Clinical competency rubric

Performance at the level of Fellowship

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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Contents

1. Communication and consultation skills

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 requirement. Communication and the consultation should be patient-centred. The development of respectful therapeutic relationships involves empathy and sensitivity, with the doctor trying to see things from the perspective of the patient.

Required knowledge

- Holistic approaches and perspectives

Required attitudes

- Empathy
- Self-awareness
- Curiosity
- Professionalism
- Respect for patient autonomy

Required skills

- Cultural understanding and responsiveness. High-level communication skills (verbal and non-verbal including de-escalation skills)
- Negotiation

Skills focus: Verbal and written communication skills, patient-centred communication and consultation, consultation skills

Criteria

Communication skills

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 health care 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 (see 5.8)

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

Performance lists: 1. Communication and consultation skills

Criteria (competent at level of Fellowship)	Performs consistently at the standard expected
1. Communication is appropriate to the person and the sociocultural context	• Considers and discusses the patient's socio-cultural context as part of the consultation • Considers the occupational aspects of the problem • Adapts communication style as appropriate for the patient
2. Engages the patient to gather information about their symptoms, ideas, concerns, expectations of health care and the full impact of their illness experience on their lives	• Considers and discusses the impact of the presentation on the patient's function • Shows empathy and respect throughout • Responds to verbal cues from the patient or their family • Responds to non-verbal cues – this can be verbal (commenting that a patient may seem upset), or active (a change in posture, offering the patient a tissue) • Explores presenting problem from the patient's perspective • Shows a genuine curiosity to find out what the patient really thinks
3. Matches modality of communication to patient needs, health literacy and context	• Adapts language to match the patient's level of understanding • Uses concise, easily understood language, avoids or explains jargon
4. Communicates effectively in routine and difficult situations	• Uses silence effectively • Appropriate balance of closed and open questions • Breaks bad news sensitively • Has a framework for delivering bad news, such as the SPIKES model • Deescalates the situation when a patient is angry or agitated • Sensitively discusses prognosis and end-of-life decisions • Sensitively manages patients experiencing current or consequences of trauma
5. Demonstrates active listening skills	• Listens attentively to the patient's opening statement, without interrupting or directing patient's response • Listens attentively, allowing patient to complete statements without interruption and leaving space for patient to think before answering or go on after pausing • Confirms list and screens for further problems (eg "so that's headaches and tiredness; anything else……?") • Uses open and closed questioning technique, appropriately moving from open to closed • Clarifies patient's statements that are unclear or need amplification (eg "Could you explain what you mean by light headed") • Periodically summarises to verify own understanding of what the patient has said

Performance lists: 1. Communication and consultation skills (continued)

Criteria (competent at level of Fellowship)	Performs consistently at the standard expected
6. Uses a variety of communication techniques and materials (eg written or electronic) to adapt explanations to the needs of the patient	• The patient's problem is explained in such a way that they can easily understand • The explanation is relevant, understandable and appropriate • Checks patient's understanding of information given, or plans made • Uses a variety of explanation techniques including images and patient handouts • The patient's health beliefs are taken into consideration or referenced during the explanation of the problem • Gives explanation at appropriate times: avoids giving advice, information or reassurance prematurely • Chunks and checks: gives information in manageable chunks, checks for understanding • Uses patient's response as a guide to how to proceed
7. Uses appropriate strategies to motivate and assist patients in maintaining health behaviours	• See 5.8
8. Adapts the consultation to facilitate optimal patient care	• Flexible in approach both with regards to what is covered in the consultation and with timing • Accommodates the patient's needs, including having family or other support in the consultation • Takes the time to let the patient tell their story
9. Consults effectively in a focussed manner within the time frame of a normal consultation	• Keeps the consultation focused with a clear structure • Prioritises when the patient presents with multiple issues
10. Prioritises problems, attending to both the patient's and the doctor's agendas	• Negotiates the agenda for the consultation with the patient • Takes account of the patient's expectations • Takes account of the patient's medical needs
11. Safety-netting and specific follow-up arrangements are made	• Clear follow up guidance is given to patients routinely • Education is provided to patients on when to seek guidance for symptom deterioration • Clear guidance is given to patients on how to access appropriate medical care • Barriers to addressing care are addressed

Performance lists: 1. Communication and consultation skills (continued)

Criteria (competent at level of Fellowship)	Performs consistently at the standard expected
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 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	

2. Clinical information gathering and interpretation

This competency is about the gathering, interpretation and use of data or 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 and 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 be evidence based.

