aboriginal and Torres Strait Islander health expertise to strengthen culturally informed and responsive care that improves health outcomes
Responsibly steward healthcare system utilisation	Rational use of Australian healthcare system	Understand the Australian healthcare system structure and the concept of resource limitations	Use the healthcare system in the context of general practice and rationally use resources	Utilise healthcare resources judiciously and maintain compliance with program guidelines	Utilise health system resources responsibly, effectively and efficiently

Milestone competencies					
Capability	Theme	Entry	Foundation	Consolidation	Fellowship
Promote practice quality, safety and viability	Technology	Understand that effective use of technology and eHealth systems can optimise patient care	Use eHealth systems appropriately in the delivery of patient care	Use eHealth systems and technology tools to support patient care taking into consideration their benefits and risks	Use developing technology and eHealth systems in practice to optimise patient care
	Practice systems	Understand systems-based approaches to safe quality care	Utilise core practice systems in general practice to provide safe quality care	Effectively use the full range of practice systems in general practice to provide safe quality care	Contribute to identifying and implementing improvements in practice systems
	Near misses and adverse events (including critical incidents)	Identify, report and debrief with a supervisor after near misses and adverse events (including critical incidents)	Identify and discuss with supervisor, near misses and adverse events (including critical incidents) in the general practice context	Analyse individual and system factors that contributed to near misses and adverse events (including critical incidents) and identify mitigating initiatives	Participate in or lead review of near misses and adverse events (including critical incidents) and support quality clinical governance in own practice
	Quality improvement initiatives	Understand the principles of quality improvement	Understand how quality improvement principles can be applied in general practice	Participate in and generate new quality improvement initiatives	Identify and lead quality improvement initiatives
	General practice as a business	Recognise key differences between the business elements of general practice and hospitals	Recognise the value of clinical services provided and how that contributes to the practice as a business	Understand the general practice environment and the essentials of business that influence practice viability	Understand the basis of the management of a general practice as an ethical, legal and viable business
	Safe workplaces	Identify issues that can arise in ensuring physical, mental and cultural safety of the work environment as it applies to staff as well as patients	Participate in ensuring the general practice work environment is physically, mentally and culturally safe and supported	Address issues that are impacting on the physical, mental and cultural safety of the general practice work environment	Actively promote a work environment that is physically, mentally and culturally safe and supportive, which facilitates clinical safety

The specialist GP as a professional

This role includes the professional elements of being a specialist general practitioner, including self-care, reflective skills, continual improvement and legal and ethical responsibilities.

Milestone competencies					
Capability	Theme	Entry	Foundation	Consolidation	Fellowship
Behave in a professional and ethical way	Professional behaviour	Integrate professional codes of conduct into practice	Integrate professional codes of conduct into practice in the general practice setting	Conduct oneself professionally and identify and address risks to professional conduct by oneself and others	Be an exemplar of professional behaviour and consistently follow professional codes of conduct in practice and reflect on own adherence. Understand own role as part of a collective to follow expected professional standards
	Therapeutic boundaries	Recognise and respect therapeutic boundaries, seeking assistance when needed	Recognise threats to therapeutic boundaries and know how to access support in maintaining therapeutic boundaries	Identify threats to therapeutic boundaries and manage these professionally	Identify potential threats to therapeutic boundaries and take preventive measures to preserve therapeutic boundaries
	Ethical issues	A strong commitment to ethical practice, including seeking advice from senior colleagues when needed	Understand key ethical issues in the general practice context	Have a strong understanding of medical ethics in the general practice context and the skills to address challenges to ethical behaviour	Understand and navigate complexities in ethical practice to achieve a high level of ethical practice
Practice self-care	Self-care	Recognise the importance of self-care	Recognise the importance of personal health and wellbeing and practice self-care in the GP context and identify strategies to achieve this, including seeking professional advice when needed	Practice self-care whilst working and identify available supports relevant to the GP context	Develop and implement plans to enhance personal wellbeing to allow for optimal professional performance and support colleagues in practicing self-care

