RACGP

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

The specialist GP as a professional

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

Disclaimer

The information set out in this publication is current at the date of first publication and is intended for use as a guide of a general nature only and may or may not be relevant to particular patients or circumstances. Nor is this publication exhaustive of the subject matter. Persons implementing any recommendations contained in this publication must exercise their own independent skill or judgement or seek appropriate professional advice relevant to their own particular circumstances when so doing. Compliance with any recommendations cannot of itself guarantee discharge of the duty of care owed to patients and others coming into contact with the health professional and the premises from which the health professional operates.

Accordingly, The Royal Australian College of General Practitioners Ltd (RACGP) and its employees and agents shall have no liability (including without limitation liability by reason of negligence) to any users of the information contained in this publication for any loss or damage (consequential or otherwise), cost or expense incurred or arising by reason of any person using or relying on the information contained in this publication and whether caused by reason of any error, negligent act, omission or misrepresentation in the information.

Recommended citation

The Royal Australian College of General Practitioners. Curriculum and syllabus for Australian general practice (7th edition). The specialist GP as a professional. East Melbourne, Vic: RACGP, 2026.

The Royal Australian College of General Practitioners Ltd

100 Wellington Parade

East Melbourne, Victoria 3002

Tel 03 8699 0414

Fax 03 8699 0400

www.racgp.org.au

ABN 34 000 223 807

Published September 2026

© The Royal Australian College of General Practitioners 2026

This resource is provided under licence by the RACGP. Full terms are available at www.racgp.org.au/usage/licence. In summary, you must not edit or adapt it or use it for any commercial purposes. You must acknowledge the RACGP as the owner.

We acknowledge the Traditional Custodians of the lands and seas on which we work and live, and pay our respects to Elders, past, present and future.

Contents

The specialist GP as a professional 4
Context 4
References 5
Competencies and Learning outcomes 6
Key areas of learning 8
Opportunities for learning 11
Words of wisdom 11
Learning strategies 12
Case example 15
Learning resources 15
Assessment 16

The specialist GP as a professional

Context

Professionalism is a commitment to the health and well-being of both patients and the broader community, demonstrated through ethical practice, high standards of personal conduct, accountability to the profession and society, physician-led regulation, and maintenance of personal health.[1] Professionalism is fundamental to the trust and respect the community places in medical professionals and the quality of care they provide. It goes beyond knowledge and technical skills to encompass a complex, multi-dimensional commitment to ethical and professional behaviour that evolves with societal expectations.[2] Professionalism involves upholding the social contract between doctors and the community. In return for status and financial rewards, clinicians need to meet the needs of society through service and altruism.[3] It is grounded in trust – both intellectual trust; the GP's commitment to scientific and clinical excellence, and moral trust; the obligation of the profession to protect, promote, and prioritise patients' health and interests before other interests.[4,5] This requires consistently demonstrating core professional attributes and treating everyone with dignity and respect, including patients and their family or community, colleagues, other healthcare workers, practice staff, and representatives from training or regulatory bodies.[6] Professionalism is shaped not only by individual intentions, but by how actions are interpreted and experienced, with patients, colleagues, the community, and the profession collectively influencing what is recognised as appropriate professional behaviour. GPs also need to maintain appropriate professional boundaries, which can be particularly complex in rural settings,[7] with the use of digital technologies, and with mandatory reporting.

Professional values are not static, they require constant reflection and development.[8] Reflective practice is essential for this ongoing growth, allowing GPs to critically evaluate their actions, decisions, and beliefs. Through reflection, GPs consolidate learning and professional identify, respond to challenges, acknowledge and learn from errors,[9] and engage in honest, open disclosure following adverse events.[10,11] Reflective practice also forms a critical component of Continuing Professional Development.

