

# The clinical competencies for the CCE



**RACGP**  
Royal Australian College  
of General Practitioners

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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 clinical competencies for the CCE

## The competencies

The [RACGP curriculum](#) provides a competency framework based on what are considered to be the essential qualities of an Australian general practitioner. The curriculum describes five domains of general practice, within which there are thirteen high-level core skills. These are further sub-divided into numerous competency outcomes. Each core skill is a statement of an end point that indicates achievement of competence in a key area of general practice. The core skills describe the “what” of being a general practitioner. For assessment purposes consideration needs to be given to how these can be assessed.

Competencies can be defined as “simple or more complex tasks a successful candidate must be able to handle, and during which she/he uses at the right time, the correct and relevant knowledge, skills, attitudes and meta-cognitions to manage the task successfully”<sup>1</sup>. Competencies are behavioural descriptors and need a strong link to clinical practice.

The five domains of general practice are thematic groups of competencies that family physicians integrate into practice. The domains are broad and, in the case of the second domain, really large. To enable clinical assessment 10 clinical competencies have been described and mapped to the core skills of the curriculum. This arrangement allows for a synthesis of competency outcomes across and within the five domains, serving to emphasise key areas of consultation and of practice. Each competency has a specific focus, describing not only the clinical consultation but also areas of professionalism, general practice systems and other areas not commonly assessed. There is also a focus on clinical reasoning and specific clinical competencies described to facilitate assessment and feedback on this.

In addition to the ten core competencies, two further contextual units add to the curriculum. These units are [Aboriginal and Torres Strait Islander health](#) and [Rural health](#).

1. Schuwirth LWT and van der Velten CPM. 2011. Programmatic assessment: From assessment of learning to assessment for learning. *Medical Teacher* 33: 478-485

# Criteria and performance lists

Within each clinical competency there are a number of criteria describing the performance expected at the level of early Fellowship. That level is the point at which the candidate is ready for unsupervised practice in Australia and is calibrated against the [Progressive capability profile of the general practitioner](#). Each criterion is a description of a measurable action, and each criterion has a description of performance against which that action can be measured. These performance lists provide a word picture of the expected behaviour and frame the competencies in the context of clinical practice. Performance lists are provided to guide assessors and provide narrative anchors for rating performance.

The performance lists are not linked to a stage of training, to align with the concept that competencies develop at different rates for the individual. The criteria and performance lists serve as the link between the competencies and clinical practice.

The criteria and performance lists are used to develop the rubrics for clinical assessments, with each assessment tool focusing on different areas in different ways. The standard expected is set at the point of Fellowship for all assessments. The decision to be made in any assessment is binary – at the standard or not. Being at the standard expected means that the candidate is ready for unsupervised general practice in Australia.

Descriptions of each of the clinical competencies are in the following pages. The performance lists for each competency outcomes are contained in the Clinical Competency Rubric.

## 1. Communication and consultation skills

*CS1.1 General practitioners communicate effectively and appropriately to provide quality care.*

*CS1.2 Through effective health education, general practitioners promote health and wellbeing to empower patients.*

*CS2.1 General practitioners provide the primary contact for holistic and patient-centred care.*

This competency focuses on communication with patients, and the use of appropriate general practice consultation techniques. Communication skills enable the consultation to proceed, and the demonstration of specific communication skills, especially in difficult consultations, is a core skill in general practice. Communication and consultation are patient-centred, and the trainee engages the patient to understand their ideas, concerns and expectations. The development of respectful therapeutic relationships involves empathy and sensitivity, with the trainee trying to see things from the perspective of the patient. Explanations provided to the patient about the diagnosis or management are appropriate to the patient, their health literacy and their health beliefs. The trainee checks for understanding and agreement at various times during the consultation.