Required knowledge
- Critical evaluation of demographic data and health information
- Human body and disease
- Professional resources and guidelines

Required attitudes
- Empathy
- Ability to deal with uncertainty and ambiguity
- Self-awareness
- Curiosity

Professionalism
- Respect for patient autonomy

Required skills
- High-level communication skills (verbal and non-verbal including de-escalation skills)
- Comprehensive history taking social, cultural and medical
- Competent physical examinations

Skills focus: History, physical examination, investigations and how the clinical information is gathered

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

Performance lists: 2. Clinical information gathering and interpretation

Criteria (competent at level of Fellowship)	Performs consistently at the standard expected
1. A comprehensive biopsychosocial history is taken from the patient	• Obtains sufficient information to include or exclude any likely relevant significant conditions (red flags) • Organises the history so that it is relevant and targeted to the presenting symptoms • Follows up on patient cues to elicit positive and negative details • Questions that are used are relevant and focused • Integrates a mental state assessment into history taking as appropriate
2. All available sources of information are appropriately considered when taking a history	• Refers to patient's notes prior to the consultation, reviewing relevant information such as past medical history, specialists' letters • Considers information provided by third party such as family members or carer
3. An appropriate and respectful physical examination is undertaken, targeted at the patient's presentation and likely differential diagnoses	• Performs a systematic physical examination that is appropriately focused and relevant to the presentation • Obtains consent before performing an examination • Enquires if the patient would prefer a chaperone present when undertaking an examination that could be intimate • Identifies potential cultural considerations, such as being of the opposite gender to the patient when gaining consent and performing examinations • Positions the patient with consideration for their comfort, safety and modesty • Explains the reasons for the examination and findings to the patient throughout • Washes hands prior to performing a physical examination
4. Physical examination findings are detected accurately and interpreted correctly 5. Specific positive and negative findings are elicited	• Uses recognised physical examination techniques • Uses the examination findings to confirm or exclude possible diagnoses • Appropriately selects and uses tools to aid physical examination (eg ophthalmoscope)
6. Rational options for investigations are chosen using an evidence-based approach	• Selects appropriate investigations for the patient presentation and likely diagnosis • Selects relevant investigations in an appropriate sequence • Considers which diagnostic tests are likely to be the most beneficial to the health of the patient • Considers costs when requesting investigations • Considers issues of access when requesting investigations

Performance lists: 2. Clinical information gathering and interpretation (continued)

Criteria (competent at level of Fellowship)	Performs consistently at the standard expected
7. Interprets investigations in the context of the patient's presentation	• Accurately interprets investigations • Interprets investigations taking into consideration the patient's history, current presentation, and current medication
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	

3. Diagnosis, decision-making and reasoning

This is about a conscious, structured approach to making diagnoses and decision-making. This focuses on 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 doctor's ability to think about and reflect on their reasoning is another aspect of this assessment domain. This WBA competency is closely aligned with information gathering but can be assessed in different ways.

Required knowledge
- Human body and disease
- Safe management of common and important presentations in general practice

Required attitudes
- Empathy
- Ability to deal with uncertainty and ambiguity
- Curiosity
- Professionalism
- Commitment to learning and development

Required skills
- High-level problem solving
- Critical thinking
- Comprehensive diagnostic skills
- Patient-centred and safe clinical decision making

Skills focus: Problem solving, decision-making, dealing with uncertainty

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)

