RACGP

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

The specialist GP as a communicator

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

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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 specialist GP as a communicator

Context

The specialist GP uses excellent communication skills to provide the essential foundation for safe, patient-centred, high-quality care.

GPs require a breadth and depth of communication skills unique among medical specialties to enable the provision of continuous, relationship-based care to people across the entire lifespan and from diverse backgrounds.[1] GPs practise good communication to establish and build effective and caring therapeutic relationships, support accurate clinical reasoning, and facilitate shared decision making at all stages of the consultation.[2–4] In addition, GPs communicate clearly, respectfully, and empathically with the entire community of patients, families, carers, and members of the healthcare team to ensure coordinated and effective care.[5,6]

GPs communicate by verbal, non-verbal, written and digital means, adapting each element to the patient's sociocultural context, level of health literacy and individual preferences.[3,4] GPs actively listen, respond empathically, use clear language, verify understanding, and tailor information to the patient's needs and values, including during consultations involving bad news, communication mismatch or contextual complexity, reflecting contemporary communication best practices.[4–8]

To ensure cultural safety, GPs reflect on their own biases, consider the effects of sociocultural and historical factors including connection to Country, community, and kinship, and integrate cultural perspectives into interactions with Aboriginal and Torres Strait Islander people. This includes being responsive to feedback, adapting communication approaches, using interpreters appropriately, and engaging respectfully with different frames of reference.[3,7] Effective culturally safe communication with people from culturally and linguistically diverse backgrounds relies on GPs using similar skills. A GP's awareness of transference and countertransference supports therapeutic benefit and boundary management.[9]

GPs are proficient in remote communication modalities such as telephone and video consultations, recognising that effective telemedicine communication needs particular skills to compensate for reduced visual cues, enhance rapport building, and ensure clinical accuracy and patient safety.[10] GPs provide clear written communication, including referral letters, shared care information, and electronic messages as they are in a unique position to support continuity of care.[11] GPs reflect on language-related barriers, including situations where one or both participants are using an additional language, and how this can affect mutual understanding and effective communication.

GPs effectively lead practice teams through constructive, timely, and role-appropriate communication to strengthen team cohesion, reduce error and enhance patient outcomes.[11,12] This includes structured handovers, respectful feedback, conflict resolution, and collaborative care planning. Within the practice environment, the GP's effective communication with administrative and clinical staff supports a safe workplace and a culture of continuous improvement.[13]

Across clinical, interpersonal, organisational and digital contexts, effective communication improves health outcomes, enhances satisfaction for both patients and clinicians, and reduces medico-legal risk.[3,5,6,14]

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Competencies and Learning outcomes

Competencies	Learning outcomes
The specialist GP is able to:	The specialist GP is able to:
Communicate effectively, respectfully, and empathically with patients, families, and carers with proactive use of appropriate resources	communicate with patients in a clear, respectful, empathic and appropriate manner use a clear and considerate approach when communicating with family, carers and others involved in the care of the patient utilise appropriate modes of communication – including digital options when appropriate.
Communicate effectively, respectfully, and empathically with patients where there are language barriers, with proactive use of appropriate resources	adapt communication to the patient use appropriate resources to communicate effectively where there are barriers assess patient comprehension of information and providing clarification when needed.
Communicate effectively in a sensitive, compassionate manner in challenging conversations	communicate effectively in challenging conversations communicate effectively and respectfully to address complaints and concerns identify when there have been issues in communication and address them.
Facilitate shared decision-making to align patient values, goals, and preferences to develop a personalised plan	assess the patients' health literacy provide information to patients in an understandable way explores and identifies what matters most to patients through effective communication demonstrate shared decision making with the patient.
Establish and maintain therapeutic relationships, using contextual awareness in encounters that are challenging including when there are different frames of reference	use language, non-verbal communication, and active listening to establish therapeutic relationships identify and explore reasons for differences of opinion or perspectives communicate respectfully and clearly explain differing opinions to help the patient understand the rationale behind decisions.
Utilise transference and countertransference to achieve therapeutic benefit while managing boundaries	incorporate awareness of patient transference dynamics to tailor effective communication

