RACGP

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

Disability care

RACGP Curriculum and syllabus for Australian general practice (7th edition): Disability care.

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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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Disability care

Context

In Australia, approximately 5.5 million people or 21% of the population have disability.[1] Disability includes impairments, activity limitations, and participation restrictions affecting daily life. Disability includes impairments, activity limitations, and participation restrictions affecting daily life. Aboriginal and Torres Strait Islander peoples experience higher disability rates. In 2022, 25.3% reported disability, with 11.6% having severe or profound limitations.[2] Economic and social disparities persist: among Australians aged 15–64 with disability, 29% rely on government payments as their main income, and only 56% are employed compared to 82% without disability.[1]

Health outcomes are poorer. Adults with disability report high psychological distress (32% vs 8% without disability) and lower very good or excellent self-rated health (24% vs 65%).[3] They also have higher rates of obesity, hypertension, smoking, and lower physical activity.[3]

People with disability experience higher rates of health inequity, abuse and discrimination, as evidenced by the Royal Commission into Violence, Abuse, Neglect, and Exploitation of People with Disability (2019-2023).[4] People with intellectual disability are markedly over-represented in preventable hospitalisations for epilepsy and convulsions as well as for vaccine preventable conditions such as influenza and pneumococcal disease.[5] Patients with disability in regional and remote areas likely face greater hardships with regards to access to appropriate health services.

General practitioners (GPs) play an essential role in disability care, both in terms of looking after the health of patients with disability, but also in terms of being their advocates while navigating an increasingly fragmented and complex health system. GPs need to employ a holistic, patient-centred approach when managing patients with disability to meet their health needs effectively.

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Learning outcomes

The GP is able to:

- screen for and recognise signs of developmental delay in paediatric patients to ensure early recognition and referral
- adopt a clinical approach free of discrimination which is holistic and respectful to a patient with disability and their family and/or carers
- provide systematic health surveillance which recognises the health vulnerabilities of people with disability
- manage complex chronic conditions and multiple medications in patients with disability
- ensure the practice can provide accessible care and information in a format that is suitable for patients with a range of disabilities
- advocate for appropriate person-centred care including prevention and behaviour management strategies in residential care.

Key areas of learning

Understand the aetiology of common disabilities encountered in general practice:

- cerebral palsy
- spina bifida
- autism spectrum disorder
- chromosomal disorders; for example, Down's syndrome, Di George syndrome
- attention deficit hyperactivity disorder (ADHD)
- neurological diseases such as multiple sclerosis (MS)
- neurodegenerative diseases such as Alzheimer's, Parkinson's, and Huntington's diseases
- traumatic brain injury and spinal injuries.

Recognise and assess for disability:

- recognise potential developmental delay
- through a history, examination and assessment identify childhood congenital, chromosomal or developmental disabilities
- identify when adults may have acquired a disability.

Communicate effectively:

- tailor communication style to effectively interact with patients, their families or carers
- check understanding with the patient, their family or carers and ensure that clinical decisions and treatments are effectively communicated to all those involved in care of the patient
- record essential demographic details about a patient with disability within the practice software
- identify appropriate documentation and reporting structures for services that assist patients in accessing care, for example, in the development and maintenance of the NDIS plan
- explain and obtain informed consent in a manner of shared decision-making when substitute/supporting decision-makers are involved.

Perform appropriate preventive care, screening and testing:

- identify ways to overcome potential barriers to preventive care (such as immunisations, STI screening and cancer screenings) and provide relevant preventive care for the patient
- provide yearly systematic health surveillance which recognises the health vulnerabilities of people with disability
- screen for any relevant behaviour changes in patients with cognitive disabilities that may indicate underlying health conditions
- screen for and manage signs of mental health distress
- screen for cardiometabolic risk factors and provide tailored appropriate care including healthy lifestyle interventions (including diet, exercise and smoking cessation).

Manage complex chronic conditions and multiple medications:

- formulate good quality management plans in collaboration with team members for patients with disability who have chronic conditions
- apply safe prescribing practices for psychotropic medications as per guidelines in clinical practice for patients with cognitive/intellectual disability
- screen for cognitive decline, frailty, behavioural disturbances, falls, signs of abuse, and any changes in the support environment which might negatively impact a person's care.

Advocate for their patient with a disability and access to appropriate care and support:

- provide equitable access to healthcare by identifying barriers and taking reasonable measures to overcome them in practice, for example, through telehealth, suitable physical access to the practice, and appropriate practice equipment
- understand the importance of early intervention of allied health for certain developmental delays and be able to direct patients on how to access
- be able to direct patients on how to access the NDIS and provide supporting documentation as required
- assist patients with documentation required to access care or other supports (such as for education institutions or Centrelink)
- facilitate transitions of care (such as from paediatric to adult)
- identify carer stress and support carers in their role.

Consider and appropriately manage, the impact of a patient's disability on their life and care including on:

- drive a car or motorcycle
- when managing an acute or chronic condition, such as asthma exacerbations or sick day plans for diabetes.

Care effectively for patients with disability in residential care

- depending on the person's age and cognition level, communicate with them appropriately and gather information from multiple sources; including carers and family members regarding health complaints.
- understand the importance of appropriate communication, both verbal and written, between health professionals working at the facility and ensure management plans are clear and actionable with appropriate safety netting and follow-up.
- recognise and manage polypharmacy, especially in the context of after-hours prescribing.
- understand the principles of falls prevention.
- understand and advocate for behavioural management strategies instead of psychotropic medications, wherever possible.