Milestone competencies					
Capability	Theme	Entry	Foundation	Consolidation	Fellowship
Engage in reflective practice and ongoing learning	Feedback and learning	Seek feedback with a willingness to change, identify learning needs and address these	Seek, engage and respond to feedback on performance. Identify learning needs, and access resources and support to address those in the general practice context	Develop processes and relationships that provide ongoing feedback on performance including peer benchmarking. Undertake professional development and make effective changes to practice based on feedback	Foster environments that encourage feedback and participate in professional development relevant to current and future practice
	Reflective practice	Engage in reflective practice during interactions, demonstrating self-awareness	Engage in reflective practice during consultations and engage in dialogue about own performance	Regularly engage in reflective practice during consultations, adapt as needed in real time, and describe influence on future practice	Proactively engage in reflective practice and utilise it to continually improve
Understand own professional competency	Self-evaluation to enhance care provision	Identify professional limitations and seek appropriate help as required	Identify professional limitations and seek appropriate help as required in the general practice context	Effectively judge the quality of the care one provides, and institute measures to improve one's own practice	Have strategies to identify quality practice in unfamiliar environments and be able to judge one's own provision of care in any setting
	Cultural competency	Understand that a clinician's cultural lens impacts on patient care and respect different cultural perspectives	Understand and use basic strategies to manage the impact of your cultural lens and privilege on patient care, in the context of general practice	Demonstrate awareness and critical reflection of personal values, beliefs, attitudes and power differentials in delivering safe care	Undertake regular critical reflection on own practice and utilise insights to continually improve cultural safety of patient care
Meet legal and duty of care responsibilities	Legal obligations	Respect and understand key legal principles such as privacy, confidentiality, certification, duty-of-care and informed consent	Understand and respect duty-of-care and legal responsibilities in the general practice context	Recognise, manage and seek help for complex legal issues in general practice, including where there are issues around capacity for consent or conflicting duties of care	Manage complex legal issues in practice
	Medical records and reports	Maintain accurate and thorough clinical records	Provide and/or access resources to support provision of accurate medico-legal documentation	Compile information from clinical records to write a factual synthesis for a medico-legal report	Synthesise clinical information for accurate medico-legal reports which may include providing a professional opinion

The specialist GP as a scientist, educator and researcher

This role includes how a specialist general practitioner has an underlying scientific basis to their work, including the social sciences, integrates evidence into care, supports the learning of others and engages with research.

Milestone competencies					
Capability	Theme	Entry	Foundation	Consolidation	Fellowship
Integrate best available scientific evidence into practice	Critical appraisal and integration of evidence	Access clinical guidelines to assist in clinical decision-making. Understand the importance of appraising research evidence critically	Access and appraise clinical guidelines to assist in clinical decisions in the GP context	Access, appraise and integrate clinical guidelines and other research evidence into clinical decisions	Integrate relevant clinical guidelines, research evidence and practice data into clinical practice
Support learning and improvement through education, mentoring, and engagement with research	Educator and mentor	Identify opportunities to mentor and support peers	Provide support and education to others in the practice	Participate in mentoring, support, constructive feedback and effective education for junior doctors and colleagues	Provide education, teaching and mentoring to colleagues, students, and others in the practice
	Research literacy	Understand the importance of robust research methods in delivering trustworthy evidence	Identify common research methods used in the general practice context to address clinical questions	Demonstrate a basic understanding of common research methods used in the general practice context and the research questions they can answer	Identify researchable questions and topics that warrant further research. Demonstrate an understanding of how common research and evaluation methods are relevant to the general practice context
	Research engagement	Identify benefits of patient and practitioner participation in research	Identify the benefits and challenges of participation in research for patients and practitioners in the general practice setting	Identify research participation opportunities in general practice. Identify populations who are underrepresented in research relevant to general practice	Participate in appropriate research as opportunities arise. Identify gaps in the research literature in areas of interest, and the importance of research evidence in advocacy for patients and general practice

