RACGP

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

Rural health

RACGP Curriculum and syllabus for Australian general practice (7th edition): Rural health

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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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Rural health

Context

Rural health is a key characteristic of Australian general practice. More than a quarter of Australians live outside major cities, across regional, rural and remote communities that vary widely in geography, culture, resources and health needs.[1,2] Rural general practice is not defined by a single setting, but by practising comprehensive, relationship-based care in environments where access to services, workforce availability and system supports are often limited and isolated. Rural general practice offers a unique professional experience combining broad clinical scope, deep community connection, and meaningful impact to deliver high-quality, equitable care while contributing to the resilience and wellbeing of rural and remote communities.[1,3,4]

The lived reality of rural general practice is one of breadth, responsibility, and adaptability. Rural GPs provide lifelong care across settings, including community-based general practice, hospitals, aged care, after-hours services and emergency care.[1,3,4] Rural GPs manage undifferentiated presentations, acute illness, and chronic disease, often with fewer diagnostic and referral options than their metropolitan colleagues. Clinical decision-making frequently occurs with limited access to on-site investigations, specialist advice, or timely transfer – requiring sound judgement, preparation and the ability to work within uncertainty.[1–3]

Rural practice is deeply embedded in community. Rural GPs often care for patients they know as neighbours, colleagues, or community leaders, and may need to balance professional roles with social visibility and community expectations. This close connection can be professionally rewarding and allows continuity of care over long periods, but it also brings challenges related to confidentiality, professional boundaries, and personal sustainability. There is also the potential for professional and personal isolation. Proactively building professional networks, community connections and personal support systems can help support wellbeing and sustainability. Effective rural practice requires self-awareness, strong ethical reasoning and deliberate strategies to maintain wellbeing and safe practice, including boundary-setting, reflective practice, and leadership within local health systems.[3–6]

The health needs of rural communities reflect broader social, cultural, and environmental contexts. Rural and remotely located Australians experience higher rates of chronic disease, injury, mental illness, and potentially avoidable mortality, influenced by occupational risk, transport barriers, socioeconomic disadvantage and reduced access to services.[1,3]

Aboriginal and Torres Strait Islander Peoples are more likely to live in regional, rural, and remote areas and experience ongoing health inequities shaped by historical, cultural, and structural factors.[1] Rural GPs play a critical role in delivering culturally safe care through partnerships with Aboriginal Community Controlled Health Organisations, Aboriginal and Torres Strait Islander health workers and practitioners, and local services, aligned with national standards and strategies to support improved health outcomes.[1,7]

Access to care is a defining feature of rural general practice. Rural GPs regularly coordinate care across fragmented systems, advocate for patients who must travel long distances, and use telehealth to support continuity and specialist input.[1–3] Rural GPs work closely with small multidisciplinary teams and visiting services, often contributing to service planning, quality improvement and local health system leadership through both formal and informal roles.[3,4]

All GPs require an understanding of rural health to practise safely anywhere in Australia. This includes recognising how context influences presentation, management options, and patient experience – adapting care to suit local resources and community needs. Some GPs choose to undertake additional training in rural generalism, developing extended or advanced skills aligned to community need through the RACGP Rural Generalist Fellowship[8] building on, but distinct from, the core rural capabilities expected of all Fellows.

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Learning outcomes

The GP is able to:

- Recognise, investigate, and manage emergency presentations in rural and remote settings, including trauma and acute deterioration
- Competently undertake on-call roles, managing time and priorities
- Diagnose and manage conditions that are more prevalent or present differently in rural and remote populations (eg zoonoses, occupational injuries)
- Understand the principles of providing long-term, holistic care in geographically-isolated communities
- Recognise the social and environmental determinants of health in rural and remote areas, including housing and transport
- Engage with Aboriginal and Torres Strait Islander communities in culturally safe ways, and integrate Aboriginal and Torres Strait Islander health workers and local services into care where appropriate
- Understand the impact of workforce shortages, distance, and health service availability on patient care and adapt practice accordingly
- Advocate for equitable access to appropriate services for rural and remote communities
- Understand how in a rural community to maintain appropriate boundaries, self-care and other professional responsibilities

Key areas of learning

Diagnose, investigate, and manage emergency presentations in rural and remote settings, including:

- trauma (including farm, mining, and road accidents)
- envenomation (snake, spider, and marine stings)
- anaphylaxis
- acute asthma
- acute coronary syndrome and arrhythmias
- stroke
- seizure
- hypoglycaemia and diabetic ketoacidosis
- sepsis
- obstetric emergencies (postpartum haemorrhage, eclampsia)
- acute mental health crises, including suicidality.