Performance lists: 3. Diagnosis, decision-making and reasoning

Criteria (competent at level of Fellowship)	Performs consistently at the standard expected
1. Integrates and synthesises knowledge to make decisions in complex clinical situations	• Is comfortable with the range of patients who present to the practice • Discusses key and differentiating features of symptoms and uses this to sort them into likely diagnoses • Discusses epidemiology of symptoms (who gets the disease) including demographics, risk factors • Considers the temporal course including the duration of the symptoms and pattern of symptoms • Outlines the pathophysiology of the disease
2. Modifies differential diagnoses based on clinical course and other data as appropriate	• Reviews history, progress and current status at follow up • Reviews discharge summaries, specialist reports • Reflects on feedback from the patient or others and incorporates this
3. Demonstrates diagnostic accuracy; this does not require the correct diagnosis, but that the direction of reasoning was appropriate and accurate	• Discusses patterns of disease presentation and how the pattern recognition enabled diagnostic accuracy • Gathers information appropriately targeted to the most likely diagnosis
4. Collects/reports clinical information in a hypothesis-driven manner	• Follows a clear line of enquiry, directing questioning and examination to specific findings likely to increase or decrease the likelihood of a specific diagnosis
5. Articulates an appropriate problem definition	• Provides a clear synopsis of the clinical problem • Emphasises important positive and negative findings
6. Formulates a rational list of differential diagnoses, including most likely, less likely, unlikely and cannot miss diagnoses	• Provides an accurately ranked differential diagnosis • Demonstrates the use of a safe diagnostic strategy
7. Directs evaluation and treatment towards high-priority diagnoses	• Defers investigations that are directed to less likely/less important diagnoses • Efficiently directs evaluation and treatment towards more likely and can't miss diagnoses

Performance lists: 3. Diagnosis, decision-making and reasoning (continued)

Criteria (competent at level of Fellowship)	Performs consistently at the standard expected
8. Demonstrates metacognition (thinking about own thinking)	• Can discuss factors that influenced decision-making, including any emotional or situational factors
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	

4. Clinical management and therapeutic reasoning

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.

Required knowledge
- Australian healthcare system
- Preventive health, health promotion theory and practice
- Community and patient resources
- Safe management of common and important presentations in general practice
- Professional resources and guidelines

Required attitudes
- Ability to deal with uncertainty and ambiguity
- Professionalism
- Respect for patient autonomy

Required skills
- High-level problem solving
- Negotiation
- Identifying relevant evidence
- Integrating evidence into decisions and actions
- Developing management plans with patients, their family/carers and other providers
- Patient-centred and safe clinical decision making
- Safe and appropriate prescribing
- Networking
- Multidisciplinary teamwork

Skills focus: Evidence-based management

This includes: pharmacological, no active intervention, lifestyle modification, nutrition, physical therapies, psychological approaches, surgical procedures and return-to- work planning. A patient-centred management plan is developed.

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

Performance lists: 4. Clinical management and therapeutic reasoning

Criteria (competent at level of Fellowship)	Performs consistently at the standard expected
1. Demonstrates knowledge of common therapeutic agents, uses, dosages, adverse effects and potential drug interactions, and the ability to prescribe safely	• Has extensive knowledge of commonly prescribed medications • Appropriately refers to prescribing guidelines
2. Rational prescribing is undertaken	• Makes safe prescribing decisions, routinely checking on drug interactions and side effects • Considers patients age when prescribing • Considers co-morbidities • Considers drug interactions
3. Monitors for medication side effects and risks of polypharmacy	• Plans medication reviews • Checks for acute and chronic side-effects • Has confidence in stopping or stepping down medication where this is appropriate
4. Outlines and justifies the therapeutic options selected based on the patient's needs and the problem list identified	• Discusses the therapeutic options and provides sound reasoning for this
5. Safely prescribes restricted medications using appropriate permits	• Prescribes restricted medication within the appropriate legal frameworks • Keeps clear and accurate records regarding rationale for prescribing • Has pain management plans for patients prescribed opioids in place • Refers appropriately to a pain management specialist
6. Non-pharmacological therapies are offered and discussed	• Discusses: • Lifestyle modification (SNAP) • Physical therapies • Psychological approaches • Surgical procedures (eg hip replacement surgery) • Return-to-work planning
7. A patient-centred and comprehensive management plan is developed	• Appropriate safety-netting is arranged • Takes into consideration patient's health literacy • Takes into consideration patient's social circumstances • Takes into consideration patient expectations • Negotiates an agreement on the management plan with the patient

Performance lists: 4. Clinical management and therapeutic reasoning (continued)

Criteria (competent at level of Fellowship)	Performs consistently at the standard expected
8. Provides effective explanations, education and choices to the patient	• Discusses possible outcomes • Discusses uncertainties of treatment options • Balanced communication regarding risks vs benefits
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	

5. Preventive and population health

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 in the consultation.