Milestone competencies					
Capability	Theme	Entry	Foundation	Consolidation	Fellowship
	Aboriginal and Torres Strait Islander health research	Understand the historical impact of research on Aboriginal and Torres Strait Islander Peoples and recognise the importance of culturally safe research, and Aboriginal and Torres Strait Islander-led research	Identify and understand the principles of Aboriginal and Torres Strait Islander and community-led research that respects Aboriginal and Torres Strait Islander priorities, knowledge systems and ways of being and doing	Identify opportunities to integrate culturally safe and strengths-based research principles into primary care and recognise gaps where further research can strengthen Aboriginal and Torres Strait Islander health outcomes	Engage in culturally safe research as opportunities arise by partnering with Aboriginal and Torres Strait Islander Peoples, upholding data sovereignty, and applying strengths-based approaches. Ensure reciprocity in research by valuing community priorities, sharing findings meaningfully, and fostering sustainable benefits

Statement of Fellowship outcomes

The capabilities in the profile are intentionally written as high-level statements as these serve as the Statement of Fellowship outcomes for specialist general practitioners.

For a more granular description of expertise, the competencies at the point of Fellowship can be used to understand the breadth and depth of the range of a specialist general practitioner.

The Statement of Fellowship outcomes is a statement of all the outcomes of training and is the standard to be expected of a specialist general practitioner practising independently in Australia. Recognising that many specialist general practitioners may also have expertise that are more advanced in some areas that they utilise in their work.

Communicator

Capabilities

Competencies

Communicate effectively with patients and families

- Communicate effectively, respectfully and empathically with patients, families and carers with proactive use of appropriate resources
- Communicate effectively, respectfully and empathically with patients where there are language barriers, with proactive use of appropriate resources
- Communicate effectively in a sensitive, compassionate manner in challenging conversations
- Facilitate shared decision-making to align patient values, goals and preferences to develop a personalised plan
- Establish and maintain therapeutic relationships, using contextual awareness in encounters that are challenging including when there are different frames of reference
- Utilise transference and countertransference to achieve therapeutic benefit while managing boundaries

Practice culturally respectful, responsive and safe communication

- Demonstrate cultural safety through self-reflection and integration of cultural perspectives, beliefs and the impact of historical events to enhance communication with Aboriginal and Torres Strait Islander Peoples
- Integrate cultural perspectives, beliefs and effects of events to provide culturally safe and effective communication

Communicate relevant information efficiently to others involved in a patient's care

- Effectively and efficiently communicate with the care team in a manner that allows all to understand their roles in assisting the patient
- Effectively and constructively communicate with others in the practice to support optimal performance of each person and the practice

Clinician

Capabilities

Competencies

Provide person-centred and comprehensive care, using a biopsychosocial approach

- Accommodate patients' experiences and perspectives and integrate these into the ongoing provision of whole person care
- Provide comprehensive care with appropriate continuity
- Uphold the principle of self-determination by empowering Aboriginal and Torres Strait Peoples to have a voice in their healthcare decisions, fostering culturally safe, person-centred approaches that promote autonomy and equitable health outcomes
- Integrate trauma-informed care principles and adapt approaches through reflective practice, ensuring interventions promote healing, resilience, and trust in the therapeutic relationship

Conduct consultations to effectively facilitate care

- Utilises structured consultations with effective agenda prioritisation and time management, encompassing a holistic approach
-

Clinician

Capabilities

Competencies

Apply expert medical knowledge and skills in assessing and diagnosing conditions

- While considering the patient and context obtain relevant history, examination and investigations to inform care
- Interpret, synthesise and prioritise clinical data in clinical reasoning, and reappraisal over time to integrate new information and modify diagnostic reasoning

Manage the full range of presentations including providing first contact access

- Manage urgent, emergent, and complex acute situations in line with contemporary practice in the general practice environment
- Develop holistic, rational, patient-centred management plans that are evidence-informed, implementable and revised as needed
- Undertake rational, safe prescribing, deprescribing, and medication monitoring
- Maintain currency in safely undertaking procedures relevant to the context of practice

Manage uncertainty and undifferentiated presentations

- Manage uncertainty, complexity and ongoing undifferentiated presentations
- Assess and manage the full range of presentations including safety-netting and empowering patient self-efficacy

