RACGP

Rural Generalist Fellowship (FRACGP-RG)

Additional Rural Skills Training (ARST) Curriculum for Core emergency medicine training

Rural Generalist Fellowship (FRACGP-RG): Additional Rural Skills Training (ARST) Curriculum for Core emergency medicine training

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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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Introduction

The Royal Australian College of General Practitioners Rural Generalist Fellowship (RACGP RG Fellowship) is a qualification awarded by the RACGP in addition to the vocational Fellowship (FRACGP). Completion of the RACGP RG Fellowship Core emergency medicine training curriculum is an essential component of training towards the RACGP RG Fellowship . This additional training is designed to augment core general practice training by providing an opportunity for Rural Generalists to develop additional skills and expertise in rural emergency medicine.

This curriculum sets out the competencies that candidates are required to develop when completing the RACGP RG Fellowship Core emergency medicine training. It is also designed to provide a framework for the teaching and learning of the critical knowledge, skills and attitudes that Rural Generalists require to effectively care for patients with a range of emergency presentations in rural and remote environments.

Objectives

The provision of effective emergency care is a core requirement for Rural Generalists. Indeed, it is a requirement that is embedded into its very definition. A Rural Generalist is a:

> … medical practitioner who is trained to meet the specific current and future healthcare needs of Australian rural and remote communities, in a sustainable and cost-effective way, by providing both comprehensive general practice and emergency care, and required components of other medical specialist care in hospital and community settings as part of a rural healthcare team.[1]

Rural Generalists must be able to provide appropriate emergency care to support enhanced quality, safety and continuity of care that meets the needs of their rural community. Completing the RACGP RG Fellowship Core emergency medicine training curriculum will provide Rural Generalists with skills and confidence to manage emergency situations in the relative isolation in which they may operate. Through this training, candidates will develop the knowledge, skills and confidence to address their unique rural challenges, provide high-quality emergency medicine care and lead healthcare teams in their community. A long-term outcome will be improved equity of access to skilled emergency medicine practitioners and better healthcare for rural Australians.

Prerequisites

RACGP RG Fellowship Core emergency medicine training can be undertaken any time after the Hospital Training Time component of the FRACGP has been completed. Some candidates choose to complete their RACGP RG Fellowship Core emergency medicine training immediately after their Hospital Training Time, which has the benefit of giving the candidate an opportunity to contribute to the emergency roster in a rural hospital while training in a rural general practice. Other candidates choose to complete their RACGP RG Fellowship Core emergency medicine training after, or even concurrently with, their general practice training terms, which has the benefit of giving the candidate experience of the context in which the emergency services will be provided. The RACGP recommends that candidates work closely with their training organisation to plan the best training pathway for their individual circumstances. Additionally, candidates must have completed at least one accredited emergency medicine skills and/or simulation training course in the 24 months before, or during, their training. Accredited courses include:

- Advanced Paediatric Life Support (APLS)
- Advanced Life Support in Obstetrics (ALSO)

- Early Management of Severe Trauma (EMST)
- Advanced Life Support (ALS2)
- Emergency Management of Anaesthetic Crises Course (EMAC)
- Rural Emergency Skills Training (REST)
- Emergency Trauma Management Course (ETM)
- Rural Emergency Skills Program (RESP) – Critical Care.

Other courses may be approved by the RACGP Rural Censor on application.

- To be considered, these courses must:
- be at least two days in duration
- be relevant to rural general practice
- have an assessed component.

Duration

The RACGP RG Fellowship Core emergency medicine training generally requires a minimum of six months (full-time equivalent [FTE]) in an accredited training post, in accordance with the vocational standards and requirements published by the RACGP. Candidates need to demonstrate satisfactory achievement of outcomes as per the curriculum.

Context for the FRACGP-RG ARST Curriculum for Core emergency medicine training

The RACGP RG Fellowship Core emergency medicine training must be undertaken in an accredited emergency medicine facility that:

- is an emergency department staffed by medical staff 24 hours a day, seven days a week, or, where it is a rural emergency department staffed by visiting medical officers on call to the hospital, there must be onsite supervision and support available to the candidate at all times
- has onsite supervision provided by emergency department clinician(s) who is a
  - Fellow of the Australasian College for Emergency Medicine (FACEM) OR
  - Rural Generalist with emergency medicine qualifications, such as a Fellowed GP with Additional Skills in Emergency Medicine (or equivalent) OR
  - Rural Generalist currently credentialed to provide emergency care with at least three years' post-FRACGP experience and at least three years' emergency experience
- manages a spectrum of presentations, including adults and children and all triage categories
- is committed to the education and training of registrars.