Feedback conversations provide performance related information which is necessary for understanding quality and professionalism in practice and to undertake evaluative judgement which is evaluating ones own performance against a quality benchmark. The best mindset for receiving feedback is a growth-oriented, curious, and an approach that views input as a tool for development rather than a personal attack. Key strategies include pausing to manage emotions, listening actively, asking clarifying questions, and separating feedback from self-worth. Engaging in feedback conversations, particularly with supervisors, supports co-construction of meaning and calibration of performance in complex and ambiguous circumstances.[12]

GPs may experience stress and professional isolation throughout their career.[13] Experiences of isolation are particularly common for those working in rural and remote areas, and those working in after-hours general practices. There are strategies to help mitigate the stress of being a GP, such as attending to physical and mental wellbeing and developing good self-care habits, and these are explored further in the 'Doctors' health' unit.

A GP's personal awareness and reflection on their own personal beliefs, ideologies, and cultural identity impacts on clinical interactions and healthcare service delivery. This personal awareness is important for culturally safe practice particularly with Aboriginal and Torres Strait Islander peoples, people from culturally and linguistically diverse backgrounds or religions, or those living with stigmatised conditions. GPs need to actively identify and seek to address their own biases, judgements, assumptions, and attitudes. Ongoing cultural competency training[14] and partnering with Aboriginal and Torres Strait Islander peoples and healthcare workers from culturally and linguistically diverse communities is vital to meeting professional and societal expectations.

References

1. Royal College of Physicians and Surgeons of Canada. Understanding the CanMEDS Roles: Professional. [Internet]. Ottawa: RCPSC; 2015. Available from https://www.royalcollege.ca/en/standards-and-accreditation/canmeds/professional-role.html Accessed 22 Jun 2026.
2. Blank L, Kimball H, McDonald W, et al. Medical professionalism in the new millennium: A physician charter 15 months later. *Am Coll Physicians.* 2003;138(10):839–41.
3. Bhugra D. Medicine's contract with society. *J R Soc Med.* 2014;107(4):144–7.
4. McCullough LB, Coverdale JH, Chervenak FA. Trustworthiness and Professionalism in Academic Medicine. *Acad Med.* 2020;95(6):828–32.
5. Brody H, Doukas D. Professionalism: A framework to guide medical education. *Med Educ.* 2014;48(10):980–7.
6. Longman C, Temple-Smith M. Promoting professional behaviour in general practitioner training practices: The views of practice managers. Aust J Gen Pract. 2019;48(6);403-409.
7. Glenister K, Haines H, Disler R. Benefits of the 'village': a qualitative exploration of the patient experience of COPD in rural Australia. *BMJ Open.* 2019;9(11):e030953.
8. Ong YT, Kow CS, Teo YH, et al. Nurturing professionalism in medical schools. A systematic scoping review of training curricula between 1990-2019. *Med Teach.* 2020;42(6):636-49.
9. Hodges BD, Robert P, Ginsbury S, et al. Assessment of professionalism: From where we have come—to where are we going? An update from the Ottawa Consensus Group on the assessment of professionalism. *Med Teach.* 2019;41(3):249–55.
10. Sturman NJ, Saiepour N. Ethics and professionalism in general practice placements: What should students learn? *Aust Fam Physician.* 2014;43(7):468–72.
11. Australian Commission on Safety and Quality in Health Care. Australian Open Disclosure Framework – Better communication, a better way to care. Sydney: ACSQHC; 2026. Available from: www.safetyandquality.gov.au/sites/default/files/migrated/Australian-Open-Disclosure-Framework-Feb-2014.pdf. [Accessed 29 Jun 2026]
12. Bearman M, Dracup M, Garth B, et al. Learning to recognise what good practice looks like: how general practice trainees develop evaluative judgement. *Adv Health Sci Educ.* 2022;27:215–28.
13. Parajuli DR, Ullah S, McGrail M, et al. Work-related, socio-cultural, and personal factors associated with locus of control among Australian general practitioners. *J Psychiatr Res.* 2022;155:589-595.
14. Brown J, Kirby C, Wearne S, Snadden D. Remodelling general practice training: Tension and innovation. *Aust J Gen Pract.* 2019;48(11):773–8.