Promote health and deliver preventive care

- Provide evidence-informed, personalised preventive care and support relevant to the patient's context, including access to screening and systems for recall
- Use a range of strategies and resources to provide appropriately detailed health education relevant to the patient context
- Incorporates strengths-based approaches into health promotion activities by recognising and building on the cultural, social, and community strengths of Aboriginal and Torres Strait Islander Peoples
- Identify and manage emerging public health risks in the local community

Health advocate and leader

Capabilities

Competencies

Advocate for access to care

- Use innovative approaches to overcome obstacles to care for individuals
- Identify strategies to improve health equality and equity in the local community
- Identify opportunities for engaging with Aboriginal and Torres Strait Islander health organisations and health leaders that are progressing health equity and support their efforts to inform policy development and health system reform
- Advocate for systemic changes to optimise health outcomes

Coordinate care and lead healthcare teams

- Lead collaborative healthcare teams providing continuity, and efficient, effective care respectful of patient preferences
- Provide opportunities to elevate Aboriginal and Torres Strait Islander health expertise to strengthen culturally informed and responsive care that improves health outcomes

Responsibly steward healthcare system utilisation

- Utilise health system resources responsibly, effectively and efficiently
-

Health advocate and leader

Capabilities

Promote practice quality, safety and viability

Competencies

- Use developing technology and eHealth systems in practice to optimise patient care
 - Contribute to identifying and implementing improvements in practice systems
 - Participate in or lead review of near misses and adverse events (including critical incidents) and support quality clinical governance in own practice
 - Identify and lead quality improvement initiatives
 - Understand the basis of the management of a general practice as an ethical, legal and viable business
 - Actively promote a work environment that is physically, mentally and culturally safe and supportive, which facilitates clinical safety
-

Professional

Capabilities

Behave in a professional and ethical way

Competencies

- Be an exemplar of professional behaviour and consistently follow professional codes of conduct in practice and reflect on own adherence. Understand own role as part of a collective to follow expected professional standards
 - Identify potential threats to therapeutic boundaries and take preventive measures to preserve therapeutic boundaries
 - Understand and navigate complexities in ethical practice to achieve a high level of ethical practice
-

Practice self-care

- Develop and implement plans to enhance personal wellbeing to allow for optimal professional performance and support colleagues in practicing self-care
-

Engage in reflective practice and ongoing learning

- Foster environments that encourage feedback and participate in professional development relevant to current and future practice
 - Proactively engage in reflective practice and utilise it to continually improve
-

Understand own professional competency

- Have strategies to identify quality practice in unfamiliar environments and be able to judge one's own provision of care in any setting
 - Undertake regular critical reflection on own practice and utilise insights to continually improve cultural safety of patient care
-

Meet legal and duty of care responsibilities

- Manage complex legal issues in practice
 - Synthesise clinical information for accurate medicolegal reports which may include providing a professional opinion
-

Scientist, educator, and researcher

Capabilities

Integrate best available scientific evidence, teaching and research into practice

Support learning and improvement through education, mentoring and engagement with research

Competencies

- Integrate relevant clinical guidelines, research evidence and practice data into clinical practice

- Provide education, teaching and mentoring to colleagues, students, and others in the practice
 - Identify researchable questions and topics that warrant further research. Demonstrate an understanding of how common research and evaluation methods relevant to the general practice context
 - Participate in appropriate research as opportunities arise. Identify gaps in the research literature in areas of interest, and the importance of research evidence in advocacy for patients and general practice
 - Engage in culturally safe research as opportunities arise by partnering with Aboriginal and Torres Strait Islander Peoples, upholding data sovereignty, and applying strengths-based approaches. Ensure reciprocity in research by valuing community priorities, sharing findings meaningfully, and fostering sustainable benefits
-

Glossary

This glossary defines the terms used in the Progressive capability profile of the specialist general practitioner.