Candidates must be supervised by a Fellow of the RACGP, Australian College of Rural and Remote Medicine or the Australasian College for Emergency Medicine. The supervisor must be based locally, credentialled to deliver emergency medicine, and have clinical and educational experience in rural emergency medicine. Remote supervision is not permitted. Training may be undertaken in a composite post across a number of eligible training locations as approved by the Rural Censor. Candidates must be exposed to diverse presentations that will enable them to fulfil the full range of curriculum requirements.

Candidates will engage in self-directed learning under the supervision of a rural GP supervisor/mentor with experience in emergency medicine, a medical educator (or equivalent), and an onsite supervisor who is an FACEM or rural generalist with emergency medicine qualifications.

The rural GP supervisor/mentor is a source of advice on training in the broader context of rural general practice, as well as a professional role model and mentor. Their role is to:

- act as GP role model, mentor and support person
- provide mentoring in the context of Rural Generalist emergency practice
- participate in workshops in person or by teleconference, where appropriate
- contribute to formative assessment of the candidate, where appropriate.

The medical educator provides a link back to the training organisation to inform the candidate about educational activities and overall training requirements. For post-Fellowship candidates, an approved mentor with educational experience may fill this role. Their role is to:

- provide advice and assistance regarding training needs, learning activities an completion of training requirements

- assist in developing, implementing and evaluating learning materials
- assist in access to learning opportunities for procedural skills and other abilities
- contribute to formative assessment of the candidate.

The onsite supervisor who is an FACEM or Rural Generalist with emergency medicine qualifications provides the candidate with a source of clinical expertise, advice and educational support. Their role is to:

- provide supervision in the clinical setting
- facilitate access to clinical learning opportunities
- demonstrate clinical skills and procedures
- observe the candidate's performance and provide regular feedback and assistance
- conduct regular teaching sessions
- monitor the candidate's progress and contribute to formative assessment
- report on progress in completing assessment requirements.

A combination of teaching methods is used, taking into account the specific clinical context and learning environment. Teaching and supervision methods strongly emphasise the acquisition of knowledge and skills in practical settings. Through demonstration, observation and interactive teaching methods, candidates are challenged to perform, reflect upon and assess their competence in applying the clinical knowledge and skills described in the curriculum.

Teaching methods may include:

- practice-based demonstration by supervisors
- practice-based observation and feedback on candidate performance
- group discussion/activities/case studies/presentations
- role-play/simulated situations illustrating challenging clinical scenarios
- online learning modules
- simulation of clinical presentations
- specific courses and workshops
- audio-visual presentations/web-based presentations
- regular meetings with supervisors
- access to continuing professional development workshops
- presentation of educational sessions to other staff or community groups
- journal articles/web-based resources
- development of teaching skills through teaching junior medical staff and medical students.

Candidates are expected to determine the depth and extent of education and training required in consultation with their supervisors and document this as part of their learning plan.

Content of the FRACGP-RG ARST Curriculum for Core emergency medicine training

Emergency medicine is a diverse and challenging field. It would not be possible for candidates to achieve and maintain a high degree of proficiency in all of the possible areas of emergency medical practice during this training. However, it is vital for candidates to gain (and maintain) a core set of knowledge and skills that are central to practising emergency medicine in rural and remote areas.

The following content list provides guidelines for the candidate and supervisors regarding topics to be covered during the RACGP RG Fellowship Core emergency medicine training. It is a non-exhaustive list of desirable knowledge and skills to meet the emergency medicine needs of rural and remote communities. It is anticipated that this list may be adapted to address the particular learning goals of candidates and the particular context in which the training is conducted.

The content is organised under the following three headings:

1. Resuscitation and critical care
2. Emergency medical presentations
3. Clinical support and education

1. Resuscitation and critical care

This entails:

- structured assessment of the critically ill patient
- recognition and management of critical illness such as anaphylaxis and status epilepticus
- clinical assessment and procedural management of
  - airway
  - breathing
  - circulation
  - disability (altered consciousness)
  - exposure
- clinical assessment and management of critical care emergencies, including
  - cardiac arrest
  - paediatric critical care
  - major trauma
  - behavioural emergencies
- preparing patients for retrieval and communicating effectively with referral hospitals and retrieval services.