### Criteria

#### Communication

1. Communication is appropriate to the person and the sociocultural context
2. Engages the patient to gather information about their symptoms, ideas, concerns, expectations of healthcare and the full impact of their illness experience on their lives
3. Matches modality of communication to patient needs, health literacy and context
4. Communicates effectively in routine and difficult situations
5. Demonstrates active listening skills

6. Uses a variety of communication techniques and materials (eg written or electronic) to adapt explanations to the needs of the patient
7. Uses appropriate strategies to motivate and assist patients in maintaining health behaviours

#### Consultation skills

8. Adapts the consultation to facilitate optimal patient care
9. Consults effectively in a focused manner within the time frame of a normal consultation
10. Prioritises problems, attending to both the patient's and the doctor's agendas
11. Safety-netting and specific follow-up arrangements are made

#### Aboriginal and Torres Strait Islander health context

1. Uses a range of methods to facilitate culturally safe communication with Aboriginal and Torres Strait Islander peoples
2. Integrates cultural perspectives on, and beliefs about, the health and wellbeing of Aboriginal and Torres Strait Islander peoples into holistic clinical practice
3. Appraises and addresses barriers to the development of effective therapeutic relationships with Aboriginal and Torres Strait Islander peoples

#### Rural health context

1. Develops, maintains and reviews effective communication strategies for communicating with patients and other health professionals who are located remotely
2. Adapts communication to accommodate situations common in rural and remote areas, and maintains effective communication infrastructure relevant to the practice setting
3. Identifies appropriate modes of communication in the practice and the community

#### For the trainee

*This domain focuses on your communication with patients, their families and others involved in their care. You will need to demonstrate patient-centred communication skills and be able to deal with difficult situations such as the breaking of bad news.*

*Your active listening skills, your ability to use open questions, your ability to avoid unnecessary interruptions and your use of non-verbal skills in exploring and clarifying the patient's symptoms are all assessed.*

*You need to respond appropriately to important or significant cues from the patient, as these enable a deeper understanding of the patient's problem.*

*In addition, you will be observed exploring the patient's problem through consideration of the relevant psychological, social and occupational aspects of the problem. It is a requirement that you demonstrate a patient-centred focus by exploring the patient's health understanding and being curious to find out what the patient really thinks, is concerned about or expects.*

*There must be evidence of an explanation of the patient's problem and this needs to be in appropriate patient-centred language, taking into consideration the patient's health literacy and health beliefs. This will usually involve a reference to patient-held ideas during the explanation of the problem and its diagnosis. Specifically seeking to confirm the patient's understanding of the diagnosis and any proposed management plan is another important component of your communication skills.*

*Your consultation skills (including how you adapt the consultation to the patient's needs), your time management, and the general structure of the consultation are also assessed.*

## 2. Clinical information gathering and interpretation

*CS2.2 General practitioners diagnose and manage the full range of health conditions in a diverse range of patients, across the lifespan through a therapeutic relationship.*

*CS2.3 General practitioners are informed and innovative.*

This competency is about the gathering, interpretation and use of data information for clinical judgement. This includes information gathered from the history, clinical records, physical examination and investigations. History-taking includes gathering information from other sources, such as family members and carers where appropriate. Information gathering should be hypothesis-driven and used to confirm or exclude likely diagnoses as well as red flags. The physical examination, and the selection of appropriate and evidence-based investigations, are incorporated into this assessment area. This should be appropriate to the patient and presentation and also be evidence-based.

### Criteria

#### History

1. A comprehensive biopsychosocial history is taken from the patient
2. All available sources of information are appropriately considered when taking a history

#### Physical examination

3. An appropriate and respectful physical examination is undertaken, targeted at the patient's presentation and likely differential diagnoses
4. Physical examination findings are detected accurately and interpreted correctly
5. Specific positive and negative findings are elicited

#### Investigations

6. Rational options for investigations are chosen using an evidence-based approach
7. Interprets investigations in the context of the patient's presentation

#### Aboriginal and Torres Strait Islander health context

4. Identifies and addresses obstacles to optimising the management of complex health presentations in Aboriginal and Torres Strait Islander peoples

#### Rural health context

6. Works effectively with patients who live in isolation

#### For the trainee

*The focus here is on the steps leading up to formulating a working diagnosis, relevant differential diagnoses and a problem list. Using a safe diagnostic strategy and describing how you developed a specific problem list are assessed in this area. By formulating a clinically appropriate working diagnosis, you demonstrate diagnostic accuracy. This does not require the correct diagnosis but that the direction of your reasoning was appropriate and accurate.*

### 3. Diagnosis, decision-making and reasoning

*C2.2 General practitioners diagnose and manage the full range of health conditions in a diverse range of patients, across the lifespan through a therapeutic relationship.*

This is about a conscious, structured approach to making diagnoses and decision-making. The focus is on the content and includes all the steps leading up to formulating a diagnosis or problem list. This also includes diagnostic accuracy that does not necessarily require the correct diagnosis, but that the direction of reasoning was appropriate and accurate. The trainee's ability to think about and reflect on their reasoning is another aspect of this assessment domain. This competency is closely aligned with information gathering; however, it can also be assessed in different ways.

