RACGP

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

The specialist GP as a clinician

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

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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

The specialist GP as a clinician 4
Context 4
References 5
Competencies and Learning outcomes 6
Key areas of learning 11
Opportunities for learning 13
Words of wisdom 13
Learning strategies 14
Case example 17
Learning resources 18
Assessment 19

The specialist GP as a clinician

Context

As a complex and challenging clinical specialty, specialist GPs integrate biomedical knowledge, skilled consultation practices, and sound clinical reasoning to meet the needs of individuals, families and communities. GPs uniquely provide comprehensive, continuous, and person-centred clinical care across the lifespan, recognising patients as partners in their own healthcare and as individuals whose health is shaped by biological, psychological, social, cultural and environmental factors. This whole-person orientation is fundamental to safe and effective general practice and is underpinned by enduring therapeutic relationships that support trust, shared decision-making, and long-term health outcomes.[1]

As clinicians, specialist GPs work with undifferentiated presentations, multimorbidity, and clinical uncertainty as routine features of daily practice. Structured, flexible consultations prioritise patient and treatment agendas, manage time effectively and respond to patient concerns while maintaining a holistic focus. Careful history-taking remains central to diagnosis in general practice, supported by respectful physical examination and the judicious use of investigations. GPs interpret and synthesise clinical information, reappraise diagnoses as new information emerges and use time as a diagnostic and therapeutic tool.[1,2 3] Managing uncertainty explicitly, and communicating this clearly to patients, is central to maintaining safety, trust and shared understanding.[4]

GPs develop rational, evidence-informed, and patient-centred management plans feasible within the patient's context and responsive to changing needs. This includes integrating pharmacological and non-pharmacological strategies, supporting patient self-efficacy, and providing appropriately tailored health education using a range of strategies and resources to support patient understanding, engagement, and shared decision-making. Management plans are revised as conditions evolve. Safe prescribing, deprescribing, and medication monitoring are core clinical responsibilities, particularly in the context of polypharmacy and chronic disease.[5]

GPs also maintain competence in procedures relevant to their individual scope of practice and practice setting, undertaking these safely and in accordance with professional standards – including appropriate consent, infection prevention and control, and a variety of quality and safety requirements suited to the diversity of clinical environments across metropolitan, regional, rural, and remote Australia.

The clinical role of the specialist GP includes the capacity to recognise and manage urgent, emergent, and complex acute presentations within the general practice setting – stabilising patients, safety-netting, providing clear follow-up advice and coordinating timely escalation of care when required. Equally important is the ongoing management of chronic and complex conditions through continuity of care, coordination with other health professionals, and proactive systems for follow-up and recall. GPs are in the unique position to ensure that continuity of care supports safety, reduces fragmentation of care and improves outcomes for patients with complex needs.[6]

Culturally safe, trauma-informed, and strengths-based approaches are integral to contemporary general practice. Specialist GPs work in partnership with patients, families and communities, recognising patients as experts in their own lives and experiences. They integrate these perspectives into clinical decision-making to ensure care is person-centred and responsive. Cultural safety, as defined by the patient, is central to this partnership. Specialist GPs uphold the principle of self-determination by supporting Aboriginal and Torres Strait Islander Peoples to exercise self-determination and genuine decision-making authority in healthcare. This includes exploring factors that provide resilience, such as connection to land and family/mob, also recognising the impacts of colonisation, intergenerational trauma, and social disadvantage, and adapting care to promote healing, trust, and resilience.[7,8] Cultural safety is defined by the person and community receiving care. GPs are responsive to feedback and adapt their practice to ensure care is experienced as safe, respectful, and empowering. Reflective practice enables GPs to continually adapt their clinical approaches in response to patient feedback, context, and emerging evidence.[9]

Preventive care and population health are embedded within the clinical role of the specialist GP. GPs provide personalised, evidence-informed preventive care addressing the three pillars of physical, mental, and social wellbeing, support access to screening and immunisation, and use recall systems to promote early detection and ongoing care.[10] They identify and respond to emerging public health risks within their local communities, actively engaging with communities in the development of appropriate culturally responsive responses.[11] They also adapt clinical practice in response to changing population needs.[12,13]

By integrating evidence with patient values, managing uncertainty with confidence, and contributing to the health of individuals and communities through continuity, prevention and clinical leadership, the specialist GP clinician delivers comprehensive, contextually responsive, and culturally safe care for the Australian community.