Required knowledge
- Australian healthcare system
- Preventive health, health promotion theory and practice
- Community and patient resources
- Access and equity in the context of the patient and the setting
- Professional resources and guidelines

Required attitudes
- Collegiality
- Professionalism

Required skills
- Communication skills
- Networking
- Multidisciplinary teamwork

Skills focus: Health-promotion, community resources, public health issues, screening and prevention

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

Performance lists: 5. Preventive and population health

Criteria (competent at level of Fellowship)	Performs consistently at the standard expected
1. Implements screening and prevention strategies to improve outcomes for individuals at risk of common causes of morbidity and mortality	• Identifies specific risk factors for priority diseases • Engages in age and risk-appropriate screening • Follows recognised guidelines for preventive and screening activities (RACGP Red book) • Recall systems are used (cervical smears, vaccinations etc)
2. Uses planned and opportunistic approaches to provide screening, preventative care and health-promotion activities	• Incorporates disease prevention and health promotion in the ongoing care of patients • Provides opportunistic and appropriate immunisation • Provides targeted vaccinations appropriate to the patient and the population
3. Coordinates a team-based approach	• Appropriate referrals are considered and discussed • Involves other health care practitioners in the care of the patient
4. Demonstrates understanding of available services in the local community	• Discusses the local services with the patient and their family • Assists the individual patient in negotiating obstacles to the care that they need within the community for eg aged care referrals • Actively engages with local health care teams
5. Current and emerging public health risks are managed appropriately	• Identifies and manages issues of public health concern • Implements vaccination programs • Is up to date with disease trends • Is up to date with guidelines regarding screening and prevention • Makes appropriate notifications to the state or territory Department of Health • Assists with contact-tracing
6. Educates patients and families in disease management and health-promotion skills	• Uses the consultation to provide education to the patient • Discusses modifiable risk factors • Provides advice on lifestyle modification • Opportunistically checks immunisation status
7. Identifies opportunities to effect positive change through health education and promotion	• Provides actionable advice on lifestyle modification • Discusses return-to-work • Provides information about risk of injury or illness during travel • Undertakes harm minimisation discussion with patients with substance addictions

Performance lists: 5. Preventive and population health (continued)

Criteria (competent at level of Fellowship)	Performs consistently at the standard expected
8. Uses appropriate strategies to motivate and assist patients in maintaining health behaviours	• Identifies the patient's stage of change • Assess the level of health literacy • Provides information about risks of not changing • Acknowledges the patient's perspective
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	

6. Professionalism

6.1 Professional knowledge, behaviour and attitudes

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

6.2 Learning and professional development

Being able to respond appropriately to feedback as an educational dialogue, demonstrating the 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.

Required knowledge

- Knowledge of own scope of safe practice
- Ethical principles in medicine
- Legislation relevant to general practice

Required attitudes

- Empathy
- Collegiality
- Self-awareness
- Professionalism
- Commitment to learning and development
- Commitment to contribute to improving the evidence base for general practice research
- Respect for patient autonomy
- Commitment to self/family care

Required skills

- Reflective practice

Skills focus: Professional knowledge, attitudes and behaviours

6.1 Professional knowledge, behaviour and attitudes

CS4.1.1 Adherence to relevant codes and standards of ethical and professional behaviour

CS4.1.2 Duty of care is maintained

CS4.1.4 Critical incidents and potential critical incidents are identified and managed

6.2 Learning and professional development

CS4.2.1 Professional knowledge and skills are reviewed and developed

CS4.2.2 Reflection and self-appraisal are undertaken regularly

6. Professionalism (continued)

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 the 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
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