#### Criteria

1. Integrates and synthesises knowledge to make decisions in complex clinical situations
2. Modifies differential diagnoses based on clinical course and other data as appropriate
3. Demonstrates diagnostic accuracy; this does not require the correct diagnosis, but that the direction of reasoning was appropriate and accurate
4. Collects/reports clinical information in a hypothesis-driven manner
5. Articulates an appropriate problem definition
6. Formulates a rational list of differential diagnoses, including most likely, less likely, unlikely and cannot miss diagnoses
7. Directs evaluation and treatment towards high-priority diagnoses
8. Demonstrates metacognition (thinking about own thinking)

#### Aboriginal and Torres Strait Islander health context

5. Demonstrates effective diagnostic and management strategies that enhance health outcomes for Aboriginal and Torres Strait Islander patients

#### For the trainee

*The focus here is on the steps leading up to formulating a working diagnosis, relevant differential diagnoses and a problem list. Using a safe diagnostic strategy and describing how you developed a specific problem list are assessed in this area. By formulating a clinically appropriate working diagnosis, you demonstrate diagnostic accuracy. This does not require the correct diagnosis but that the direction of your reasoning was appropriate and accurate.*



## 4. Clinical management and therapeutic reasoning

CS2.1 General practitioners provide the primary contact for holistic and patient-centred care.

CS2.2 General practitioners diagnose and manage the full range of health conditions in a diverse range of patients across the lifespan through a therapeutic relationship.

CS2.3 General practitioners are informed and innovative.

CS2.4 General practitioners collaborate and coordinate care.

CS1.2 Through effective health education, general practitioners promote health and wellbeing to empower patients.

This competency concerns the management of common, serious, urgent and chronic medical conditions encountered in general practice. Aspects of care beyond managing simple consultations (including management of comorbidity and uncertainty) are incorporated. The management plan is patient-centred at all times. Therapeutic reasoning includes the steps taken based on the problem list, or likely diagnosis that has been developed and is a part of the clinical reasoning process.

### Criteria

1. Demonstrates knowledge of common therapeutic agents, uses, dosages, adverse effects and potential drug interactions, and the ability to prescribe safely
2. Rational prescribing is undertaken
3. Monitors for medication side effects and risks of polypharmacy
4. Outlines and justifies the therapeutic options selected based on the patient's needs and the problem list identified
5. Safely prescribes restricted medications using appropriate permits
6. Non-pharmacological therapies are offered and discussed
7. A patient-centred and comprehensive management plan is developed
8. Provides effective explanations, education and choices to the patient

### Aboriginal and Torres Strait Islander health context

6. Collaborates effectively with multidisciplinary teams to develop meaningful and holistic management plans
7. Identifies and uses professional resources to assist with delivery of best-practice care to Aboriginal and Torres Strait Islander patients
8. Identifies and incorporates social and cultural determinants of health into management plans

### Rural health context

4. Links into existing networks of health professionals in rural and remote settings

#### For the trainee

*This focuses on how you develop appropriate and patient-centred management plans. Using an evidence base for prescribing pharmacological treatment and considering non-pharmacological options are included in the assessment. Your management plan should be appropriate for the working diagnosis and the problem list that you develop and should reflect a good understanding of accepted general practice. The conditions, their implications, and intervals for follow-up or review need to be discussed with the patient and agreed to.*

## 5. Preventive and population health

*CS3.1 General practitioners make rational decisions based on the current and future health care needs of the community and the Australian healthcare system.*

*CS3.2 General practitioners effectively lead to address the unique health needs of the community.*

*CS1.2 General Practitioners use effective health education to promote health and wellbeing to empower patients.*

This competency is about the provision of general practice care and service that supports economically rational and effective use of the healthcare system. Issues related to public health are identified and managed. The determinants of health and disease are identified both on the individual and community level. Disease prevention and health promotion activities are included here.