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Competencies and Learning outcomes

Competencies	Learning outcomes
The specialist GP is able to:	The specialist GP is able to:
Accommodate patients' experiences and perspectives, and integrate these into the ongoing provision of whole person care	elicit the individual patient's experiences and perspectives demonstrate understanding of the patient's priorities as part of a bio-psychosocial approach integrate patient perspectives into care recognise strengths, resilience, and protective factors alongside clinical needs.
Provide comprehensive care with appropriate continuity	provide care for all ages for a wide range of conditions demonstrate care provision that is considerate of the individual patient's context and health conditions encourage continuity of care, including when appropriate arranging specific follow up recognise the impact of discontinuity on patient experiences and outcomes.
Uphold the principle of self-determination by empowering Aboriginal and Torres Strait Islander Peoples to have a voice in their healthcare decisions, fostering culturally safe, person-centred approaches that promote autonomy and equitable health outcomes	actively support Aboriginal and Torres Strait Islander patient choice, autonomy, and control in healthcare decisions recognise community authority and family involvement where desired by the patient avoid paternalistic approaches and deficit framing in clinical decision-making.
Integrate trauma-informed care principles and adapt approaches through reflective practice, ensuring interventions promote healing, resilience, and trust in the therapeutic relationship	recognise signs of trauma and its impact on health behaviours and engagement apply trauma-informed principles including safety, choice, collaboration, and empowerment avoid re-traumatisation through sensitive examination, questioning, and care planning use reflective practice to adapt care approaches over time.
Utilise structured consultations with effective agenda prioritisation and time management, encompassing a holistic approach	demonstrate organised and structured approach to conducting consultations.

	identify the patient's agenda at the outset of each consultation organise allocated time to prioritise addressing both the patient's agenda and important issues identified by the doctor manage time safely and effectively.
While considering the patient and context, obtain relevant history, examination and investigations to inform care	take a history of presenting problem(s), adopting a curious and open-minded approach identify the patient's significant concerns obtain relevant information from history perform a relevant and respectful physical examination and bed-side tests elicit and correctly interpret positive and negative findings from physical examination selects rational options for investigations using an evidenced based approach obtain sufficient information to support provisional diagnoses and rule in / out differential diagnosis and serious conditions not to be missed direct evaluation towards high-priority diagnoses.
Interpret, synthesise, and prioritise clinical data in clinical reasoning, and reappraisal over time to integrate new information and modify diagnostic reasoning	apply diagnostic frameworks to evaluate presentations for symptoms / complaints appraise all relevant information to formulate an appropriate provisional diagnosis(es) demonstrate diagnostic accuracy, correctly identifying most likely, priority diagnoses and serious conditions not to be missed revise diagnostic assessments as new information becomes available.
Manage urgent, emergent, and complex acute situations in line with contemporary practice in the general practice environment	identify emergency presentations, urgent and serious conditions not to be missed assess urgent and serious conditions in a timely manner, prioritising patient safety manage emergency presentations escalate and refer patient to other clinicians and services as needed.