2. Emergency medical presentations

This entails:

- evidence-based assessment and management of common emergency medical presentations, including
  - acute chest pain
  - acute dyspnoea
  - altered conscious state
  - syncope
  - acute severe headache
  - acute abdominal pain
  - acute pelvic pain/per vaginal (PV) bleeding
  - fever/systemic symptoms
  - toxicological emergencies
  - mental health and alcohol/drug emergencies
  - obstetrics presentations >20 weeks
  - eye emergencies
  - ear, nose and throat emergencies
  - paediatric emergencies
  - soft tissue injury/infection
  - orthopaedic trauma
- pain management and sedation.

3. Clinical support and education

This entails:

- maintaining quality care and protecting patient safety
- legal, ethical and professional standards in the provision of emergency care
- professional development and relationships
- social determinants of health on emergency presentations
- public health risks related to emergency presentations
- effective use of emergency resources
- disaster preparedness
- teaching and supervision.

Further detail regarding the clinical knowledge and procedural skills required for completing the RACGP RG Fellowship Core emergency medicine training is outlined in the Appendix.

Learning outcomes and performance criteria

The **RACGP c**urriculum for Australian General Practice 2022 bases lifelong teaching and learning on the five domains of general practice. These domains represent the critical areas of knowledge, skills and attitudes necessary for competent, unsupervised general practice. They are relevant to every general practice patient consultation and also form the foundation of the skills of Rural Generalists. The five domains:

1. Communication and the patient–doctor relationship
2. Applied professional knowledge and skills
3. Population health and the context of general practice
4. Professional and ethical role
5. Organisational and legal dimensions

Candidates undertake the RACGP RG Fellowship Core Emergency Medicine Curriculum in conjunction with the RACGP Curriculum for Australian General Practice 2016. The RACGP RG Fellowship Core emergency medicine curriculum is designed to detail the additional core emergency medicine skills that Rural Generalists require to competently deliver unsupervised emergency medicine care in rural and remote communities. By the end of RACGP RG Fellowship Core emergency medicine training, the candidate will have expanded upon the assumed level of knowledge of the vocational registrar in these areas.

1. Communication and the patient–doctor relationship

Learning outcomes	Performance criteria
1.1 Communicate effectively with patients and their families in the provision of emergency care	1.1.1 Rapidly establishes rapport and builds trust with patients and their family in emergency presentations 1.1.2 Communicates in a manner that is clear, culturally safe and tailored to the needs of the patient and their family when communicating clinical findings, working diagnosis, test results and management plans 1.1.3 Clearly and accurately discusses procedures to ensure informed decision making and patient consent in the context of emergency care 1.1.4 Uses effective communication skills to sensitively conduct family conferences and facilitate collaborative decision making in relation to complex medical scenarios and / or end of life circumstances

1.2 Use effective communication skills with other health professionals to facilitate the delivery	1.2.1 Communicates clearly with other members of the emergency care team when managing emergency presentations 1.2.2 Communicates clinical information effectively and appropriately with other health professionals including nursing staff, ambulance officers, staff in nursing homes, community-based nurses, medical practitioners and specialists, referral and retrieval services 1.2.3 Utilises communication technologies such as telehealth services where needed 1.2.4 Uses effective communication skills to ensure equitable access to specialty level care for patients

2. Applied professional knowledge and skills

Learning outcomes	Performance criteria
2.1 Deliver effective emergency care in rural and remote settings with limited resources and isolated from supports	2.1.1 Takes on the role of clinical leadership in the management of the seriously or critically ill or injured patient while facilitating team work and clinical communication 2.1.2 Initiates immediate triage and assessment consistent with the primary survey approach to emergency care with the goal of identifying and responding to immediate life threats 2.1.3 Provides timely emergency care appropriate to the clinical presentation 2.1.4 Prioritises resuscitation measures in response to life threats identified during the initial assessment and/or which develop during the continuing care of the patient 2.1.5 Obtains a relevant clinical history consistent with presentation, needs of the patient and sociocultural context 2.1.6 Obtains additional clinical information from ambulance officers, family members, witnesses, nursing and medical providers, nursing home, referral sources and patient records 2.1.7 Performs a focused physical examination relevant to the clinical history/presentation 2.1.8 Utilises bedside testing appropriate to the clinical presentation 2.1.9 Formulates a differential diagnosis consistent with the patient history, physical examination, results of bedside testing, and considers geography, epidemiology and sociocultural context 2.1.10 Arranges emergency investigations based on the differential diagnosis with a priority given to identifying/ ruling out serious/ life-threatening disease or injury 2.1.11 Initiates emergency management that is evidence based and appropriate to the clinical context and needs of the patient 2.1.12 Provides prompt and continuing analgesia and symptom relief appropriate to the clinical context and needs of the patient