### Criteria

1. Implements screening and prevention strategies to improve outcomes for individuals at risk of common causes of morbidity and mortality
2. Uses planned and opportunistic approaches to provide screening, preventative care and health-promotion activities
3. Coordinates a team-based approach
4. Demonstrates understanding of available services in the local community
5. Current and emerging public health risks are managed appropriately
6. Educates patients and families in disease management and health-promotion skills
7. Identifies opportunities to effect positive change through health education and promotion
8. Uses appropriate strategies to motivate and assist patients in maintaining health behaviours

### Aboriginal and Torres Strait Islander health context

9. Uses evidence-based preventive and population health approaches to reduce health inequalities in Aboriginal and Torres Strait Islander communities
10. Identifies health-delivery strategies to reduce inequities and enhance self determination

### Rural health context

9. Develops and delivers health-promotion activities in the community to address identified risks
10. Establishes and sustains health-education and health-promotion networks
11. Implements strategies to minimise obstacles to accessing care
12. Works effectively with government and non-government organisations and the community to optimise health service provision
13. Manages public health risks according to various guidelines

### For the trainee

*As a GP, you need to have a good understanding of community resources, and how to access these in partnership with your patients and their families. You also need to be aware of public health issues. This area will assess how you approach disease prevention and health promotion.*

## 6. Professionalism

*C.S4.1 General practitioners are ethical and professional.*

*CS4.2 General practitioners are self-aware.*

### **a) Professional knowledge, behaviour and attitudes**

This requires knowledge of ethical principles, as well as duty-of-care and maintaining appropriate therapeutic boundaries. The ability to appropriately review potential and actual critical incidents to manage consequences and reduce future risk is an important consideration in this domain. The response to scrutiny of own professional behaviour and being open to feedback demonstrating a willingness to change is included.

### **Criteria**

1. Encourages scrutiny of professional behaviour, is open to feedback and demonstrates a willingness to change
2. Exhibits high standards of moral and ethical behaviour towards patients, families and colleagues including an awareness of appropriate doctor–patient boundaries
3. Appropriately manages ethical dilemmas that arise
4. Identifies and manages clinical situations where there are obstacles to provision of duty of care
5. Implements strategies to review potential and actual critical incidents to manage consequences and reduce future risk
6. Personal health issues are identified and managed by accessing professional support as needed

### **b) Learning and professional development**

Being able to respond appropriately to feedback as an educational dialogue, demonstrating ability to reflect on performance, and identifying personal learning needs are important components of this competency. Using critical appraisal skills, actively participating in clinical audits, and demonstrating a commitment to ongoing professional development all form part of this domain of assessment.

### **Criteria**

7. Judges the weight of evidence, using critical appraisal skills and an understanding of basic statistical terms, to inform decision-making
8. Shows a commitment to professional development through reflection on performance and the identification of personal learning needs
9. Attends and participates in all learning and assessment activities of an educational program
10. Actively engages in feedback as a dialogue, discussing performance and setting own goals for professional development
11. Personally participates in audits and quality-improvement activities, and uses these to evaluate and suggest improvements in personal and practice performance

### **Aboriginal and Torres Strait Islander health context**

13. Develops strategies to promote a culturally safe practice environment
15. Integrates knowledge of history of government policies and consequent health impacts into delivery of care
16. Advocates for, and uses policies and initiatives that promote equity in healthcare

**Rural health context**

14. Effectively manages any conflicts between personal and professional roles
15. Effectively communicates limits of role boundaries to patients, staff and community members
16. Regularly reviews and implements plans to meet professional learning and support needs
17. Supports and mentors colleagues in managing professional isolation

**For the trainee**

*Developing your skills in reflective practice is emphasised throughout training and the GP life cycle. Your approach to receiving and accepting feedback, your commitment to professional development and your awareness of the need for self-care, as well as of ethical principles and legislation relevant to general practice, form part of this domain.*

## 7. General practice systems and regulatory requirements

*CS5.1 General practitioners use quality and effective practice management processes and systems to optimise safety.*

*CS3.2 General practitioners effectively lead to address the unique health needs of the community.*

*CS5.2 General practitioners work within statutory and regulatory requirements and guidelines.*

This competency is about understanding general practice systems, including appropriate use of administration and IT systems, the importance of effective record keeping, clinical handover and recall systems. It also requires an understanding of how primary care is organised in Australia, and the statutory and regulatory requirements and guidelines that are in place. Written communication skills can be assessed in this domain when referral letters and clinical notes are reviewed. Patient consent and maintaining confidentiality are also incorporated into this domain.