Develop holistic, rational, patient-centred management plans that are evidence-informed, implementable, and revised as needed	develop management plans that consider all relevant conditions develop management plans that are evidence informed develop management plans that are individualised to the patient formulate SMART (specific, measurable, achievable, realistic, and time-bound) goals which are led by the patient's aims and priorities encourage regular reviews of management plans as clinically appropriate revise and adapt management plans over time as needed.
Undertake rational, safe prescribing, deprescribing, and medication monitoring	prescribe rationally, justifying appropriate use of medications identify contraindications and precautions to safe prescribing review patient's full medication list regularly and as required, including all medications and over the counter medicines and supplements rationalises medications and deprescribes when appropriate adheres to therapeutic guidelines and processes for use of restricted medications and drugs of dependence monitors clinical response to, and emergence of, adverse effects from medications monitor for adherence challenges linked to access, social, and systemic factors.
Maintain currency in safely undertaking procedures relevant to the context of practice	identify appropriate indications and contraindications for procedural interventions practice procedural skills safely, including understanding the limitations of their own procedural skills perform procedures in line with expected standards in general practice.
Manage uncertainty, complexity, and ongoing undifferentiated presentations	identify uncertainty can comfortably manage uncertainty or unexplained outcomes

	use time as a diagnostic tool, employing a planned and safe approach identify symptoms or complaints which remain unexplained, clearly communicating the uncertainty to the patient and putting in place safe systems for monitoring emergence of clinical deterioration take action, when clinically appropriate, and employ a watch-and-wait approach when safe to do so identify complexity and appropriately manage it in the context of the individual patient.
Assess and manage the full range of presentations including safety-netting and empowering patient self-efficacy	assesses the full range of presentations, including first contact undifferentiated presentations manage all presentations, which may include referring to a more suitable practitioner where appropriate empower patients to take ownership in their health and healthcare decisions explain and negotiate management plans with patients explain when and how urgent review may be needed check for patient understanding of what to look out for and when and how to access follow up or emergency care.
Provide evidence-informed, personalised preventive care and support relevant to the patient's context, including access to screening and systems for recall	demonstrate knowledge of current preventive health guidelines and evidence-based recommendations apply and promote preventative health recommendations educate patients on disease prevention and healthy lifestyle choices employ effective strategies to motivate and engage patients in choosing and maintaining positive health behaviours promote and encourage patients to make informed choices and to participate in screening and preventative health care interventions for which they are eligible.
Use a range of strategies and resources to provide appropriately detailed health education relevant to the patient context	provide health education individualised to patient's level of health literacy, cultural needs, and preferences use written and online resources to provide patient education where appropriate.

	frame health promotion in ways that affirm culture, identity, and resilience avoid deficit-based messaging in prevention and health education support community-led health initiatives where possible recognise the role of culture and connection in wellbeing.
Identify and manage emerging public health risks in the local community	identify emerging public health issues and risks manage public health risks monitor effectiveness of responses to public health risk support the promotion and understanding of public health issues among practice staff, patients, and the local community.

Key areas of learning

Understand various consultation models and develop an approach that incorporates the following key components:

- consultations that are patient centred, including respecting the patient's choices
- acknowledgement and negotiation of both patients' and doctors' agendas
- exploration and incorporation of the patient's ideas, concerns, and expectations
- appropriate examination
- shared decision-making by collaboratively developing management plans that include the patient's perspective, their sociocultural background and the impact of local issues (especially in rural or remote areas)
- inclusion of timely referral, safety netting, and follow up.

Demonstrate skills in history-taking, physical examination, undertaking procedures, and clinical decision-making relevant to the presenting problem, particularly undifferentiated problems.

Identify and manage significant medical conditions, including:

- recognising and managing seriously ill patients
- considering the possibility of serious illness inherent in many common presentations
- ensuring evidence-based practice.

Competently manage common problems and develop management strategies that:

- are holistic and consider the patient and their sociocultural context
- include assessment of response to treatment
- include education and empowerment of patients
- consider appropriateness of harm minimisation strategies
- include lifestyle or non-pharmacological therapies
- include counselling regarding medication, if appropriate.

Demonstrate acceptance and management of uncertainty in presentations which, despite appropriate clinical method, remain undifferentiated. This includes being able to negotiate a management plan (including safety netting) with patients that is consistent with the needs of both doctor and patient.