Stabilise and coordinate transfer of patients requiring higher-level care, including:

- acquiring and maintaining appropriate advanced life support skills
- understanding retrieval systems and aeromedical transport
- communication with tertiary specialists
- use of telehealth.

Understand the approach to managing common rural presentations with limited resources, including:

- acute and chronic skin conditions (tropical ulcers, scabies)
- zoonotic and tropical infections (Q fever, leptospirosis, melioidosis)
- injuries from rural occupations (machinery injuries, chemical exposure)
- eye and ear trauma (foreign bodies).

Understand the approach to chronic disease management in rural and remote settings, including:

- diabetes, cardiovascular disease, and chronic kidney disease

- rheumatic heart disease
- chronic lung disease (COPD, bronchiectasis)
- cancers
- mental illness and substance use disorders.

Provide culturally safe care for Aboriginal and Torres Strait Islander patients, including:

- working collaboratively with Aboriginal and Torres Strait Islander health workers and practitioners
- understanding historical, cultural, and social determinants of health
- using appropriate communication strategies to build trust and engagement.

Understand the impact of the rural context on health, including:

- geographic isolation, distance, and transport barriers
- housing, climate, and environmental exposures (heat stress, floods, cyclones, bushfires)
- limited access to allied health, diagnostic facilities, and non-GP specialist care.

Engage patients and communities in prevention and health promotion, including:

- sun safety
- cancer screening
- vaccination programs
- occupational health and safety.

Advocate for the needs of their rural patients and communities by:

- recognising gaps in service provision
- supporting outreach and visiting specialist services
- engaging in community-level health promotion and advocacy for resources
- identifying and acquiring specific local knowledge to advocate more effectively for the healthcare needs of the community.

Practise professionalism and self-care by:

- maintaining professional boundaries
- managing personal and professional isolation
- accessing own healthcare when living and working rurally.

Opportunities for learning

Words of wisdom

- When you first arrive in a rural community, get to know the local team, resources, and local referral pathways. Introduce yourself to aged care staff, allied health practitioners, the pathology collector, pharmacist, imaging support service, ambulance officers, paramedics, police and funeral directors. This will be invaluable if you need to call them at 2.00 am. Also, if appropriate, meet with the local Aboriginal and / or Torres Strait Islander elders and the Aboriginal and Torres Strait Islander health service.

- The scope of GP services increases when alternate health services are sparse. Patient and community advocacy might be a more significant part of a rural GP practice, as lack of access to services impacts patient outcomes.

- Maintaining professional boundaries and confidentiality might require additional skills in a rural context. Think about how you will manage the potential to 'run into a patient' in a social context and talk with an experienced rural mentor about how to manage these complexities.

- Professional and personal isolation can be the enemy of a good rural experience. Pre-plan your external support options and how you will integrate into the rural community – join a club or special interest group and get involved.

- As a rural GP, you will see a wide range of presentations. Unusual infections, such as zoonoses, are more prevalent, and managing after-hours emergencies is more common. It is appropriate that you ask for help, as you will see many unfamiliar conditions. Work out how and where to ask for help early so that you can access this help quickly when you need it.

Learning strategies

On your own

Consider a recent patient you have seen with diabetes. What barriers to accessing chronic disease care might exist for patients who are more geographically isolated? If you work in a rural area, the barriers might be more evident to you, but if you are working in an urban area, then imagine you were managing your patient in a rural setting. Consider the impact that barriers to healthcare will have on the patient's health, their family / carers and also their GP, and how these barriers might be managed.

- *What resources might assist rural patients to travel to access care? See the National Rural Health Alliance fact sheet for state-specific options.*
- *What role does telehealth have in the rural setting? Consider the pros and cons of telehealth for patient care. What limitations might affect telehealth access in rural settings? Consider possible access, infrastructure, language, and cultural barriers.*

Identify the incidence of farm accidents, motor vehicle accidents, coronary artery disease, and breast cancer health outcomes for rural Australia compared with urban Australia (the Australian Institute of Health and Welfare website will assist).

- *Were you surprised by the differences? Why might there be such differences in health outcomes?*
- *How can a rural GP contribute to reducing the incidence of these accidents and conditions?*

Look at the health workforce locator. Follow the link to 'rural, remote and metropolitan areas', and consider workforce distribution.