### Criteria

1. Appropriately uses the computer/IT systems to improve patient care in the consultation
2. Maintains comprehensive and accurate clinical notes
3. Written communication is clear, unambiguous and appropriate to the task
4. Demonstrates efficient use of recall systems to optimise health outcomes
5. Accurately completes legal documentation appropriate to the situation
6. Implements best-practice guidelines for infection control measures
7. Patient confidentiality is managed appropriately
8. Informed consent is explained and obtained

### Aboriginal and Torres Strait Islander health context

11. Uses specific Medicare and Pharmaceutical Benefits Scheme programs to improve health outcomes
12. Appraises the capacity of the primary healthcare model to comprehensively meet the needs of the community
13. Develops strategies to promote a culturally safe practice environment
14. Appropriately uses Medicare programs in the delivery of healthcare for Aboriginal and Torres Strait Islander patients

### Rural health context

18. Sets up systems to optimise time management for the practice in a rural community with limited resources

#### For the trainee

*This domain concerns your understanding of general practice organisation and systems, including administration and IT systems and the importance of effective record keeping, clinical handover and recall systems. It also requires an understanding of how primary care is organised in Australia, and the applicable statutory requirements and guidelines.*

## 8. Procedural skills

*CS2.2.5 Appropriate procedures are undertaken after receiving informed consent.*

Appropriate procedures are those which are likely to most benefit to an individual's health and wellbeing from a diagnostic and/or management perspective. Assessment of the appropriate nature of procedures is inherently related to the practice setting, individual sociocultural context, and consequent availability of access to more specialised services. Recommendations for procedures should consider the potential benefits the evidence basis, and the possible risks and costs in the context of any relevant sociocultural beliefs of the individual. The individual trainee should be able to demonstrate a range of procedures appropriate for general practice. Consideration is given to the skills that need to be developed, with specific consideration of the local community or practice population needs.

### Criteria

1. Demonstrates a wide range of procedural skills to a high standard and as appropriate to the community requirements
2. Refers appropriately when a procedure is outside their level of competence

### Rural health context

5. Identifies, cultivates and maintains skills relevant to the practice and specific to community needs

#### For the trainee

*You should be able to demonstrate knowledge and skills in the range of procedures that are appropriate for general practice. In addition, you should identify skills that you need to develop, specifically considering the needs of the local community or the practice's population.*

## 9. Managing uncertainty

*CS2.2.10 The uncertainty of ongoing undifferentiated conditions is managed.*

Ongoing undifferentiated conditions can cause considerable anxiety for patients, their families, and the GP. There is a need for a structured, evidence-based approach to minimise risk from health and economic perspectives.

Undifferentiated conditions are often associated with uncertainty and ambiguity, and present management challenges for the clinician. Clinical decision-making around choices of investigations needs to be rational and balance the potential risks of both over and under investigation and management, against the benefits in the context of the individual.

### Criteria

1. Manages the uncertainty of ongoing undifferentiated conditions
2. Addresses problems that present early and/or in an undifferentiated way by integrating all the available information to help generate differential diagnoses
3. Recognises when to act and when to defer doing so, and uses time as a diagnostic tool

#### **For the trainee**

*Your approach to ongoing undifferentiated conditions needs to be structured and evidence-based to minimise risk from health and economic perspectives. Clinical decision making around choices of investigations needs to be rational and must balance the risks of over-investigating and under-investigating against the potential benefits for the individual.*

## 10. Identifying and managing the patient with significant illness

*CS2.2.3 A significantly ill patient is identified and managed appropriately.*

A significantly ill patient is an individual at any life stage who is at risk of actual or acute potentially life-threatening health problems. General practitioners are required to identify significant illness early and manage this in line with accepted guidelines.

### Criteria

1. A patient with significant illness is identified
2. Has confidence in, and takes ownership of, own decisions while being aware of own limitations

### Rural health context

7. Demonstrates leadership in emergency situations
8. Liaises with emergency services to enhance preparedness to deal with emergencies

### For the trainee

*You should be able to correctly identify actual or potentially life-threatening health problems and have reflective capacity to understand your own capabilities and limitations.*



## 11. Aboriginal and Torres Strait Islander health context

*AH1.1.1 Communicate effectively, develop social and cultural competency with Aboriginal and Torres Strait Islander peoples*

*AH1.1.2 Develop effective therapeutic relationships with Aboriginal and Torres Strait Islander peoples*