Aboriginal and Torres Strait Islander health experts	Health experts and professionals who identify as being Aboriginal and/or Torres Strait Islander themselves.
Advanced life support	The provision of effective airway management, ventilation of the lungs and production of a circulation by means of techniques additional to those of basic life support. These techniques may include, but are not limited to, advanced airway management, vascular access/drug therapy and defibrillation. Ref: The Royal Australian College of General Practitioners. Basic Life Support and Advanced Life Support Guide. East Melbourne, Vic: RACGP, 2024. Available here [Accessed 12 February 2025]
Basic life support	The preservation of life by the initial establishment of, and/or maintenance of, airway, breathing, circulation and related emergency care, including use of an automated external defibrillator. The Royal Australian College of General Practitioners. Basic Life Support and Advanced Life Support Guide. East Melbourne, Vic: RACGP, 2024. Available here [Accessed 12 February 2025]
Biopsychosocial approach	A holistic clinical approach to assessment, diagnosis and management that considers biological, psychological and social contributing factors and their complex interactions that impact how individuals may present for care. Ref: Engel GL. The clinical application of the biopsychosocial model. <i>Am J Psychiatry</i> 1980;137(5):535–44. doi: 10.1176/ajp.137.5.535.
Capability	A high-level ability required of a specialist general practitioner requiring the integration of multiple competencies.
Competency	An observable ability of a health professional, integrating knowledge, skills, values, and attitudes. Since competencies are observable, they can be measured and assessed. Competencies can be assembled like building blocks to facilitate progressive development. Ref: Frank JR, Mungroo R, Ahmad Y, Wang M, De Rossi S, Horsley T. Toward a definition of competency-based education in medicine: A systematic review of published definitions. <i>Med Teach</i> 2010;32(8):631–37. doi: 10.3109/0142159X.2010.500898.
Continuity of care	The quality provision of care over time, including the individual patient’s experience of a ‘continuous caring relationship’ with an individual doctor over time, as well as multidimensional models where different providers provide a ‘seamless service’ by integrating, coordinating and sharing information. Ref: Guilford M, Naithani S, Morgan M. What is ‘continuity of care’? <i>J Health Serv Res Policy</i> 2006;11(4):248–50. doi: 10.1258/135581906778476490.

Cultural awareness

Cultural awareness is sensitivity to the similarities and differences that exist between two different cultures and the use of this sensitivity in effective communication with members of another cultural group. Cultural awareness education is the first building block towards cultural safety.

Cultural awareness education is defined as:

An understanding of how a person's culture may inform their values, behaviours, beliefs, and basic assumptions ... [It] recognises that we are all shaped by our cultural background, which influences how we interpret the world around us, perceive ourselves and relate to other people.

The focus of cultural awareness education is on outcomes for the participant or learner – that is, self-reflection leading to enhanced cultural awareness. It is introductory in nature, and through increased awareness, the learner can enhance their skills in working effectively with Aboriginal and Torres Strait Islander people.

Ref: The Royal Australian College of General Practitioners. Cultural awareness education and cultural and safety training. East Melbourne, Vic: RACGP, 2020. Available here [Accessed 14 February 2025].

Cultural bias

Cultural bias may be defined as interpreting and judging phenomena by standards inherent in one's own culture. In healthcare, this can contribute to misunderstandings that impact diagnosis and consequent management, power imbalances in the patient–doctor relationship, as well as bring up issues of class in some cultures.

Cultural lens

The doctor's unique personal worldview influenced by the cultures that nurtured them. This lens may influence the way a health professional judges and makes assumptions about patients from a different background. Recognising this cultural bias is a necessary step for clinical effectiveness.

A patient's cultural lens shapes beliefs about illness causation, the nature of a particular illness, and the appropriate treatment and expected outcome; it is therefore important for health professionals to factor this in when developing a collaborative therapeutic relationship.

Ref: Klein HA. Cognition in natural settings: The cultural lens model. In: Kaplan M, editor. Advances in human performance and cognitive engineering research. Vol, 4, Cultural Ergonomics. Bingley, UK: Emerald Group Publishing Ltd., 2004; p.249–80. doi: /10.1016/S1479-3601(03)04009-8.