	2.1.13 Recognises and takes into consideration the complexities of clinical decision making and formulation of management plans in patients with multisystem and/or complex health issues and identifies and follows advanced directives 2.1.14 Seeks to ensure continuing care for the patient through: i. clearly formulated discharge planning and referral practices; ii. hospital admission, documentation and appropriate clinical handover; or iii. effective collaboration with retrieval/transport services and receiving hospitals to formulate management plans for the continuing care of the patient
2.2 Support the delivery of prehospital care in rural and remote settings	2.2.1 Provides effective support to prehospital care providers requesting medical advice/assistance 2.2.2 Provides onsite medical assistance in the rural and remote prehospital settings when required 2.2.3 Identifies immediate threats of harm and implements strategies to ensure the safety of the patients, bystanders and medical staff when providing onsite medical assistance
2.3 Work collaboratively in planning retrieval/transport of patients to higher-level care facilities	2.3.1 Stabilises and prepares/packages critically ill or injured patients for retrieval 2.3.2 Selects the most appropriate available transport modality, taking into account logistical windows, weather/ environmental restrictions and clinical limitations 2.3.3 Monitors and ensures continuing care for the critical ill patient 2.3.4 Provides retrieval services and receiving hospitals with continuing communication on the patient's condition 2.3.5 Ensures clear communication of clinical information to retrieval/transport personnel taking on the care of the patient for the transfer

3. Population health and the context of general practice

Learning outcomes	Performance criteria
3.1 Use evidence and rational decision making in planning the provision of emergency care in the community	3.1.1 Recognises the influence of the social determinants of health on rural emergency presentations and proposes appropriate management plans to reduce risk 3.1.2 Identifies the impact of differing disease and risk profiles on culturally diverse and disadvantaged populations in relation to emergency presentations and delivery of emergency care 3.1.3 Identifies and seeks to remove barriers to access to highqualityemergency care 3.1.4 Identifies current and emerging public health risks contributing to emergency presentations including trends in infectious disease, toxicological presentations, substance abuse, trauma and non-accidental injury 3.1.5 Balances the health needs of individuals with the health needs of the rural/remote community through effective utilisation of emergency resources 3.1.6 Collaborates with relevant agencies and professionals in relation to disaster preparedness, community capacity building, health service delivery and research

4. Professional and ethical role

Learning outcomes	Performance criteria
4.1 Maintain high-level ethical and professional standards when providing emergency care and leading the rural/remote emergency care team	4.1.1 Maintains duty of care to patients, colleagues and the community when providing emergency care 4.1.2 Respects advance care directives and/or expressed wishes in relation to end-of-life care, recognising the influence of individual assumptions, beliefs and experience on the delivery of culturally safe emergency care 4.1.3 Understands boundaries and recognises the importance of managing professional boundaries when providing emergency care in rural/remote communities 4.1.4 Reviews, maintains, and is actively engaged in developing professional knowledge and skills relevant to the delivery of emergency care in rural / remote settings

4.2 Actively engage in self-care and promote the wellbeing of the healthcare team	4.2.1 Recognises the challenges arising from professional isolation and limited/absent peer support, and identifies and implements strategies to minimise the impact of these in their clinical practice 4.2.2 Recognises the challenges resulting from clinical demands, professional isolation and clinical leadership on their own mental and physical health and the health of their colleagues and implements strategies to improve health and wellbeing 4.2.3 Supports members of the health team faced with difficult clinical challenges and isolation from specialty services by providing effective leadership
4.3 Provide leadership and participate in quality improvement activities in the context of delivering emergency care	4.3.1 Participates in community disaster planning 4.3.2 Provides leadership and participates in morbidity/mortality audits, adverse incident reporting, quality assurance and initiatives for improving patient safety 4.3.3 Provides critical incident debriefing to other members of the healthcare team 4.3.4 Identifies opportunities for education and training of the team in preparation for clinical challenges

5. Organisational and legal dimensions

Learning outcomes	Performance criteria
5.1 Understand and apply relevant statutory, organisational and regulatory frameworks while providing emergency care	5.1.1 Complies with professional standards and legislative requirements relating to infection control, patient confidentiality, informed consent, medical documentation and prescribing, provision of medical reports, certification, and responding to medical emergency team (MET)/arrest calls 5.1.2 Liaises appropriately with police and other authorities 5.1.3 Ensures appropriate documentation in relation to reporting and liaising with police and associated documentation including witness statements and forensic examinations 5.1.4 Complies with requirements of the Mental Health Act in relation to the patient detention, use of physical and pharmacological restraint and the application of Inpatient Treatment Orders 5.1.5 Acts in accordance with the legal obligations for mandatory reporting of suspected abuse

