RACGP

Curriculum and syllabus for Australian general practice (7th edition)

The specialist GP as a health advocate and leader

RACGP Curriculum and syllabus for Australian general practice (7th edition): The specialist GP as a health advocate and leader.

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

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The specialist GP as a health advocate and leader

Context

In the Australian health system, specialist GPs play a critical role not only as expert clinicians and leaders of collaborative care, but as health advocates and leaders within their practices, communities and the broader health system. Advocacy and leadership in general practice include role modelling ethical and professional behaviour, influencing others and systems, providing direction and vision, empowering individuals and teams, and speaking up or taking a principled stance when needed. These functions are expressed across multiple contexts – from individual patient care, to supporting disadvantaged groups, shaping the practice environment, influencing local communities, and contributing to change within larger health systems. With most Australians seeing a GP at least once each year, specialist GPs are uniquely positioned to identify barriers to care, recognise emerging health needs and inequities, and lead improvements that optimise health outcomes for individuals and populations.[1,2]

GPs deliver health care within complex regulatory, funding, and service environments, characterised by finite resources, evolving evidence, and multidisciplinary care. As leaders, GPs contribute to the ethical, legal and viable management of general practice by the responsible use of health system resources that support safe and efficient practice systems, and embedding clinical governance, quality improvement, and patient safety into everyday care. This includes understanding governance, risk, workforce sustainability, financial stewardship, and regulatory obligations. In addition, GPs promote practice quality and safety through leading or contributing to the review of near misses and adverse events, using audit and data to inform change, and fostering a culture of openness, learning, and accountability.

As health advocates, GPs use innovative and flexible approaches to overcome obstacles to care for individuals, including financial, geographic, cultural, and technological barriers.[3–5] They support patients in a complex healthcare system by coordinating and leading collaborative healthcare teams that provide continuity of care respectful of patient preferences,[4] and use developing technology and eHealth systems (such as telehealth, shared digital records and data-enabled recalls) to optimise access, safety, and coordination of care – while being mindful of digital exclusion and equity.[3,5,6] GPs will need to develop the capability to critically appraise, govern, and responsibly integrate AI-enabled tools into clinical care and practice systems. This ensures the use of these tools supports patient safety, quality improvement, health equity, privacy, and sustainable use of health system resources in a rapidly evolving and uncertain technological landscape.[7]

GPs address health inequity at a community and system level by recognising the impact of social determinants of health, identifying strategies to improve health equality in their local communities, and advocating for systemic changes that strengthen access, integration, and sustainability of services.[3,8] This advocacy may involve engagement with primary health networks, community organisations, or policy processes to address challenges; gaps in care, fragmented services, or low-value care.[3,8,9]

Partnership with Aboriginal and Torres Strait Islander peoples is integral to the role of the GP as health advocate and leader. GPs actively seek opportunities to engage with Aboriginal and Torres Strait Islander health organisations and health leaders, including Aboriginal Community Controlled Health Organisations, to support culturally informed, responsive, and co-designed models of care. They promote Aboriginal and Torres Strait Islander health expertise within clinical, educational, and organisational settings, and support Indigenous leadership in informing service development, policy, and equity-driven system reform.[10]

GPs also lead by creating work environments that are physically, mentally, and culturally safe and supportive. They value wellbeing, cultural safety, and respectful teamwork. In doing so, they contribute to clinical safety, staff retention, and sustainable practice.[3,4]

In an Australian context marked by chronic disease burden, natural disasters, climate-related health risks, and persistent inequities, the specialist GP as health advocate and leader extends their influence beyond the consulting room – shaping safer systems, stronger teams and healthier, more equitable communities.[8,11,12]

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Competencies and Learning outcomes

Competencies	Learning outcomes
The specialist GP is able to:	The specialist GP is able to:
Use innovative approaches to overcome obstacles to care for individuals	identify structural, cultural, and social barriers to accessing care apply creative, evidence-informed solutions to address barriers such as cost or cultural differences identify approaches to care suited to patients located in remote or rural areas use telehealth and outreach strategies to enhance equitable access to care adapt models of care to meet the needs of vulnerable and underserved populations identify and minimise the health inequality risks from technological and digital access barriers.
Identify strategies to improve health equality and equity in the local community	recognise and analyse social determinants of health that contribute to inequities in the community collaborate with public health and community services to promote equitable health outcomes advocate for initiatives that improve access to care for disadvantaged groups.
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	build respectful, collaborative relationships with Aboriginal and Torres Strait Islander health organisations support Aboriginal and Torres Strait Islander leadership in policy and planning amplify community voices in decision-making forums act as an ally rather than a spokesperson.
Advocate for systemic changes to optimise health outcomes	identify policies and practices that perpetuate inequity or harm liaise with existing community support organisations or local primary health networks to advocate for systemic changes lead or support professional and community advocacy to address health system barriers.