Cultural safety

Cultural safety is an important part of the spectrum of cultural competency and is defined not by the clinician but by the individual patient's experience. The emphasis for cultural safety is on reflective practice, and acknowledgement and respect for differences rather than awareness of culturally specific beliefs or practices. Cultural safety involves the development of awareness of power imbalances in the therapeutic relationship that can negatively impact the quality of care, and the development of strategies to minimise this.

Practitioner safety is another important aspect of cultural safety. Every clinician should feel safe in their clinic environment, regardless of their cultural or linguistic background.

Ref: The Wardliparingga Aboriginal Research Unit of the South Australian Health and Medical Research Institute. National Safety and Quality Health Service Standards user guide for Aboriginal and Torres Strait Islander health. Sydney: Australian Commission on Safety and Quality in Health Care, 2017.

Healing

Healing enables people to address distress, overcome trauma and restore wellbeing. Ways to support healing include reconnecting with culture, strengthening identity, restoring safe and enduring relationships and supporting communities to understand the impact that their experiences have had on their behaviour and create change. Healing occurs at a community, family and individual level. Healing continues throughout a person's lifetime and across generations. International best practice in healing involves combining traditional Aboriginal and Torres Strait Islander cultural healing practices with western methodologies.

Ref: Healing Foundation. Glossary of Healing Terms. 2020. Available here [Accessed 14 February 2025].

Holistic person-centred care	<p>A core value of general practice that is based on trust and a therapeutic relationship, and that relates to:</p> <ul style="list-style-type: none">• treating each individual as a multidimensional person (considering multiple personal and contextual factors that influence health and treatment) according to their needs• length, depth and breadth of scope: ‘cradle to grave’, multisystem care that is tailored to the individual, is integrated and provides a range of treatment modalities and opportunistic and preventive care beyond the presenting complaint and within the context of a healthcare team. <p>Ref: Thomas H, Best M, Mitchell G. Whole-person care in general practice: The nature of whole person care Aust J Gen Pract 2020;49(1-2):54–60.</p>
Hypothetico-deductive reasoning	<p>A process of clinical reasoning where hypotheses are considered for potential diagnoses based on clinical findings that are presented sequentially.</p> <p>Ref: Barrows HS. Practice based learning: Problem-based learning applied to medical education. Springfield IL: Southern Illinois University, School of Medicine, 1994.</p> <p>Linn A, Kildea H, Tonkin A, Khaw C. Clinical reasoning: A guide to improving teaching and practice. Aust Fam Physician 2012;41(1):18–20.</p>
Privileging / Privileges	<p>Privileging (a concept from the entrustment literature) is the act of granting a registrar a privilege to a scope of clinical practice after an assessment of their competency.</p> <p>The milestones of the profile are privileging points. They define the entitlement to work within a specific scope of practice that gradually expands as competencies are attained with progression across the milestones of training. These privileges are linked with varying levels of supervision and include entering a general practice training program, working in a general practice setting under direct, indirect then ad hoc supervision, admission to Fellowship and ongoing status as a Fellow.</p>
Reflective practice	<p>‘The ability to reflect on one’s actions so as to engage in a process of continuous learning. The ongoing process of a doctor critically reviewing their experiences and thought processes to gain an understanding of themselves, their behaviour and clinical knowledge and skills, in their interactions with patients and colleagues, to inform ongoing learning.</p> <p>Ref: Schon, DA. The reflective practitioner: How professionals think in action. New York: Basic Books,1983.</p>
Self-awareness	<p>A professional’s ability to be reflective and develop a clear perception of their own personality, communication style, knowledge base, thoughts, beliefs, possible biases, motivation, values and emotions. This enables insight into how they may be perceived by others and how to minimise risks of problems with communication or professional and therapeutic relationships.</p>
Self-management	<p>The ability of individuals to promote their own health by maintaining healthy behaviours, lifestyle choices and concordance with recommended treatments, as well as, where relevant, self-monitoring strategies to minimise impacts of existing chronic diseases. Effective self-management is based on an individual having a good understanding of their condition and when to access healthcare.</p> <p>Ref: Nichols T, Calder R, Morgan M, et al. Self-care for health: A national policy blueprint. Policy paper 2020–01. Melbourne: Mitchell Institute, Victoria University, 2020. Available here [Accessed 12 February 2025].</p>
Stages of change	<p>An intentional change model developed by Prochaska and DiClemente that focuses on the decision-making and motivation stages of an individual regarding behaviour change.</p>