Use and promote best practice in investigations through:

- judicious use of investigations, consistent with referral criteria and guidelines
- counselling about risks and benefits of screening
- counselling about investigations, including risks and benefits, sensitivity and specificity, other factors (eg potential insurance implications).
- interpreting investigation results in the context of the patient

Safely and rationally prescribing and monitoring medications, with awareness of the pharmacokinetics of medications, including:

- potential for iatrogenic harm
- side effects and important adverse reactions
- allergic reactions
- drug interactions
- contraindications
- therapeutic drug levels and drug screening.

Refer to other specialist colleagues, allied health practitioners, and other services when patients need specialist care or services, or when the practitioner is not able to provide the relevant care.

Safely undertake procedures with awareness of indications and contraindications, including:

- venepuncture
- intravenous (IV) cannulation
- administration of IV fluids, medication, blood, and blood products
- intramuscular (IM) injections
- subcutaneous (SC) injections.

Be able to practice in a trauma-informed way, including:

- recognising the impacts of trauma, including intergenerational and vicarious trauma
- creating culturally safe, respectful and supportive environments
- employing a strengths-based approach that empowers patients.

Provide advice on health-promotion measures for individual circumstances across the lifespan considerate of their health literacy.

Provide age-appropriate education and promote healthy behaviours specific to the individual, on topics including:

- smoking
- nutrition
- alcohol and other drugs
- physical activity
- other as needed, such as sleep, stress management, or social connection.

Assess and manage specific health risks in the individual, such as:

- risk of developing chronic disease, including a mental health disorder
- risk of infectious diseases
- cancer risk
- occupations with specific workplace exposures
- risks arising from existing health conditions.

Advise patients on evidence-based screening measures recommended for their individual circumstances and appropriately explain the risks and benefits of screening tools.

Provide screening measures that occur in the general practice setting and refer patients to outside services when required.

Recommend, prescribe, and administer appropriate vaccinations:

- in accordance with the National Immunisation Program Schedule
- for a patient newly arrived in Australia
- for travel
- for occupational health, for example, healthcare workers
- for a patient eligible for additional vaccines available privately.

Manage potentially transmissible diseases by:

- following practice policies and procedures, for example; using personal protective equipment, cleaning, and patient flow
- providing guidance to patients on reducing transmission to others, for example; hygiene and appropriate exclusion from school and work.

Opportunities for learning

Words of wisdom

- John D Rockefeller Jnr once said that the secret to success is to 'do common things uncommonly well'. BEACH data suggests that nearly 50% of general practice consultations involve the same 30 presentations. It therefore serves a GP well to achieve a mastery of those presentations, so copy a list of them, read widely on the conditions, keep up to date as clinical knowledge and guidelines are evolving not static, and embrace opportunities to manage these conditions when patients present with them.

- It is important to develop a personal approach to managing uncertainty. Always check your practice against relevant guidelines (where applicable), seek assistance from your supervisor or a peer if you are unsure, communicate your thought processes thoroughly to your patient to help them feel they are an active partner in the process of their management, safety net appropriately and remember that time is often the best investigation, as watchful waiting can often be safely implemented. Understand that GPs must be able to sit with and manage uncertainty, working out ways to navigate complex multi-dimensional problems sometimes over multiple consultations

- Sometimes patients' agendas or desires do not match with appropriate evidence-based practice. Be curious about where the patient is coming from and why. Be open to learning from your patients and communities, recognising the knowledge and strengths they bring to the consultation. Never prescribe medications or order investigations when you feel uncomfortable to do so, and when they do not align with established and safe evidence-based care. If you are unsure, politely but firmly explain to the patient that you must defer the issue to seek further advice, and discuss with your supervisor, a non-GP specialist, or medical defence organisation, where relevant.

- Rational test ordering can be difficult at times. Ask yourself, 'How will this investigation change my management of this patient?' If it won't, you should not order it. It is also important to remember that you are solely responsible for the investigations you order, so do not order an investigation if you are unable to understand the results.