Performance lists: 6.1. Professional knowledge, behaviour and attitudes

Criteria (competent at level of Fellowship)	Performs consistently at the standard expected
1. Encourages scrutiny of professional behaviour, is open to feedback and demonstrates a willingness to change	• Seeks feedback and engages in dialogue about professional behaviour
2. Exhibits high standards of moral and ethical behaviour towards patients, families and colleagues, including an awareness of appropriate doctor–patient boundaries	• Respects patient-doctor boundaries • Maintains confidentiality • Recognises professional limitations • Respects the patient's culture and values • Care of the patient is the primary concern • Practicing medicine safely at all times • Shows honesty at all times • Takes responsibility for own actions • Respects patient autonomy • Recognising unethical behaviours by colleagues • Managing conflicts of interest

Performance lists: 6.1. Professional knowledge, behaviour and attitudes (continued)

Criteria (competent at level of Fellowship)	Performs consistently at the standard expected
3. Appropriately manages ethical dilemmas that arise	• Aware of own values and belief systems and how these may have an impact on patient care • Considers multiple perspectives and options available to facilitate a decision • Making decisions when professional and personal values diverge • Be able to justify the decision that is made and reflect on the outcome
4. Identifies and manages clinical situations where there are obstacles to the provision of duty of care	• Understands issues involved in contact tracing for communicable disease where the patient wishes to remain anonymous • Able to manage expectations of workplace stakeholders when dealing with workers compensation injuries • Describes how the requirements of Mandatory reporting can impact on the provision of care • Reviews of fitness to drive and is aware that this could impact on patient care or the therapeutic relationship • Manage emotionally labile situations (terminal illness, euthanasia, unwanted pregnancy) • Manage patient-practitioner relationships that may present a conflict of interest • Manage professional differences (eg criteria for referral, timeliness of intervention) • Caring for patients with challenging conditions and beliefs (such as poor adherence to advice, declining life sustaining therapy because of beliefs)
5. Implements strategies to review potential and actual critical incidents to manage consequences and reduce future risk	• Recognising what has happened • Acting immediately to rectify the problem, if possible, including seeking any necessary help and advice • Explaining to the patient as promptly and fully as possible what has happened and the anticipated short-term and long-term consequences • Acknowledging any patient distress and providing appropriate support • Complying with any relevant policies, procedures and reporting requirements, subject to advice from your medical indemnity insurer • Reviewing adverse events and implementing changes to reduce the risk of recurrence • Reporting adverse events to the relevant authority, as necessary
6. Personal health issues are identified and managed by accessing professional support as needed	• Identifies physical/psychological impairment which may impact wellbeing or ability to manage responsibilities, and ensures that a robust management plan is developed

Performance lists: 6.2. Learning and professional development

Criteria (competent at level of Fellowship)	Performs consistently at the standard expected
7. Judges the weight of evidence, using critical appraisal skills and an understanding of basic statistical terms, to inform decision-making	• Uses critical appraisal skills in determining whether resources are applicable to a particular patient
8. Shows a commitment to professional development through reflection on performance and the identification of personal learning needs	• Reflects on clinical skills and knowledge in order to engage in a process of continuous learning • Reflection and self-appraisal are undertaken regularly • Appraise and review response to constructive feedback • Participating regularly in activities that maintain and further develop knowledge, skills and performance • Regularly reviewing continuing medical education and continuing professional development activities to ensure that they are consistent with those recommended the relevant professional organisation and regulatory authorities
9. Attends and participates in all learning and assessment activities of an educational program	• Attends learning activities as required by the program • Actively participates in learning activities • Actively participates in assessment activities
10. Actively engages in feedback as a dialogue, discussing performance and setting own goals for professional development	• Actively seeks feedback • Contributes to feedback by reflecting on performance • Identifies areas of improvement
11. Personally participates in audits and quality-improvement activities and uses these to evaluate and suggest improvements in personal and practice performance	• Undertakes a clinical audit

Performance lists: 6.2. Learning and professional development (continued)

Criteria (competent at level of Fellowship)	Performs consistently at the standard expected
Aboriginal and Torres Strait Islander health context 13. Develops strategies to promote a culturally safe practice environment 14. Integrates knowledge of history of government policies and consequent health impacts into delivery of care 15. 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	

7. General practice systems and regulatory requirements

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.