*AH2.1.1 Optimise health outcomes by early identification and effective management of all health conditions*

*AH2.2.1 Identify and address the social and cultural determinants of health in the local community*

*AH3.1.1 Promote the health and wellbeing of Aboriginal and Torres Strait Islander communities*

*AH4.1.1 Support Aboriginal and Torres Strait Islander health research and education*

*AH5.1.1 Identify and implement effective models of primary healthcare delivery*

*AH5.2.1 Implement appropriate policies and initiatives regarding Aboriginal and Torres Strait Islander health to optimise outcomes*

This section contextualises all the core competency skills and how they are applied to culturally appropriate, safe, effective and holistic Aboriginal and Torres Strait Islander health care delivery as defined by Aboriginal and Torres Strait Islander peoples. This includes demonstrating cultural understanding, having a culturally respectful, non-judgmental and safe communication approach, acknowledging the impact of colonisation, historical and contemporary events and policies, awareness of intergenerational trauma, systemic barriers to health equity and optimising health outcomes. It specifically requires self-reflectiveness and self-awareness to avoid harmful biases, assumptions, stereotyping and rote learned responses that do not consider the individual patient context and value diversity within cultures.

### Criteria

1. Uses a range of methods to facilitate culturally safe communication with Aboriginal and Torres Strait Islander peoples
2. Integrates cultural perspectives on, and beliefs about, the health and wellbeing of Aboriginal and Torres Strait Islander peoples into holistic clinical practice
3. Appraises and addresses barriers to development of effective therapeutic relationships with Aboriginal and Torres Strait Islander peoples
4. Identifies and addresses obstacles to optimising the management of complex health presentations in Aboriginal and Torres Strait Islander peoples
5. Demonstrates effective diagnostic and management strategies that enhance health outcomes for Aboriginal and Torres Strait Islander patients
6. Collaborates effectively with multidisciplinary teams to develop meaningful and holistic management plans
7. Identifies and uses professional resources to assist with delivery of best-practice care to Aboriginal and Torres Strait Islander patients
8. Identifies and incorporates social and cultural determinants of health into management plans
9. Uses evidence-based preventive and population health approaches to reduce health inequalities in Aboriginal and Torres Strait Islander communities
10. Identifies health-delivery strategies to reduce inequities and enhance self determination
11. Uses specific Medicare and Pharmaceutical Benefits Scheme programs to improve health outcomes
12. Appraises the capacity of the primary healthcare model to comprehensively meet the needs of the community

13. Develops strategies to promote a culturally safe practice environment
14. Appropriately uses Medicare programs in the delivery of healthcare for Aboriginal and Torres Strait Islander patients
15. Integrates knowledge of history of government policies and consequent health impacts into delivery of care
16. Advocates for, and uses policies and initiatives that promote equity in healthcare

### For the trainee

*You should develop knowledge and understanding of Aboriginal and Torres Strait Islander health and culture and how this applies to the management of health outcomes for Aboriginal and Torres Strait Islander patients and communities. You should understand screening and health assessment tools, preventative health and health promotion programs and tools, referral methods and Aboriginal and Torres Strait Islander health information sources. You should be aware of the primary health care models utilised by Aboriginal community-controlled health services to support patients, their families, and the community and the role of multidisciplinary teams to optimise care including appropriate collaboration with Aboriginal and Torres Strait Islander Health Practitioners.*

*Resources such as Closing the Gap and other culturally appropriate/specific resources eg PBS, MBS, Access to Allied Psychological Services (ATARS) program, medical outreach programs, Care Coordination and Supplementary Services (CCSS) program and Aboriginal and Torres Strait Islander community based programs are particularly worth learning about and accessing.*

### Other areas where you should concentrate include:

- *Role of social and cultural determinants of health, evidence-based preventive activities and management of prevalent conditions*

### Skills

- *Diagnostic*
- *Managing significant illnesses and complex comorbidity*
- *Use of tools in management (ie health assessment, GP Management Plan, Closing the Gap)*
- *Clinical decision making.*
- *Strategies to facilitate selfcare*
- *Cultural competence and use of competence models in communication (ie Arnold's 'Ask-Tell-Ask' model)*
- *Organisational change to improve patient health journey*
- *Collaboration with Aboriginal and Torres Strait Islander Health Practitioners and other health professionals, Aboriginal hospital liaison officers and other cultural brokers*
- *Involvement of family, community and cultural supports in management*
- *Advocacy for patients*