Lead collaborative healthcare teams providing continuity and efficient, effective care respectful of patient preferences	demonstrate leadership that fosters communication, teamwork, and shared decision-making coordinate multidisciplinary teams to ensure continuity and quality of care.
Provide opportunities to elevate Aboriginal and Torres Strait Islander health expertise, to strengthen culturally informed and responsive care that improves health outcomes	create spaces for Aboriginal and Torres Strait Islander leadership and teaching recognise cultural expertise as core clinical expertise support workforce development and mentorship.
Utilise health system resources responsibly, effectively, and efficiently	apply principles of stewardship and sustainability in healthcare delivery use data and audit findings to ensure safe and effective resource allocation balance clinical, ethical, and financial considerations in decision-making.
Use developing technology and eHealth systems in practice to optimise patient care	integrate eHealth tools to improve coordination and continuity of care assess new technologies for safety, accessibility, and equity enhance patient and staff digital literacy to support technology-enabled care.
Contribute to identifying and implementing improvements in practice systems	participate in quality improvement processes to enhance clinical and operational performance lead evidence-based change initiatives to improve efficiency and patient outcomes evaluate and refine systems through feedback, data review, and reflection.
Participate in or lead review of near misses and adverse events (including critical incidents) and support quality clinical governance in own practice	lead structured reviews of adverse events or near misses to identify contributing factors implement corrective and preventive strategies following incident analysis promote a culture of openness, accountability, and continuous learning.
Identify and lead quality improvement initiatives	design and implement quality improvement projects addressing patient care and safety engage the practice team in ongoing reflection, audit, and review processes

	measure and report on the outcomes of quality initiatives to support system improvement.
Understand the basis of the management of a general practice as an ethical, legal, and viable business	apply ethical and legal principles to business and clinical governance decisions implement financially sustainable models that maintain quality and equity of care demonstrate leadership in aligning clinical priorities with responsible management.
Actively promote a work environment that is physically, mentally, and culturally safe and supportive, which facilitates clinical safety	model behaviours that promote cultural safety, equity, and inclusion address racism, discrimination and unsafe behaviours promptly and constructively embed cultural safety into policies, systems, and leadership practice foster an inclusive workplace culture that values wellbeing, respect, and safety identify and mitigate risks to physical and psychosocial health in the practice environment promote cultural safety, reflection, and team cohesion.

Key areas of learning

Advocate

Advocate for patients by:

- identifying barriers to care or health
- exploring, including with the patient, what may assist
- when appropriate, requesting that services consider doing something outside their usual process to improve access and equity.

Advocate for health services by:

- finding information on local health concerns that might be relevant to your practice population
- conducting practice audits to assess the health of the patient population and identify areas for improvement
- advocating for measures in the local community to address social determinants of health, reduce inequality, and improve access to healthcare
- demonstrating awareness of emerging population health concerns, including environmental health and climate change.

Coordinate care and lead teams

Coordinate and lead teams that are:

- arranged around the patient and their clinical needs and preferences
- understanding of each person's role
- able to consider different perspectives respectfully
- inclusive
- considerate of context and service availability, including in remote and rural contexts
- pragmatic in response to the patient's preferences and capacity (such as time, financial, competing priorities).

Health system stewardship

Understand the health care system and the requirements of common programs and how to find further information

Utilise resources, including investigations and referrals, in a responsible way

Identify and work to reduce low-value care

Be familiar with models of billing, including:

- Medicare (knowledge of common item numbers)
- Department of Veterans' Affairs (DVA)

- private billing (including items covered by insurance providers other than Medicare, such as motor vehicle accident and work related, or not covered by Medicare, such as work medicals)
- care plans and health assessments.

Prescribe responsibly within relevant rules and with cost awareness:

- Pharmaceutical Benefits Scheme prescribing
- DVA prescribing
- authority prescriptions
- private prescriptions
- extemporaneous / compounded medications and 'off-label' prescribing (risks and benefits)
- drugs of dependence (S8)
- medications under the Closing the Gap scheme
- medications under the Special Access Scheme or Authorised Prescriber Scheme
- over-the-counter medications
- alternative medicines.

Promoting practice quality

Be able to:

- record information and data in a way that facilitates it being searchable and able to be used for approved secondary purposes
- access government online systems to facilitate care (such as real time prescription monitoring, health records, prescribing systems, registries)
- analyse information from patient-held technology and consider how it may impact care
- explore technology, including AI, and be curious about how it may impact practise and care.

Use practice quality and safety systems effectively to:

- manage results
- identify patients from an Aboriginal and Torres Strait Islander background
- manage recall and reminder systems
- ensure practice and individual quality improvement.

Maintain and use quality clinical records appropriately, including:

- collect appropriate information
- use templates appropriately for health assessments and Aboriginal and Torres Strait Islander health checks
- develop accurate and legible recordings of consultations and referrals to enable continuity of care by GPs and other colleagues
- have an appreciation of patient and practice requirements around information technology management, medical records, legal responsibilities, reporting, certification, and confidentiality
- integrate medico-legal requirements into the clinical record (informed consent documentation).

Understand the principles of the business of general practice, including:

- income sources
- types of costs
- regulatory and accreditation requirements.