Required knowledge
- Australian healthcare system
- Legislation relevant to general practice
- Professional resources and guidelines

Required attitudes
- Professionalism

Required skills
- Setting and up working with practice systems

Skills focus: Medical records, certification and legal requirements, recall systems, computer use, infection control

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

Performance lists: 7. General practice systems and regulatory requirements

Criteria (competent at level of Fellowship)	Performs consistently at the standard expected
1. Appropriately uses the computer/IT systems to improve patient care in the consultation	• Uses the computer effectively during the consultation without this interfering with patient communication • Uses the IT systems available to access recall systems, relevant patient data
2. Maintains comprehensive and accurate clinical notes	• Records are timely and accurate • Patient notes are up to date, clear and accurate • Clear and precise documentation of diagnosis in patient notes • Clear and precise documentation of management and follow up plans
3. Written communication is clear, unambiguous and appropriate to the task	• Referral letters are legible, and clearly state the purpose of the referral • Instructions to the patient are legible, in language that the patient can understand
4. Demonstrates efficient use of recall systems to optimise health outcomes	• Uses a recall system to ensure appropriate follow up of patient results • Uses a follow up system to ensure appropriate follow up of agreed management steps • Describes the systems used to identify and notify individuals in need of follow up
5. Accurately completes legal documentation appropriate to the situation	• Describes the legal requirements when undertaking assessment and reporting of fitness to drive • Describes the legal requirements when undertaking work capacity certificates • Describes the considerations of work capacity certificates • Describes the legal requirements and considerations of death certification • Describes mandatory reporting requirements (eg reporting an impaired colleague to Ahpra) • Describes incident reporting for quality improvement within the practice • Manages capacity assessment and certification
6. Implements best-practice guidelines for infection control measures	• Regular practice of appropriate hand hygiene • Can discuss body fluid spills management Immunisation of self and staff

Performance lists: 7. General practice systems and regulatory requirements (continued)

Criteria (competent at level of Fellowship)	Performs consistently at the standard expected
7. Patient confidentiality is managed appropriately	• Keeps information identifiable to an individual private • Manages exceptions to this obligation such as when there is a legal subpoena or requirements for mandatory reporting • Describes situations when there is an exception to patient confidentiality requirements
8. Informed consent is explained and obtained	• Provides accurate and comprehensive information tailored to the individual, the options available and the risks and benefits of these options • Gains consent for physical examination, procedures, management plans and to have a third- party present in the room for educational purposes • Describes how capacity to provide consent is determined
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	

8. Procedural skills

Appropriate procedures are those which are likely to be most beneficial to the 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, consider the evidence basis and the possible risks and costs in the context of any relevant sociocultural beliefs of the individual. The individual doctor 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

Performance lists: 8. Procedural skills

Criteria (competent at level of Fellowship)	Performs consistently at the standard expected
1. Demonstrates a wide range of procedural skills to a high standard and as appropriate to the community requirements	• Competently selects the correct procedure based on the patient's need and context • Safely performs the procedure using strict infection control standards • Obtains informed consent prior to undertaking the procedure • Documents informed consent for procedures • Accurately documents what took place during the procedure • After care is discussed and agreed with the patient
2. Refers appropriately when a procedure is outside their level of competence.	• Recognises when unable to safely perform a procedure • Has referral pathways that enable referrals
Rural health context 5. Identifies, cultivates and maintains skills relevant to the practice and specific to community needs	

9. Managing uncertainty

Ongoing undifferentiated conditions can cause considerable anxiety for patients, their families and the GP. There is a need for a structured, evidence-based approach in order 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 need to be rational and balance the potential risks of both over and under investigating 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