	communicate boundaries clearly and effectively.
Demonstrate cultural safety through self-reflection and integration of cultural perspectives, beliefs and the impact of historical events to enhance communication with Aboriginal and Torres Strait Islander Peoples	engage in ongoing self-reflection to identify and address power, privilege, and bias in communication acknowledge the impacts of colonisation, ongoing social and political events, racism, and intergenerational trauma on health interactions demonstrate personal accountability for creating culturally safe clinical spaces.
Integrate cultural perspectives, beliefs, and effects of events to provide culturally safe and effective communication	elicit and respect the patient's cultural beliefs and explanatory models of health and illness respond respectfully to cultural practices and obligations that influence care engagement work in partnership with Aboriginal and Torres Strait Islander colleagues to strengthen culturally safe communication approaches utilise interpreters effectively when needed.
Effectively and efficiently communicate with the care team in a manner that allows all to understand their roles in assisting the patient	communicate clearly with others in the care team highlight and emphasise important information for others in the care team effectively utilise digital communication within the care team communicate effectively with other health professionals using available infrastructure.
Effectively and constructively communicate with others in the practice to support optimal performance of each person and the practice	communicate within the practice respectfully and clearly respectfully and sensitively communicate potential areas of improvement communicate clearly when issues have arisen, considering safety for patients and those within the practice.

Key areas of learning

Understand essential communication skills, including verbal, non-verbal, and written skills, including:

- Verbal skills, such as appropriate use of questions, active listening, reflecting and summarising, empathy, and clear use of language
- Non-verbal skills, such as understanding visual cues, body language, eye contact, posture, and facial expressions
- Written skills, such as the patient record and communication with other health professionals

Recognise and work to address barriers to communication where possible. Potential barriers include:

- time pressures
- use of computers or other tools in the consultation
- personal beliefs and culture
- physical and situational factors
- use of stigmatising language
- the patient's previous experiences with healthcare
- structural and systemic factors, including access, racism, and past experiences of healthcare systems
- health literacy.

Utilise technology when appropriate to improve communication and aid patient understanding

Develop skills in navigating complex or sensitive communication contexts such as due to:

- specific patient factors or groups
- children or adolescents
- patients with a disability that impacts on communication, such as intellectual disability, vision or hearing impairment, cognitive impairment
- patients with physical symptoms attributed to stress or mental health conditions
- patients who have experienced the consequences of trauma
- patients with an unclear diagnosis
- patients for whom there is a need to communicate bad news to or to discuss end-of-life decisions
- patients who are distressed or patients with mental health conditions
- patients who are angry or aggressive
- patients requesting drugs of dependence

Develop skills in having navigating complex or sensitive conversations due to patients with a complaint or concern, including adverse events:

- patients who experience barriers to motivation or engagement
- patients with unrealistic expectations (eg requests for certificates or tests that are not warranted, or those with a list of problems to manage in one consultation)
- patients for whom there is concern about safety, such as suicide risk or risk of abuse
- culturally and linguistically diverse patients with diverse health belief systems

- Aboriginal and Torres Strait Islander patients, recognising the importance of culturally safe and trauma-informed care patients whose primary language is not English, including the appropriate use of interpreters
- patients with health beliefs and treatment preferences different to your own

Develop skills for difficult conversations in specific situations, including:

- consultations conducted remotely, such as using telehealth or by telephone
- working in a multidisciplinary team to ensure care coordination, such as in aged care facilities or palliative care
- consultations where others are present, such as carers, parents or family members
- emergencies.

Develop skills for difficult conversations around specific concepts that need to be discussed:

- explanation of risk
- consent and confidentiality
- explanation of procedures.

Use a range of communication strategies to encourage behaviour change, such as:

- brief interventions
- motivational interviewing.

Establish a therapeutic relationship by using communication techniques, such as active listening and validation of a patient's experience

Use simple de-escalation communication techniques

Understand how to communicate within the patient care team including:

- utilising verbal, written and digital communication as appropriate
- utilising technology when can assist in shared understandings
- clearly highlighting expected areas to be considered, roles and responsibilities
- at handover or transfers of care.

Understand how to communicate effectively in settings where multiple non-clinical staff may be involved in the care of a patient, for example disability support workers who may be supporting a patient.