Opportunities for learning

Words of wisdom

- Managing patients with disability can seem complex and challenging, and sometimes it is. But if you use effective communication skills that avoid stigma and discrimination, and spend time building rapport, over time you will see the rewards. The skills you develop will make you a better GP and improve your management of all patients with complex chronic conditions.

- Always consider recalls, health checks, and vaccines during any consultation with a patient with disability. Try to spend a couple of minutes making sure your practice software has captured this information. This will make your workflow more efficient.

- Take some time to review your local referral pathways and identify allied health professionals and specialists you can ask for advice regarding challenging cases.

- If any investigations and/or procedures require a patient to be sedated because of their limited cognition, it is essential you include this on your referral/clinical handover to your acute care colleagues to prevent this important information being lost in transition.

- Take a holistic approach by considering each stage of life, by considering the broader biopsychosocial context and environmental factors you avoid thinking about disability from a purely biological model of disease.

Learning strategies

On your own

Identify ten patients from your practice software with disability

- *For patients with intellectual disability, review the notes to check for evidence of consent being documented and appropriate strategies being used to take a history, conduct a physical examination and/or perform investigations. How does this compare to what you would expect?*
- *Check for all the patients if their vaccination status meets current guidelines for vaccination in age appropriate and high-risk populations as per the Australian Immunisation Handbook. What are the areas to improve?*
- *Identify and consider the barriers to care for the patients that may have impacted any gaps*

Invite a patient with disability from a residential care home to have a yearly health check / CHAP tool. Identify and use an appropriate template.

- *What did you find out in the process? What made it effective? What could be improved?*
- *Consider the medications the patient is on and review those. Refer to guidelines for managing polypharmacy, specifically around the risks of prescribing psychotropic medications in patients with disability and/or in residential care.*

With a supervisor

If any of your supervisors see patients with disability from residential care discuss their experiences in that setting.

- *Review how they identify acutely unwell patients and how they refer them in the local community.*
- *Try to accompany them on a visit and evaluate how management of the consultation differs from one conducted in-practice.*

If any of your patients with disability need a screening procedure or a preventive activity such as a vaccination, ask your supervisor to be present and give you feedback on your ability to get informed consent and conduct the procedure appropriately and safely.

- *What areas can be improved?*

In a small group

Role-play a consultation with a patient who has limited cognition/communication and is acutely unwell. As a group:

- *discuss potential issues in gathering information and gaining consent*
- *consider when to refer a patient to the local emergency department.*

Discuss your experiences in identifying developmental delays in children during health checks and vaccination appointments.

- *How does that happen?*
- *How is it different to if that is the presenting problem?*

With a friend or family member

Ask your friend or family member to imagine they are a parent of a newborn diagnosed with cerebral palsy, or a child with severe developmental delays. Ask them what their immediate, short-term, and long-term concerns would be.

- *How did that compare to what you may have expected?*
- *How might their responses influence your practice?*

Discuss with a friend or family member about their experiences of inclusion in their community, work, education and other environments.

- *What do they think works?*

Case example

Mark, a 48-year-old regular patient from a residential group home has been brought in by his carers after having a fall yesterday. Mark has severe intellectual disability, epilepsy and a history of disinhibited behavioural disturbances. Mark is on multiple medications including valproate, levetiracetam, sertraline, risperidone and quetiapine. He has difficulty answering clinical questions correctly and is mostly nonverbal. He is usually quite happy to see you but today appears silent and withdrawn. He limps to your room. Overnight he was quite agitated, and staff gave him stat temazepam as prescribed by another doctor.

In a case-based discussion, questions relating to each role could be:

Communicator

- What communication strategies could you use to take a history and perform a clinical examination?
- What issues about consent will you need to consider with Mark?
- What assistive technology could you use to communicate with him?
- How would you approach this consultation if English was not Mark's first language?
- What modes of clinical handover might be essential? How would this change in a rural location?

Clinician

- How would you gather additional information about the fall and subsequent agitation overnight?
- How do you identify an acutely unwell patient with impaired communication/cognition?
- If Mark identifies as Aboriginal or Torres Strait Islander, how would your differentials change (eg undiagnosed diabetes or renal disease)?
- What factors would you consider with regards to Mark in the community versus the emergency department?
- If Mark identifies as Aboriginal or Torres Strait Islander, what specialised services or personnel could you include as part of your management plan?
- How do you approach polypharmacy in residential care?
- What long-term issues need to be considered as part of Mark's yearly health assessment (eg falls prevention)?
- What are some preventive activities that are important to consider in general practice for patients with disability?

Health advocate and leader

- How would you arrange investigations? How you would obtain investigations if this was a rural location or an after-hours consultation?
- How would you ensure your prescribed management plan is adhered to by the group home?
- In the long term, what role would allied health team members play in this situation?

- Are there broader systems-based changes you could advocate for in this residential group home to improve patient care?
- Can your practice software capture information about patients with disability?
- How would you ensure recalls for preventive activities are followed through in your software system?
- Is your practice 'disability friendly' in terms of access, booking of appointments, etc?

Professional

- If consent is appropriately gained but the patient is not particularly compliant, what steps are involved in performing a finger prick glucose test and venesection for bloods?
- What are some of the ethical dilemmas that may arise if a resident has persistent behavioural disturbances that impact other residents and staff safety?

Scientist, educator and researcher

- What would be your key messages if you were designing an education session for medical students on caring for patients like Mark?
- What are some relevant guidelines for Mark's care?
- How represented is a patient like Mark in research participants? How does that impact your 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