### Attitudes

- *Self awareness and understanding of one's own cultural attitudes, beliefs, biases and behaviours*
- *Openness to cultural immersion experiences*
- *Value for the perspective of health that incorporates whole family and community wellbeing*
- *Value for holistic approach to healthcare that incorporates social, emotional, cultural aspects including connectedness to country, land and sea*
- *Understanding of the importance of developing trust and building relationships with Aboriginal and Torres Strait Islander patients and communities and the time that this takes*
- *Respect and willingness to learn from Cultural Educators, Cultural Mentors and other advisors*
- *Commitment to ongoing learning in regard to developing cultural understanding, and culturally safe and responsive health care delivery practices*

## 12. Rural health context

*RH1.1 Communicate effectively with other health professionals using available infrastructure*

*RH2.1 Deliver quality care to a rural and remote community*

*RH3.1 Promote health in the rural and/or remote community*

*RH3.2 Undertake a range of public health roles*

*RH4.1 Identify and ethically manage therapeutic boundary issues*

*RH4.2 Address professional isolation*

*RH5.1 Manage time and workloads*

All medical practitioners require an understanding of what may be helpful for working in rural and remote environments, such as procedural skills and knowledge of Aboriginal and Torres Strait Islander health, hospital work and population health. Knowledge of rural health is an essential part of preparing a GP for unsupervised practice anywhere in Australia. This curriculum will assist any GP to address the knowledge, skills and competencies helpful for unsupervised practice anywhere in rural Australia.

### Criteria

1. Develops, maintains and reviews effective communication strategies for communicating with patients and other health professionals who are located remotely
2. Adapts communication to accommodate situations common in rural and remote areas, and maintains effective communication infrastructure relevant to the practice setting
3. Identifies appropriate modes of communication in the practice and the community
4. Links into existing networks of health professionals in rural and remote settings
5. Identifies, cultivates and maintains skills relevant to the practice and specific to community needs
6. Works effectively with patients who live in isolation
7. Demonstrates leadership in emergency situations
8. Liaises with emergency services to enhance preparedness to deal with emergencies
9. Develops and delivers health-promotion activities in the community to address identified risks
10. Establishes and sustains health-education and health-promotion networks
11. Implements strategies to minimise obstacles to accessing care
12. Works effectively with government and non-government organisations and the community to optimise health service provision
13. Manages public health risks according to various guidelines
14. Effectively manages any conflicts between personal and professional roles
15. Effectively communicates limits of role boundaries to patients, staff and community members
16. Regularly reviews and implements plans to meet professional learning and support needs
17. Supports and mentors colleagues in managing professional isolation
18. Sets up systems to optimise time management for the practice in a rural community with limited resources

**For the trainee**

*Your approach should include an understanding of government, non-government, community, and other organisations that can support the delivery of healthcare in the community.*

*You should also understand referral options in rural and remote communities and transfer, evacuation, and retrieval procedures.*

*Skills that you should concentrate on include.*

- *Procedural and non-procedural skills relevant to the community*
- *Ability to improvise to fill resource gaps*
- *Networking*

*You should demonstrate inclusiveness, tolerance of difference and resilience*

# Map of Curriculum Core Skills Competency outcomes and Clinical Competency Outcomes for assessment

Core skills competency outcome	Clinical competency outcomes
CS1.1.1 Communication is clear, respectful, empathic and appropriate to the person and their sociocultural context.	Communication and consultation skills
CS1.1.2 Effective communication is used in challenging situations.	
CS1.1.3 Communication with family, carers and others involved in the care of the patient is appropriate and clear.	
CS1.2.1 Ways in which health can be optimised and maintained are communicated to patients, family members and carers.	Preventive and population health
CS2.1.1 The conduct of the consultation is appropriate to the needs of the patient and the sociocultural context.	Communication and consultation skills
CS2.1.2 Continuity of care promotes quality and safety	Clinical management and therapeutic reasoning
CS2.1.3 Comprehensive and holistic management plans are developed collaboratively	
CS2.2.1 A comprehensive, clearly documented biopsychosocial history is taken from the patient	Clinical information gathering and interpretation
CS2.2.2 An appropriate and respectful physical examination of the patient is undertaken	
CS2.2.3 A significantly ill patient is identified and managed appropriately.	Identifying and managing the patient with significant illness
CS2.2.4 A rational list of differential diagnoses is formulated.	Diagnosis, decision-making and reasoning
CS2.2.5 Appropriate procedures are undertaken after receiving informed consent.	Procedural skills
CS2.2.6 Rational options for investigations are offered	Clinical information gathering and interpretation
CS2.2.7 The results of investigations are interpreted in the context of the patient.	