Competencies and Learning outcomes

Competencies	Learning outcomes
The specialist GP is able to:	**The specialist GP is able to:**
Be an exemplar of professional behaviour and consistently follow professional codes of conduct in practice and reflect on own adherence. Understand own role as part of a collective to follow expected professional standards	adhere to relevant codes and standards of ethical and professional behaviour act ethically and with probity demonstrate respectful behaviours and language in interactions.
Identify potential threats to therapeutic boundaries and take preventive measures to preserve therapeutic boundaries	recognise boundary risks, including those that arise from close community connections or dual relationships preserve therapeutic boundaries in an ethical and professional manner.
Understand and navigate complexities in ethical practice to achieve a high level of ethical practice	identify and manage adverse events and potential adverse events, including appropriate use of open disclosure practices recognise and manage ethical tensions related to autonomy, beneficence, and cultural, family, or community obligations.
Develop and implement plans to enhance personal wellbeing, to allow for optimal professional performance and support colleagues in practicing self-care	demonstrate a positive personal health and wellbeing outlook identify and ethically support colleagues and co-workers in difficulty.
Foster environments that encourage feedback and participate in professional development relevant to current and future practice	actively seeks and responds to feedback identify and act on areas that could benefit from professional development.
Proactively engage in reflective practice and utilise it to continually improve	undertake regular self-reflective practice and appraisal.
Have strategies to identify quality practice in unfamiliar environments and be able to judge one's own provision of care in any setting	apply reflective and evaluative strategies to assess their own clinical performance when working in professional or geographical isolation.
Undertake regular critical reflection on own practice and utilise insights to continually improve cultural safety of patient care	use structured reflection to examine bias, assumptions, and power reflect on Aboriginal and Torres Strait Islander patient encounters to improve culturally safe care

	actively seek feedback from colleagues, and Aboriginal and Torres Strait Islander colleagues and patients.
Manage complex legal issues in practice	apply legal and ethical principles to assess capacity and consent, across a range of clinical contexts fulfil duty of care and mandatory reporting obligations use AI and other digital tools in a professional and legally compliant manner.
Synthesise clinical information for accurate medico-legal reports which may include providing a professional opinion	complete medical certificates, forms, and reports ethically and according to relevant legal requirements avoid deficit-based or stigmatising language in documentation.

Key areas of learning

Know and adhere to relevant standards of practice, such as:

- Good medical practice (Ahpra guidelines)
- Medical Board of Australia registration
- Code of Ethics (Australian Medical Association)
- duty of care in mandatory notifications:
    - disease notification
    - child protection
    - health practitioner
- duty of care in assessment and notifications:
    - fitness to drive
    - assessment of patients under a mental health act
    - substitute decision-making
- RACGP Professionalism Framework (to be released late 2026).

Understand the principles of ethical practice, with particular reference to:

- behaving professionally with patients, colleagues, and staff in the practice
- maintaining professional boundaries and being aware of transference and countertransference
- setting boundaries when treating family and colleagues
- supporting colleagues in difficulty
- mandatory reporting of colleagues, including when it is and is not indicated
- understanding and respecting the right of patients to be fully informed and their right to self-determination
- respecting a patient's culture and values, and being aware of how these have an impact on the therapeutic relationship
- recognising various conflict of interest scenarios, including:
    - attending funded events
    - meeting with pharmaceutical representatives
    - promoting goods and services in which the GP has a financial interest
    - familial relationships within working environments such as practices or referral networks
- understanding and working within the Australian healthcare system.

Engage professionally with peak training bodies, including:

- maintaining professionalism in written and verbal correspondence with organisations such as RACGP, GPSA, GPRA, training providers, and training practices
- demonstrating respect and courtesy towards all staff and representatives of these organisations, recognising their role, expertise and responsibility in supporting education and advocacy
- constructive engagement with peak bodies through participation in surveys and feedback mechanisms.

Demonstrate reflective skills, be self-aware, and embrace learning, including:

- regular reflection and evaluation of one's own strengths, limitations, and knowledge gaps
- taking personal responsibility for addressing areas for improvement
- understanding the need for lifelong learning and to maintain professional standards
- planning meaningful learning to address learning needs

- identifying adverse events
- developing skills in receiving feedback so that it stimulates growth and does not damage self-worth
- demonstrating a willingness to learn from mistakes
- managing patient feedback and complaints to improve care
- actively seeking and receiving feedback to help foster professional development.