Transference/ Countertransference

'Transference' refers to the phenomenon by which individuals 'unconsciously transfer feelings and attitudes from a person or situation in the past onto a person or situation in the present. The process is at least partly inappropriate to the present'. This process is unconscious and can occur in either direction in the patient–doctor relationship. Risk factors for transference include mental health diagnosis or vulnerable personality, particularly individuals with experience of previous trauma (eg complex post-traumatic stress disorder, severe depression or anxiety), perceptions of dependence, associated anxiety about physical or psychological safety, and frequency of contact (inside or outside of the clinic).

'Countertransference' refers to the response elicited in the GP by the patient's transference communications. It is important for GPs to recognise when this is occurring and to address it empathically and respectfully, and to reach agreement with the patient on clear therapeutic boundaries. A potential consequence of unclear boundaries is the development of unreasonable patient expectations that are unable to be met, and that may put the patient at risk or raise the possibility of legal action.

Ref: Hughes P, Kerr I. Transference and countertransference in communication between doctor and patient. *Advances in psychiatric treatment*. Cambridge University Press, 2000;6(1):57–64. doi: 10.1192/apt.6.1.57.

Trauma-informed care

An approach to clinical practice that acknowledges that doctors need to have a holistic view of the individual's life situation to provide effective healthcare, including recognising the broad impact of trauma and understanding paths to recovery that avoid retraumatisation.

'A major component of trauma-informed care is addressing the way medical providers may be exposed to vicarious trauma, secondary traumatic stress, and compassion fatigue.'

Ref: Trauma Informed Care Implementation Resource Centre. What is trauma-informed care? Hamilton, New Jersey: Center for Health Care Strategies, 2021. Available here [Accessed 12 February 2025].

Ref: Williams HN, Farley B. Trauma-informed care. *Semin Pediatr Neurol*. 2024 Jul;50:101139. doi: 10.1016/j.spen.2024.101139. Epub 2024 May 8. PMID: 38964815.

Whole-person care

A core value of general practice that is based on trust and a therapeutic relationship, and that relates to:

- treating each individual as a multidimensional person (considering multiple personal and contextual factors that influence health and treatment), according to their needs length, depth and breadth of scope: 'cradle to grave', multisystem care that is tailored to the individual, is integrated and provides a range of treatment modalities and opportunistic and preventive care beyond the presenting complaint and within the context of a healthcare team.

Ref: Thomas H, Best M, Mitchell G. Whole-person care in general practice: The nature of whole person care *Aust J Gen Pract* 2020;49(1-2):54–60.

Appendix 1 - Development of the second edition

The second edition of the profile was developed through an iterative review process.

The review and update aim to ensure alignment with the RACGP curriculum, Aboriginal and Torres Strait Islander cultural and health training framework, as well as articulated outcomes that can be used for the purposes of RACGP assessment.

The first edition of the profile was launched in 2022, with a plan to conduct a review and update following two years of implementation, allowing time for stakeholders to identify challenges and strengths.

The transition of training back to the RACGP allowed an opportunity for a range of users to provide their feedback to start the review process. This feedback led to a proposal and internal decision to restructure the profile. This informed the structure of the initial draft reviewed by internal and industry stakeholders. An updated draft was developed with further consultation. The second edition of the profile was then finalised and approved.

Changes from the first edition

Following extensive review, the following changes were made to the structure and content of the profile to improve utility for all learners, educators and assessors and to ensure better alignment with the curriculum. This second edition of the profile acknowledges and builds on the significant work of the first edition.