Core skills competency outcome	Clinical competency outcomes
CS2.2.8 Diagnosis and management is evidence based and relevant to the needs of the patient.	Diagnosis, decision-making and reasoning Clinical management and therapeutic reasoning
CS2.2.9 Rational prescribing and medication monitoring is undertaken.	Clinical management and therapeutic reasoning
CS2.2.10 The uncertainty of ongoing undifferentiated conditions is managed.	Managing uncertainty
CS2.3.1 Quality evidence-based resources are critically analysed and utilised.	Clinical management and therapeutic reasoning
CS2.3.2 Innovative approach to care of patients with multisystem and/or complex health issues is taken.	
CS2.4.1 Appropriate mode of care delivery to suit the needs of the patient.	Preventive and population health
CS2.4.2 Fragmentation of care is minimised.	
CS2.4.3 Demonstrate leadership in emergency situations.	Identifying and managing the patient with significant illness
CS3.1.1 The patterns and prevalence of disease are incorporated into screening and management practices	Preventive and population health
CS3.1.2 The impacts of the social determinants of health are identified and addressed	
CS3.1.3 Current and emerging public health risks are effectively managed	
CS3.2.1 Barriers to equitable access to quality care are addressed	
CS3.2.2 The health needs of individuals are balanced with the health needs of the community through effective utilisation of resources	

Core skills competency outcome	Clinical competency outcomes
CS4.1.1 Adherence to relevant codes and standards of ethical and professional behaviour	Professionalism
CS4.1.2 Duty of care is maintained	
CS4.1.4 Critical incidents and potential critical incidents are identified and managed	
CS4.2.1 Professional knowledge and skills are reviewed and developed	
CS4.2.2 Reflection and self-appraisal are undertaken regularly	
CS4.2.3 Personal health and wellbeing is evaluated, maintained and developed	
CS4.3.1 Professional knowledge and skills are effectively shared with others	
CS4.3.2 Identify and support colleagues who may be in difficulty	
CS5.1.1 Infection control and relevant clinical practice standards are maintained	General practice systems and regulatory requirements.
CS5.1.2 Effective clinical leadership is demonstrated	Professionalism
CS5.1.3 Relevant data is clearly documented, securely stored and appropriately shared for quality improvement	General practice systems and regulatory requirements
CS5.1.4 Quality and safety is enhanced through the effective use of information systems	
CS5.1.5 Effective triaging and time management structures are in place to allow timely provision of care	Communication and consultation skills
CS5.1.6 Ethical business processes and practices, and effective governance structures are implemented	General practice systems and regulatory requirements
CS5.2.1 Patient confidentiality is managed appropriately	
CS5.2.2 Shared decision-making and informed consent are explained and obtained	
CS5.2.3 Medico-legal requirements are integrated into accurate documentation	

Core skills competency outcome	Clinical competency outcomes
CS1.1 GPs communicate effectively and appropriately to provide quality	Aboriginal and Torres Strait Islander health
CS2.1 GPs provide the primary contact for holistic and patient-centred care	
CS2.2 GPs diagnose and manage the full range of health conditions in a diverse range of patients across the lifespan through a therapeutic relationship	
CS2.3 GPs are informed and innovative	
CS2.4 GPs collaborate and coordinate care	
CS3.1 GPs make rational decisions based on the current and future health needs of the community and the Australian healthcare system	
CS3.2 GPs effectively lead to address the unique health needs of the community.	
CS4.1 GPs mentor, teach and research to improve quality care	
CS5.1 GPs use quality and effective practice management processes and systems to optimise safety	
RH1.1 Communicate effectively with other health professionals using available infrastructure	
RH2.1 Deliver quality care to a rural and remote community	
RH3.1 Promote health in the rural and/or remote community	
RH3.2 Undertake a range of public health roles	
RH4.1 Identify and ethically manage therapeutic boundary issues	
RH4.2 Address professional isolation	
RH5.1 Manage time and workloads	



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