Navigate unfamiliar environments and evaluate care through:

- critically evaluating one's own care and adapting appropriately in different contexts
- developing tools to adapt to face challenges that arise in geographically or professionally isolated settings
- understanding how to access remote resources including telehealth services or peer support networks when physically isolated from colleagues
- identifying locally available resources to ensure quality care when working in new or challenging locations, including up-to-date guidelines, clinical tools, and available expert consultation services.

Maintain personal health and wellbeing by:

- managing personal and professional isolation
- understanding psychological issues affecting doctors, such as stress, depression, burnout, addiction, and dysfunctional interpersonal relationships
- maintaining one's own health through self-awareness and self-care
- dealing with one's own reactions to patients and daily problems
- developing personal and professional support mechanisms.

Understand patient rights and capacity for consent, with regards to:

- mature minors (Gillick competence)
- patients with reduced capacity to consent; for example, because of mental health, disability or dementia
- confidentiality
- involuntary admission to a psychiatric institution under a mental health act
- medical power of attorney and guardianship
- advance care directives
- voluntary assisted dying
- mandatory reporting:
- child abuse
- impaired health professional
- communicable diseases
- medico-legal reports and subpoenaed medical records.

Complete certificates ethically and legally, including:

- sickness
- Centrelink
- private insurance
- work and capacity-for-work certification
- fitness to drive
- death and reporting to coroner and for cremation

- order forms, including doctor's bag medication
- when witnessing documentation, such as statutory declarations.

Maintain and use quality clinical records appropriately, including:

- collecting appropriate information
- developing accurate and legible recordings of consultations and referrals to enable continuity of care by GPs and other colleagues
- integrating medico-legal requirements into the clinical record (informed consent documentation)
- generating medico-legal reports
- responding to medical record requests and subpoenas

Use generative AI tools professionally and legally, including:

- being transparent about the use of generative AI tools including scribes and obtaining informed consent from patients when using
- understanding how to use generative AI tools safely, ensuring they comply with relevant privacy laws and regulations, and how and where data is stored
- checking and correcting all AI-generated information, understanding GPs are accountable for accuracy of the clinical record and all associated documents
- being aware of the limitations, risks and biases of generative AI tools in scribing and clinical decision-making, and ensuring there is always human oversight in the use of generative AI

Opportunities for learning

Words of wisdom

- Professionalism isn't 'static'. It evolves with societal expectations, cultural factors, and the unique circumstances of each situation. Similarly, there is rarely a single 'gold standard' way of dealing with a situation, but rather several reasonable courses of action, some of which can be done simultaneously. Be prepared to be responsive. As circumstances change, you need to change with them. This is increasingly important as technology shifts, such as the incorporation of generative AI into clinical practice.

- Professionalism extends beyond patient care – it is evident in how you engage with everyone you work or correspond with. This includes practice staff, training providers, and RACGP staff. Written and verbal communication, including emails, messages, and workshop interactions, all contribute to how you are perceived as a professional.

- Professionalism is often learnt through reflective observation (watching others). You will see clinicians behaving with professionalism, and sometimes you will see unprofessional behaviour. Both can be important learning moments. Reflect on what you notice and consider your own behaviour in light of these reflections. Talk with trusted colleagues or mentors about your reflections and seek their feedback. Often the act of verbalising what you've observed helps clarify the issues and identify a constructive path forward. Receiving feedback can be hard. We are all susceptible to making mistakes and could improve in some areas, so it's important to have an open mind and be willing to change. General practice is a career of lifelong learning, and engaging in feedback and reflection keeps us current and effective, and is a sign of professional behaviour.

- Listen to your inner monologue about professionalism issues. If you feel uncomfortable about a situation, or if you are about to do something that you wouldn't be comfortable recording in your notes or telling a peer about, then it is probably bordering on unprofessional. Equally, if what you are about to do is significantly different to the approach of your colleagues, then stop and consider why that is. Remember, legality and professionalism don't always align – just because something is legal (ie self-prescribing in certain states) doesn't make it ethical professional practice.