Understand how to communicate within the practice environment, including being able to:

- respectfully raise concerns or ideas for improvement
- listen, seek to understand, and respectfully discuss when receiving feedback
- engage in communication about potential benefits and risks of options
- provide clear communication when there are urgent or time sensitive issues so others in the practice can prioritise appropriately.

Opportunities for learning

Words of wisdom

- The best way to improve communication skills is by observation – observing others and getting others to observe you, then reflecting on and incorporating their feedback. The same principle holds for written communication and digitally enabled communication.

- Don't be distracted by the computer. Check the records before the patient comes in, then turn away from the screen and let the patient tell their story. Consider how technology may assist you to focus on the patient and communicating effectively with them. Focusing on the patient and letting them tell their story doesn't take long, gives you a lot of information, and shows that you are interested and listening to what they say. You will also pick up non-verbal cues that might otherwise be missed.

- Develop communication techniques to manage uncertainty. As an example – developing a technique to communicate a that a diagnosis is unclear or that further investigation is needed. Also, be comfortable setting expectations with patients. As an example - letting the patient know that not all issues can be resolved in one visit and that follow-up will be necessary for review or to address multiple concerns.

- Be respectfully curious and open to learning from your patients. Think beyond their presenting complaint and recognise them as experts in their own lives, beliefs, experiences, and cultural context. Remember to explore and address the patient's concerns, ideas and expectations of the consultation. Patients need to be heard and understood, as well as agree with the diagnosis and management plan. Listening, summarising and reflecting are essential in achieving this. Never ignore a patient who repeats a question or seems hesitant about the management plan. These actions indicate they may not have fully understood or agreed with you, or they may still have a key concern that needs to be addressed.

- Be prepared to adjust your communication style to the patient and context. For instance, how you talk to a 75-year-old male may be different to a 15-year-old female. A patient who returns for results may have developed a new concern since the last visit and it might be more important to address this first. The skills you use in communicating with colleagues and other health professionals will be different to those you use with patients.

Learning strategies

On your own

Ask your next 10 patients to give you feedback on a consultation. (See if your practice has a feedback/suggestion form. If not, consider creating a printed form to allow patients to give anonymous feedback.)

- *What areas were they most satisfied with? What areas were they least satisfied with? Does this surprise you? Is there anything you could do differently?*
- *How clear were your expectations? Did they find them easy to understand?*

Review the last five patient referrals you have written. Try to include referrals to other specialists and allied health referrals.

- *Is the reason for the referral clear? If you received this referral letter, is there enough information for you to manage or would you want to know anything else? How might this affect your referrals in the future?*

Explore the concept of health literacy and how it influences healthcare. Look at the factors that affect health literacy and how level of literacy might influence health. Think of a case where health literacy was an important factor in the consultation.

- *How do you adjust your communication and consultation to the patient's health literacy?*
- *What resources might help?*
- *Consider the same case, and imagine the patient had a different level of health literacy? What changes would you make in your consultation?*

With a supervisor

Ask your supervisor to observe your consultations. Then change over and observe your supervisor consulting. Another option is to videotape your consultations and review them with your supervisor or a colleague. Be aware that there are legal considerations in videotaping consultations, and you should be familiar with the requirements of the state or territory in which you work. You could also discuss with your supervisor any opportunities to observe others in the practice, including any allied health workers

- *What did your supervisor think you did well? What did they think you didn't do so well? Did that match how you felt about the consultation? What suggestions for improvement did you discuss?*
- *From watching your supervisor or others, what tips or phrases or ways of discussing things do you think might be helpful for you to use?*

Consider the use of technology by patients and yourself in consultations. Look at when you feel it was beneficial to the communication. Consider when it may have impacted effective communication. Discuss with your supervisor.

- *How can you improve communication through increased use of technology? What are some alternatives to try when technology is negatively impacting your communication?*

Discuss the common cultural groups that present in your practice. Research the cultural beliefs in relation to healthcare and reflect on how these are different to your own. With your supervisor, discuss one of your cases with a patient from a different cultural background to yours.

- *Thinking of the patient's understanding of their symptoms and management plan, how might their culture have affected the communication? Is there anything that you could do differently?*
- *How might you improve your communication with patients from this group?*

Discuss other patient groups where you might need to adjust your communication style or language to ensure it is effective and inclusive. Some examples include adolescents; elderly patients and LGBTIQ+ or neurodiverse people.