- Safety netting is crucial in all clinical presentations. This means explaining to a patient what your thought processes are, such as what you think the diagnosis is, what you want to rule out and how you will do that, and how you're going to manage them in the first instance. This gives your patient an understanding of what is happening. Then let them know when they should return to you and under what circumstances they should present to hospital, and why. And, of course, document these conversations appropriately.

Learning strategies

On your own

Review all the contextual units in the RACGP curriculum (eg. women's health, palliative care).

- *Identify your areas of clinical strengths and weaknesses*
- *Think about what you see in clinical practice and what you see less of*
- *Ensure you give sufficient focus on addressing your clinical weaknesses as early as possible*

Study as you go. As you see patients in practice, be curious, identify learning gaps and read relevant texts and clinical guidelines to address your knowledge gaps. You'll be much more likely to retain the knowledge, when you apply it to real patient encounters.

- *For each patient presenting with a symptom or complaint, ask yourself; what is the diagnosis? Why is it that? What else could it be (differentials)? What are the red flags or serious conditions not to be missed?*
- *Read and refer to current management guidelines such as therapeutic guidelines and the RACGP red book of preventative health frequently in practice*

Make a list of all red flags you should ask about when taking a patient's history for each of the common presentations (eg headache, back pain, fatigue, cough, chest pain, abdominal pain, child with fever).

- *Where can you find information on this? Did you miss any?*
- *Do the red flags change based on certain features of a patient (eg age)? How can you make sure you don't forget to ask these red flag questions during a consultation?*

Research the investigation and management approach for fatigue in general practice.

- *What does the evidence say? Are there guidelines on this?*
- *How does this change your practice?*
- *How do differences in context, lived experience, and cultural background shape your communication and clinical approach?*

Find and review the National Immunisation Program Schedule for your state or territory. Learn about vaccine-preventable diseases and think about how you would explain to a patient what each vaccine is for.

- *Are there any additional vaccines recommended in your state or territory? Where would you find this information?*
- *What about schedules for catch-ups or priority groups for additional vaccinations, for example, new arrivals to Australia, immunocompromised patients or Aboriginal and Torres Strait Islander people?*
- *What additional vaccines could be available privately? When are they indicated?*

With a supervisor

Discuss cases where you've felt out of depth or uncertain about the correct diagnosis or management plan.

- *What are their approaches to these situations?*

- *Role play a range of approaches.*

Ask for help for any areas where you feel confused.

- *Discussions with a more-experienced clinician can help you to breakdown issues and access different approaches to gain understanding of complex problems.*
- *Call on your supervisor to check physical examination findings (e.g. skin lesions, rashes) where you're not sure of the diagnosis even when it's not a serious condition. Learning spot diagnoses in practice as you go is much more interesting and effective.*

Tell your supervisor about things you've learnt from your study and educational activities. Talking about what you have learned will help you to retain this knowledge.

Discuss with your supervisor a case you had of a seriously ill patient (child or adult).

- *How did you identify that they were ill?*
- *Did your supervisor agree with your management approach? How do they approach similar situations?*
- *What resources are there to help you with this?*
- *How would your approach change if you were in a rural or remote setting?*

Ask your supervisor to demonstrate common general practice procedural skills that you are not confident in (eg injections, removal of foreign bodies from noses, ears, eyes, and skin, epistaxis management).

- *Do they have any handy tips? How else might you learn more about these skills?*
- *Ask your supervisor to watch/coach you as you perform these skills on a patient and give you feedback on how you went.*

Ask your supervisor how they manage uncertainty in day-to-day practice.

- *What did you learn?*
- *How can you implement this in your own practice?*
- *When there are guidelines that appear to contradict other guidelines on the same topic and discuss this with your supervisor. How do you approach this uncertainty? When should you act outside guidelines? Discuss examples with your supervisor.*

Ask your supervisor about how they include preventive health in their consultations. If you have the opportunity, talk to others in your practice about their approach to preventive health and compare their different approaches and communication styles.