Practise personal safety within the practice, by:

- understanding the practical aspects of personal and physical safety, especially during consultations and for front desk staff
- understanding safe practice cultures, including safe working environments, infection control, and safe business practices.

Understand that safe workplaces facilitate clinical safety, by being able to:

- identify risks to safety that can include:
- physical safety risks
- mental safety risks
- cultural safety risks.
- raise risks when identified
- identify actions that can reduce risks.

Opportunities for learning

Words of wisdom

- It can be daunting figuring out how to advocate for patients in general practice, as this isn't easily learnt from textbooks or journal articles. However, your colleagues are a great source of wisdom. Ask for advice from staff at your practice or your fellow trainees, or even informally through social media groups. It is important that you understand the limitations of informal advice, but these can be great resources for debriefing and support.

- Early in your term, ask your supervisor and/or practice manager about specific vulnerable population groups that the practice might be seeing, such as refugee patients, Aboriginal or Torres Strait Islander patients, lower-income groups, new mothers in their first 2,000 days, adolescents, elderly, cohorts that are rural and remote, culturally and linguistically diverse populations, or those with a disability. Identify local resources that you might use in these contexts and update or create a practice directory.

- Understand a practice's processes for recalls, results, clinical documentation, and risk mitigation early on when starting at a new practice. This is important while training and when you become an independent practitioner. Making sure these organisational processes are in place wherever you practice is important for patient safety.

- Social determinants of health have a significant impact on a patient's health status. Always discuss the patient's social situation. Know local social services in your area to refer patients to for assistance.

- The technology you and your patients use will continue to evolve. See it as a tool that can assist and be curious about it. When exploring its use understand the potential benefits, consider the potential harms, and understand the data, privacy, and legal implications.

Learning strategies

On your own

Search your records for 10 patients you have seen with type 2 diabetes.

- *How easy was it to locate them? Were there more than one way the same diagnosis is in your medical records? How might this impact care and doing things such as audits?*
- *Look at the records and compare the care recorded to the expected standard (such as eye check, HbA1c, etc). How easy or difficult was it to locate the information*
- *Consider how you might change your recording processes and develop systems to more easily find information*

Think about different workplaces from your career.

- *What were the features of workplaces where you felt safe and able to perform at your best and seek help when needed?*
- *What were the features of workplaces where you felt less safe? What could be done to improve those situations?*

With a supervisor

Discuss current referral pathways for mental health support and housing with your supervisor.

- *Ask them how they feel referral pathways or support programs could be improved*
- *Consider speaking to the local primary health network and giving them this feedback*

Discuss with your supervisor or practice manager the business of general practice.

- *Ask them about the things that need to occur for the business to be viable*
- *Discuss the legal and ethical issues that can impact on the business*

In a small group

Research the health concerns in your local population or the health priorities for your practice. Have each member of the group run a teaching session on a different health issue. Run a presentation at your practice about the health issue.

- *Consider what your practice is currently doing for health promotion on your chosen issue, and how you might advocate for health promotion in your community.*
- *What did you learn from your peers' presentations?*

With a friend or family member

Ask your friend or family member what they think might be an important health issue in their local community.

- *How does this compare with evidence about local health priorities?*
- *How can you, as a GP, address their concerns?*
- *How can you advocate within the community for health issues of concern to them? How can you involve community members in health advocacy?*

Case example

Jo is an 86-year-old woman who has rheumatoid arthritis, type 2 diabetes, urinary incontinence, early Parkinsons disease, osteoporosis and chronic pain. She has had recurrent falls and has decided that she will move into a local residential aged care facility due to her physical care needs. Her memory, cognition and mood are all very good. She has specialists including a rheumatologist, urologist, neurologist and pain specialist. She manages her own medications which is 15 tablets spread over 5 periods of the day without any errors or problems, with a recent home medicine review by the pharmacist noting how well organised and informed she was. She wants to continue to attend appointment with her current care team of specialists and manage her own medications.

- What people may be involved in the care of Jo? What roles or tasks would you expecting them to do?
- What types of things may you need to advocate with the facility to assist Jo?
- What MBS items may be relevant? What if you have a follow-up teleconsultation with only a staff member to clarify something?
- How can systems at the practice and the facility support access to information required to support Jo's care, but also support Jo to be the key decision maker in her care?
- If Jo identified as Aboriginal or Torres Strait Islander, what are some system barriers she may experience? How may you utilise the health care system to assist him?
- How may technology support Jo's care?

Learning resources

The curriculum website includes learning resources within each unit.

Assessment

Content in this unit will be assessed in a variety of ways.

Workplace based assessments

Mini-CEX	RCA	MSF	CBD	Reflective exercise	Audit	Mid and end term assessment

Fellowship examinations

AKT	KFP	CCE

KEY

- Expected to be assessed here always
- Often assessed here but not in every example / case / assessment
- May at times be here or contribute to the assessment

ABBREVIATIONS

Mini-CEX – Mini-clinical evaluation exercise
RCA – Random case analysis
MSF – Multi source feedback
CBD – Case-based discussion
AKT – Applied knowledge test
KFP – Key feature problem
CCE – Clinical competency exam