- *Do you understand the Modified Monash Model?*
- *What distribution priority areas are currently highlighted in your local area or state?*

With a supervisor

Procedural skills are likely to be needed in a rural setting. Consider what procedural skills would be useful for a rural GP. Discuss with your supervisor what opportunities there might be in practice to brush up on these.

- *Has your supervisor got any general tips or tricks to share?*
- *Can you use a slit lamp? Are you able to manage simple fractures? Can you use the ECG machine in your practice? How comfortable are you using a dermatoscope?*
- *Ask them to demonstrate a procedure you have identified. Have you seen this done before? Have you performed it yourself? How confident would you be repeating the procedure by yourself? Did you note an equipment list? Is there an item number for this procedure?*

Do the following roleplay with your supervisor: You are a GP in a town of 10,000 people, and your supervisor is playing the role of Joe, a local policeman who presents requesting assistance with their drinking. Joe admits to drinking until passing out most nights, and is keen to stop drinking. Take a brief history and then present your findings with the main issues to be considered.

- *What are the key points in this situation? What further history is needed? What specific ethical issues arise here?*

- *Does your supervisor have any tips on managing professional boundaries in a rural location?*

In a small group

Have each member of your group identify and research one common medical condition / presentation and then consider how practising in a rural context might affect treatment and management. Include both acute and chronic conditions. Examples include myocardial infarction, diabetes, alcohol and other drug use, asthma, chronic back pain, family and domestic violence, mental illness, chlamydia infection, rheumatoid arthritis, and obesity.

- *As a group, share your thoughts and brainstorm some solutions to the challenges that were raised.*
- *What resources might be helpful for a rural GP before going rural and when practising rurally?*
- *What experience have your group members had in rural practice?*
- *What differences in practice did you notice? Does the size of the town matter?*

Discuss the scenario where each of you is moving to a rural location.

- *How do you feel about the move? What preconceived ideas do you have about practising in rural locations and how could you prepare for practising in this location? What strengths do you have that will help you get the most out of the experience? What challenges are you most concerned about and how will you manage them?*
- *Rural health seems to thrive on acronyms. Can you name and state the purpose of the following organisations: RDA, RWA, CRANAplus, ACRRM, RACGP Rural, RGCU, LHD/LHN?*
- *What Australian medical journals have a rural focus?*

With a friend or family member

Find a friend, relative, or colleague who has lived and worked in a rural location. They do not need to be a doctor. Ask them about their rural experience and engagement with health services.

- *What did they find rewarding? What was different about the rural context? What was particularly challenging? Did they find a GP? Did they find it difficult to access specific healthcare services (imaging, non-GP specialists)?*

Discuss your current self-care strategies with a friend.

- *What changes would you need to make if you were working in a rural area? How might you adapt?*

Case example

Mary, a 45-year-old woman, lives 250km from the nearest tertiary hospital and presents to your rural clinic with acute shortness of breath and chest pain. The closest retrieval service is several hours away by road, or potentially sooner by aeromedical transfer depending on weather.

In a case-based discussion, thinking of each role of a GP, questions could include:

Communicator

- How would you explain to Mary and her family the need for urgent transfer while reassuring them about the care you can provide locally?
- How would you communicate with the retrieval team to provide a clear clinical handover?
- How would you communicate with a patient who identifies as Aboriginal or Torres Strait Islander about the need to leave Country for treatment?

Clinician

- What are the acute, life-threatening conditions you must not miss in this presentation?
- What immediate investigations and stabilisation steps can be initiated in your setting?
- What criteria would make you activate the retrieval service immediately?
- What if retrieval is delayed due to weather — how would you manage the patient safely in the interim?
- What are your differential diagnoses for chest pain and dyspnoea in this context?
- How would you adapt your management if your clinic had limited access to pathology and imaging?
- How would your approach differ if Mary was pregnant?
- How would your approach differ if Mary was a child?

Health advocate and leader

- How would you advocate for timely retrieval if you were advised that there would be delays?
- How do you balance the needs of Mary with those of other patients in the community if you are the only doctor on call?
- What local community resources or supports could you involve?

Professional

- How would you respond if Mary initially refused transfer due to responsibilities at home or fear of leaving her community?
- How do you maintain professionalism under stress when services are limited and retrieval is delayed?

Scientist, educator and researcher

- What guidelines would you use to inform your emergency management and retrieval decision-making?
- What resources would you access if you needed to refresh your knowledge in real time?
- How could you contribute to improving systems of care for chest pain presentations in rural communities?

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