- As doctors, we have an ethical and professional responsibility to look after ourselves so we can provide safe, compassionate care for our patients. Doctors are not immune to stress, burnout, or illness and ignoring our wellbeing ultimately affects our patients. Review the 'Doctors' health' unit for tips and strategies.

Learning strategies

On your own

Review the RACGP Professionalism framework (available late-2026). Identify examples that relate to your own experiences. Reflect on your own interactions with practice staff, supervisors, training provider staff, and RACGP representatives.

- *Were there situations where communication could have been more respectful, clear, or timely?*
- *What strategies could you employ to improve your written (email) communication and verbal communication in professional settings?*
- *How do you manage frustration or disagreement professionally? What helps keep this constructive?*

Reflect on a near miss or adverse event that you were involved in. If you feel comfortable, tell a supervisor, friend or mentor about the situation and what you learnt.

- *How did you feel after the incident? What did you learn from this situation? How have you changed your practice as a result?*

Reflect on hypothetical patient scenarios that might make you feel uncomfortable because they raise conflicts with your personal or ethical principles. For example, a patient presenting for voluntary assisted dying, a parent refusing vaccination for their child, a perpetrator of domestic violence or sexual abuse, or a request for termination of pregnancy. You could also reflect on other patients that could challenge you such as a patient misusing drugs or a patient who is unemployed.

- *How do these situations make you feel?*
- *How do you manage the tension or conflict between these issues and your ethical principles? What strategies could you use to help manage these situations?*
- *Consider the role of cultural safety and cultural humility. How can you ensure professionalism while still respecting cultural diversity?*

With a supervisor

Identify your ethical duty of care obligations for the following four examples: detaining a patient under a mental health act, mandatory reporting for child protection, fitness to practice for medical professionals, and fitness to drive. Discuss these with your supervisor.

- *What are your obligations? How and where would you report in each of these areas?*
- *What are the barriers to you reporting? How do you overcome these?*

Ask for feedback from your supervisor. Practise actively listening to what they say. Ask further probing questions or ask for examples if you don’t understand. Identify what you can do to improve. Take some time to think about this.

- *How did you feel during the feedback session? What made the feedback easier or harder to listen to?*
- *Are you clear on where you could improve? What changes can you make next time? How can you go about seeking regular feedback during the term? Can you identify any other sources of feedback (for example, from a practice nurse or administrative staff)?*

Discuss with your supervisor the potential issues of maintaining boundaries with patients. This may be especially challenging in rural areas, or for example, where local community expectations may vary from the expectations of broader Australian general practice. Look through the learning resources section. What information did you find to help you manage these boundaries?

- *How does your supervisor manage professional boundaries?*
- *Are there 'hard boundaries' and 'soft boundaries'?*
- *How can you be self-aware of your boundaries?*
- *What are some of the potential sources of expectations that may risk crossing professional boundaries?*
- *Consider whether there are cultural community expectations*
- *Expectations of your family*
- *Expectations of those you work with, or that know your family*
- *Expectations of those who know your children, such as teachers or parents*
- *How do their expectations align with the MBA's Good Medical Practice?*
- *What can you do if you are concerned there is a crossing of boundaries?*
- *How does 'digital' communication (ie emails, text messages) blur professional boundaries?*

In a small group

Consider the following scenarios and identify the issues related to professional and ethical behaviour:

- A reception staff member books an appointment with you to obtain a pathology form for a blood test that their naturopath has requested.
- A doctor approaches you in the corridor asking for a script for the contraceptive pill.

- *What issues do these situations raise?*
- *How do you manage these situations?*
- *How do your peers manage these situations?*
- *Do these scenarios breach professional boundaries?*
- *What strategies might help if you are faced with these situations in the future?*

Discuss the following case about social media use:

A medical student discussed a funny story in a private WhatsApp group with other medical students. The story was about a patient he had seen in the emergency department. He then shared the story on his Facebook page. The patient's name wasn't used, but their symptoms and circumstances were.