- *Does the approach differ for different patients or types of prevention?*

In a small group

Take turns in preparing a short presentation on topics for which you lack confidence. The person preparing the presentation will learn the most.

- *Then role play a consultation including that to use the knowledge*

Share diagnostic cases and brainstorm all possible diagnoses, then work out the key features (history, examination, investigations) which would help you to rule in or out each diagnostic option.

- *Then change a few details, such as duration or demographics. What does that change?*

Share your mistakes and near-misses. We learn more from our mistakes than our successes and talking this out with peers helps you to reflect, learn, and feel supported.

- *Are there changes you may make in the future to reduce the risk?*

With your peers, practise doing a focused examination for each of the major symptoms and conditions (eg cough, dizziness, chronic renal disease, liver disease)

- *How did you go?*
- *How does each examination change when the patient is a child?*
- *What findings would you expect for each condition?*
- *What resources can you use to improve your examination skills?*

Discuss how you would go about prescribing a new medication. Have each member of the group find a resource that provides information about new medications.

- *Make a list of sites where you can find information about medications.*
- *What if the resources each of you have found offer slightly different information?*

With a friend or family member

Develop illness scripts – identifying key features of history for a range of differential diagnoses. For example, for different types of headache: Sub-arachnoid haemorrhage – acute, thunderclap onset, severe, associated with nausea and vomiting, neck stiffness and photophobia.

- *Ask your friend or family member to quiz you on identifying diagnosis from your illness script.*
- *Ask your friend or family member about their experiences with their GP and ask what they think makes a 'good clinician'.*

Explain to a friend or family member the actions of some common medications prescribed in general practice (eg anti-hypertensives, statins, SSRIs / SNRIs, asthma / COPD puffers), and their most important side effects. Ideally, do this activity with people of varying ages and education levels and don't choose a medication that your friend or family member is taking, so as not to create unintended confusion between them and their treating doctor(s).

- *How did you go? Did they clearly understand your explanations? Did they have questions?*
- *Identify resources you can use in daily practice to help you explain medications to your patients.*

Explain to a friend or family member what safety netting involves and how you would safety net some of the most common presentations (eg unwell child, headache, chest pain).

- *Was your friend or family member clear about what you said? Did they have any questions?*
- *Compare what you said to a documented list – did you miss anything?*

Case example

Jasper Wang, aged 8 years, presents with his mother who is concerned that she hasn't been able to get Jasper to go to school for over two weeks. Two weeks ago, Jasper had a fever and cough which settled after three days. However, since then he has continued to complain of abdominal pain and feeling sick in the tummy, saying he is too tired to go to school. He reports regular soft bowel motions and normal appetite. Jasper lives with his mum, dad and 12-year-old brother. There is family stress. Jasper's mum describes Jasper as being shy and says that he has had some difficulties making friends at school. Jasper has been doing well at school and passed all subjects on his last report card. Jasper has mild eczema, usually managed with moisturiser only and has no regular medications or allergies.

Thinking about this situation, work through some of the common questions in a case-based discussion:

- What is your problem list and differential diagnoses?
- What further history would you like to ascertain?
- What will you look for on examination and why?
- On physical examination, you find no abnormalities. What is your immediate management plan?
- What investigations would you do? What is your rationale for ordering them or not doing any investigations?
- What preventive activities may be relevant?
- How would you structure the consultation?
- What does a patient and family centred approach include in this setting?
- It is noted there is family stress, how may that be relevant? What would a trauma-informed approach look like for the consultation and management?
- If you decide he is physically stable and well, how would you safety net?
- What if in a week at review he is the same, what would you do?
- If you were to prescribe a medication, what are the specific things you consider when prescribing for children?
- If there was a faeces spec result showing salmonella, how would that change management?
- How can you discuss school refusal with Jasper's mum in a non-judgemental way?
- What is your approach to management for school refusal?

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