Performance lists: 9. Managing uncertainty

Criteria (competent at level of Fellowship)	Performs consistently at the standard expected
1. Manages the uncertainty of ongoing undifferentiated conditions	• Excludes serious or red flag conditions • Formulates a management plan in the absence of a diagnosis • Refrains from treatment whenever this is applicable (watchful waiting) • Makes rational and evidence-based choices of investigations • Arranges appropriate review
2. Addresses problems that present early and/or in an undifferentiated way by integrating all the available information to help generate differential diagnoses	• Discusses key and differentiating features of symptoms and uses this to sort them into likely diagnoses • Gathers information appropriately targeted to the most likely diagnosis • Considers the temporal course including the duration of the symptoms and pattern of symptoms • Demonstrates the use of a safe diagnostic strategy
3. Recognises when to act and when to defer doing so, and uses time as a diagnostic tool	• Avoids intervention when no clinical justification • Arranges appropriate review • Aware of normal course of disease

10. Identifying and managing the patient with significant illness

A patient with significant illness 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

Performance lists: 10. Identifying and managing the patient with significant illness

Criteria (competent at level of Fellowship)	Performs consistently at the standard expected
1. A patient with significant illness is identified	• Correctly identifies actual or potentially life-threatening health problems.
2. Has confidence in, and takes ownership of, own decisions while being aware of own limitations	• Reflects on clinical skills and knowledge in order to engage in a process of continuous learning • Identifies areas of improvement • Recognises professional limitations • Takes responsibility for own actions
Rural health context 7. Demonstrates leadership in emergency situations 8. Liaises with emergency services to enhance preparedness to deal with emergencies	

11. Aboriginal and Torres Strait Islander health – contextual unit

The health of Australia's first peoples is this country's most pressing and important health priority. Aboriginal and/or Torres Strait Islander peoples are among the most disadvantaged indigenous peoples in the developed world. The available evidence suggests that Aboriginal and Torres Strait Islander peoples continue to suffer a greater burden of ill health than the rest of the population. Overall, Aboriginal and Torres Strait Islander peoples experience lower levels of access to health services than the general population, are more likely than non-Indigenous Australian people to be hospitalised for most diseases and conditions, and are more likely to experience disability and reduced quality of life due to ill health and to die at younger ages than other Australians. Aboriginal and Torres Strait Islander peoples also suffer a higher burden of emotional distress and possible mental illness than is experienced by the wider community. The Aboriginal and Torres Strait Islander health unit of the RACGP curriculum seeks to identify the unique nature and needs of Aboriginal and Torres Strait Islander peoples and their communities and to define the foundation of essential attitudes, skills and knowledge required by all GPs to meet these needs. Attainment of these specific competency based skills will enable GPs to work respectfully, in collaboration with and provide quality care to Aboriginal and Torres Strait Islander peoples and when required, to advocate for individuals and their communities.

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.

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

Required knowledge

Comprehensive knowledge of local context, health services and referral pathways and social services available

Required skills

Ability to form partnerships and work effectively with local community services

Develop and maintain a culturally appropriate workplace

Actively support and promote local models of Aboriginal and Torres Strait Islander general practice and primary healthcare that involve self-determination, community involvement and self-governance

11. Aboriginal and Torres Strait Islander Health – contextual unit (continued)

Required attitudes

Willingness to engage with and support community initiatives (eg NAIDOC community events)

Value for self-determination, community involvement and self-governance as core concepts in Aboriginal and Torres Strait Islander healthcare

Willingness to advocate for policies and laws that promote health equity

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 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

12. Rural health – contextual unit

Whilst based on a foundation of the core skills of Australian general practice, rural general practice provides a diversity of geographical and demographic contexts, which contribute to a broad spectrum of patient presentations and potential limitations in availability of health resources. Providing quality care to rural and remote communities therefore requires a flexible and innovative approach and a particular set of skills. The skills that need to be developed and maintained by GPs to provide quality care to their communities depend largely on their practice context and the specialised services and resources available within the local vicinity. The skill sets required for rural and remote practice may be required at an extended or advanced level depending on these factors.

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

Required knowledge

Continue building referral pathways for patients and building relationships with other organisations involved in healthcare in the local community

Required skills

Work with local hospital(s) and other healthcare providers to maintain and advance skills relevant to community need

Required attitudes

Maintain a positive attitude toward working and living in a rural or remote community by ensuring good time management and professional support

Continue resilience building

12. Rural health – contextual unit (continued)

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 maintain 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

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