The first edition of the profile was structured around four roles, whereas the curriculum and syllabus are structured around the five domains of general practice, some but not all of which are roles. At the time of initial development of the first edition of the profile, the lack of full alignment was noted as an area to be addressed in the future. To achieve this in the second edition, the decision was made to evolve the domains of general practice into five role-based domains so that the profile and curriculum should have the same structure, for consistency and easier navigation and utility.

The second edition of the profile is structured around the updated role-based domains and the upcoming seventh edition of the RACGP curriculum and syllabus will also be structured around the same updated role-based domains.

The changes from the first edition profile roles are:

Profile first edition Roles	Profile second edition Updated roles
Clinician	Divided into role 1 (communicator) and role 2 (clinician)
Health advocate and leader	Is now role 3 (health advocate and leader)
Ethical professional	Is now role 4 (professional), with the exception of mentorship support (moved into role 5)
Scholar and scientist	Is now role 5 (scientist, educator and researcher), with the exception of practice quality and safety which moved to role 3

Other changes in this edition of the profile are:

- each capability has related themes and corresponding competencies across the four milestones, allowing clear visibility of progression and improved utility
- reduced detail in the competencies and learning outcomes under each role. The 'know, be, do' content that functioned as learning objectives in the first edition has not been continued in the second edition. The more detailed information on the competencies required for a specialist general practitioner will continue to be detailed in the curriculum and syllabus

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The RACGP gratefully acknowledges the generous contribution of the following authors and reviewers of the Progressive capability profile of a specialist general practitioner.

Second edition (2025)

The second edition was created in 2025 to improve utility for all learners, educators and assessors and to bring the profile and curriculum into closer alignment.

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Dr Jenny McConnell	Dr Kali Hayward	Dr Danielle James
Dr Edward Vergara	Dr Tim Senior	Dr Elise Perger
Dr Joanna Bruce	Renata Fularczyk	Dr Kate Wallis
Dr Erica Clarke	Dr David Wilkinson	Dr Nirosh Amarasekera
Dr Rachel Chen	Leigh Williams	Dr Jaclyn Brown
Dr Lesley Palmer	Dr Heather McGarry	Dr Gerard Ingham
Dr Ken Wanguhu	Dr Ronald McCoy	Assoc Prof Jill Benson
Dr Josie Guyer	Dr Catherine Lees	Dr Lawrie McArthur
Dr Emilie Pitter	Isla Mapleson	Dr Rebecca Loveridge
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Dr Paul Dilena	Lily Edwards	Dr Ronda Gurney
Dr Vanessa Moran	Liz Harper	
Dr Karin Jodlowski-Tan	Dr Angelina Salamone	

The following RACGP teams were included in the review process:

Executive Leadership Group
Education and Training Executive
Council of Censors
Assessment team, including the National Clinical Lead and National Assessment Advisors
Specific Interest Group Faculty
Aboriginal and Torres Strait Islander Health Faculty
National International Medical Graduate Committee
Regional Directors of Training

The following organisations were included in the review process:

General Practitioner Supervisors Australia (GPSA)
General Practitioner Registrars Australia (GPRA)
Remote Vocational Training Scheme (RVTS)

Version 1.0 (original content 2022)

The development of the first edition of the RACGP *Progressive capability profile of the general practitioner* was funded by the Australian Government Department of Health.

The first edition of the profile was developed in consultation and collaboratively with GPs, supervisors, medical educators, cultural educators, GPs in training and consumers. There was an extensive process involving an Expert Advisory Group including industry and community sector expertise, including GPs in training, cultural educators, supervisors, educators and RACGP Aboriginal and Torres Strait Islander Health and Rural faculties.

An extensive literature review underpinned the work and the consultations with the Expert Advisory Group. The profile was revised iteratively with broader stakeholder review and revision before the first edition was completed.

The role-based structure was decided on for the profile as it reflects practice in action. The 2022 Curriculum and syllabus was developed prior to the profile, meaning the structures were not completely aligned which was identified as an issue to be resolved in future editions at the time.

Further detail of those involved and the process followed for development of the first edition are available in the sections titled Development of the profile and acknowledgements.

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