Also discuss these situations;

- Accepting a friend request from a patient
- Tweeting a photo at work on Monday morning with the caption: 'This is why you should never drink on a Sunday night #hatemondays'
- Talking about patients (in a de-identified manner) on a private Facebook group

Once you've finished your discussion, read the perspective of the UK General Medical Council, which explores these cases in detail on their website:

1. Social media use – case study
2. Sam and Dr Walker

- *What did you think about these situations? What was acceptable or unacceptable behaviour? Was there disagreement in the group? How did this compare to the UK GMC advice?*
- *How will you approach these situations in the future?*

Discuss the following cases about generative AI use:

- A GP uses generative AI to draft patient notes and copies them into the record without editing
- A GP uses generative AI to prepare a referral letter containing sensitive patient information but uploads the text into a public, non-secure AI tool
- A GP asks generative AI for 'differential diagnoses' during a consultation and shows the list to the patient

- *What professionalism issues are raised in these scenarios? (eg confidentiality, patient trust, clinical accuracy) How could the use of AI be improved in these situations?*
- *Have a look at similar case studies on the Aphra website for further discussions about professionalism and generative AI use.*

With a friend or family member

Talk about signs of burnout and when you might need help.

- *What are the signs that you might need help? Are these different to signs other people might exhibit?*
- *How can you recognise that you might not be functioning at optimal capacity? How could you be more self-aware of your need for help?*
- *What strategies do you have to maintain your wellbeing? (eg exercise, peer support)*

Discuss the idea of professionalism and ethical behaviour with a friend or family member.

- *What sorts of behaviours do they consider to be professional? What sorts of behaviours to be unprofessional?*
- *What changes could you make to your practice as a result of your discussion?*

Read the Medical Board of Australia's *Good medical practice – code of conduct*, specifically the professionalism and professional behaviour section, with a friend or family member. Make a list of five things that you learnt from this code.

- *What did you learn? Was there anything in the code that surprised you? How will you incorporate this into your practice? What was the perspective of a non-medical person on the professionalism sections of the code of conduct?*
- *If you were a supervisor orientating a new doctor to Australian general practice, what key things would you highlight with regards to the code of conduct? Did your friend or family member highlight different things?*

Case example

Maria, a regular patient of your colleague, comes to see you with a persistent cough. She asks about the results of a mammogram and ultrasound that were organised three weeks ago, as she had a breast lump. She thinks the lump is smaller, although still present, and has assumed that the results were alright, as she has not heard from your colleague. You cannot find any results in her notes. You contact the radiology provider, and the results indicate potential malignancy.

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

- What will you say to Maria about the lack of follow up?
- How will you discuss this incident with your colleague? What if your colleague is your supervisor?
- If your colleague becomes defensive or angry, how will you manage that?
- On further questioning, your colleague admits to feeling stressed recently and having difficulty sleeping. What health and wellbeing issues for your colleague might you consider at this stage?

What needs to be considered in managing the incident from the perspective of Maria, your colleague, and the practice?

- If after talking to your colleague, you have concerns about their clinical practice, would you discuss this with anyone else in the practice? If so, who?

What other resources or groups might you suggest your colleague contact for further support or advice?

- Your colleague asks you for a script to help with sleeping, which is worse since this incident. How might you manage this request?
- What is your approach to requests for medication from colleagues or practice staff?
- What if you were working in a remote rural area and your colleague was unable to access another GP for support?
- What documentation would you complete in relation to this incident?
- What practice systems are there for managing near misses or adverse events?
- What are the requirements for mandatory notification of health professionals? Would you need to notify in this situation? What if you were concerned your colleague was misusing medication?
- How do you manage and monitor your wellbeing to allow you to perform your role well?
- What practice systems should be considered in light of this event?
- If when you asked about the mammogram, Maria said she had not gone as she felt uncomfortable at that radiology provider, what responses would you have?

Learning resources

The curriculum website includes learning resources within each unit.

Assessment

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

Workplace based assessments

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

Fellowship examinations

AKT	KFP	CCE

KEY

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

ABBREVIATIONS

Mini-CEX – Mini-clinical evaluation exercise
RCA – Random case analysis
MSF – Multi source feedback
CBD – Case-based discussion
AKT – Applied knowledge test
KFP – Key feature problem
CCE – Clinical competency exam