- *What challenges have you had when communicating with any of these groups? How do you adjust your communication?*
- *Does your supervisor have any advice or tips that you could try?*

In a small group

Develop a list of situations that members of the group have found challenging (eg giving bad news, aggressive patients, etc) and discuss some ways to manage these situations. Role-play some scenarios that involve these situations and try some of the different techniques that have been suggested to manage the consultation. Get feedback from the group and the role-players about the communication styles.

Note: Some members of the group may find some situations personally confronting, so it is important that members of the group be aware of this and create a safe space for each other.

- *What worked well? What was less effective? Are there any techniques that you could use in your own consultations?*

Video some role plays of consultations and analyse them together as a group. You could use some of the scenarios from the previous exercise. Try looking at the video without the sound to observe the non-verbal communication. Then listen to the video and see how your observations fit with the verbal communication.

- *What body language did you observe? Did the 'patient' seem to be engaged? Why / why not? How did this match with what was said during the consultation? How might you manage this if there is a mismatch?*
- *What tips did you pick up that might help you in the future?*

Discuss cases the group members have seen where a lifestyle change was discussed with a patient. Using the stages of change model, analyse what stage in the change cycle the patient was at and what techniques were used to motivate them.

- *Was the approach effective? Why / why not?*
- *Does the group have any suggestions to motivate patients or to help patients maintain change?*

Discuss experiences of the group when using tools such as AI scribes and how that has impacted communication. People may have experiences as patients, family or carers, doctors, or have observed colleagues who use these tools.

- *What are the positive impacts on communication people have noted or experienced?*
- *What are some of the challenges and areas for improvement in communication noted? What strategies have helped that?*

With a friend or family member

Ask a friend or family member to tell you about a time they had a conversation that they found challenging. This doesn't need to be a medical conversation. For example, it could have been with a work colleague, family member or friend.

- *Why was the conversation challenging? What helped and what hindered the conversation? What was the outcome? Did they learn anything from the experience?*
- *Is there anything you could use in your approach to challenging consultations?*

Ask a friend or family member about their experiences with communication in medical settings.

- *What do they think is the most important thing a doctor can do to show that the patient is being listened to and has been heard?*
- *How does the use of the computer or other technology in the consultation (eg AI scribing software) impact on communication?*
- *What does your friend or family member think is the most important element to gain their trust and engagement in a consultation?*

Case example

Emma is a 15-year-old who presents with menorrhagia and dysmenorrhoea. Her periods are irregular; the last was six weeks ago. She attends with her mother.

When specifically thinking about this role, questions in a case-based discussion may include:

- What communication strategies will you use with Emma and her mother? What specifically will you say to them?
- How would you ensure your approach is culturally safe and responsive for Emma, including if she identifies as Aboriginal or Torres Strait Islander or comes from a culturally diverse background?
- If she had an intellectual disability, how might this affect this consultation?
- How would you ask Emma about her sexual history?
- If she told you that she is sexually active, how would you explore her understanding and concerns?
- How might you explore the possibility of sexual abuse?
- How would you explain any examinations or investigations that you wish to do?
- If Emma has a positive pregnancy test, how would you discuss the results?
- How would you explain contact tracing if she has a positive chlamydia test?

- If she is not pregnant and you consider she might have polyendocrine metabolic ovarian syndrome, how would you explain this condition?
- How would you discuss contraception?
- What would you say to assess and ensure you have informed consent for any examination or investigation?
- How would you explain the differential diagnoses if Emma's pregnancy test is negative?
- What would you tell her about safety netting and follow up? How would you ensure that she understands?
- If Emma presented with hypotension, abdominal pain, and had a positive pregnancy test, how might this affect your communication and how you manage this consultation?

Learning resources

The curriculum website includes learning resources within each unit.

Assessment

Content in this unit will be assessed in a variety of ways.

Workplace based assessments

Mini-CEX	RCA	MSF	CBD	Reflective exercise	Audit	Mid and end term assessment

Fellowship examinations

AKT	KFP	CCE

KEY

- Expected to be assessed here always
- Often assessed here but not in every example / case / assessment
- May at times be here or contribute to the assessment