5.2 Participate in clinical governance and seek to improve quality of emergency care	5.2.1 Implements effective triaging and time management structures to allow timely provision of care 5.2.2 Makes effective use of information systems to enhance patient safety and the quality of clinical care that is provided in the rural/remote setting 5.2.3 Provides clinical leadership to the health team with respect to identifying, preventing and responding to critical incidents/adverse events in relation to the delivery of emergency care in rural/remote communities 5.2.4 Contributes to clinical governance of the rural/remote health service 5.2.5 Supports strategies for maintaining clinical standards in the setting of rural/remote emergency practice

Assessment

Satisfactory completion of the RACGP RG Fellowship Core emergency medicine training will be assessed by a combination of workplace-based assessment (WBA) approaches. WBA is a recognised approach to assessing medical practitioners in training in the actual workplace, and WBA assists with training, as well as assessment. To achieve this requirement, WBAs assess a diverse range of professional attributes and clinical competencies, across the various domains.

The following WBA tools will be used to assess the candidate's competency:

- Logbook
- Two random case notes analysis sessions reviewing a minimum of three cases per session
- Two direct observation of procedural skills (DOPS) sessions, with three cases per session
- One Mini-Clinical Evaluation Exercise (Mini-CEX) session, with a minimum of three cases
- Two supervisor reports, one completed at three months and one at completion of six months of training (FTE)

Each of these tasks are described in more detail below.

Logbook

During the training, the candidate will complete a logbook documenting that they have performed or completed training in the core procedural skills required in this curriculum. For each procedure, a sign-off is required by the supervising senior clinician or educator confirming satisfactory completion of the procedure by the candidate.

Random case notes analysis

Candidates will be required to undertake two random case note analysis sessions in which a minimum of three cases are reviewed per session. Using patient notes that are randomly selected, the assessor will review the quality of case notes as well as explore the candidate's clinical decision making, management and therapeutic reasoning.

The first of these random case notes analysis sessions should be completed by the supervisor in months two to three (FTE) of the training. The second session should be completed by the medical educator or independent assessor in months four to five (FTE).

Direct observation of procedural skills

Candidates will be required to undertake two DOPS sessions in which a minimum of three cases are observed per session. The assessor will observe the candidate conducting a procedure on real patients and provide feedback about their performance. Each case must involve a different procedural skill such as:

- suturing of simple wound
- reduction large joint dislocation
- intravenous procedural sedation
- cardioversion
- complex airway procedure
- nerve block, ultrasound

- application of plaster
- other relevant procedure approved by supervisor.

The first of these DOPS sessions should be completed by the supervisor in months two to three (FTE) of the training. The second session should be completed by the medical educator or independent assessor in months four to five (FTE).

Mini-CEX

Candidates will be required to undertake one Mini-CEX session in which a minimum of three cases are observed. The assessor will observe the candidate conducting a consultation with real patients and provide feedback about their performance.

This session should be completed by an independent assessor in months four to five (FTE).

Supervisor reports

The candidate and their supervisor will meet halfway through the training (eg at three months for full-time training) and at the end of the training period (eg at six months for full-time training) to complete a supervisor report.

These reports should provide a global assessment of performance against the outcomes outlined in this curriculum. The candidate and supervisor will meet to discuss the candidate's performance, identify areas for further learning and development, and ensure that the candidate is progressing adequately in their training. Progression, or lack thereof, should be documented and discussed, with the intent of formulating a plan to remediate any gaps identified either through additional learning, or experiences, or a combination of both.

Recommended learning resources

- Bersten AD, Handy JM. Oh's intensive care manual. 8th edn. Edinburgh: Elsevier, 2018.
- BMJ Advanced Life Support Group. Advanced paediatric life support – The practical approach. 6th edn. London: BMJ Books, 2016.
- Cameron P, Jelinek G, Kelly AM, Brown AFT, Little M. Textbook of adult emergency medicine. 4th edn. Edinburgh: Churchill Livingstone, 2014.
- Cameron P, Jelinek G, Everitt I, Browne GJ, Raftos J. Textbook of paediatric emergency medicine. 2nd edn. Edinburgh: Churchill Livingstone, 2012.
- Chan O. ABC of emergency radiology. 3rd edn. London: BMJ Books, 2013.
- Gwee A, Rimer R, Marks M. Paediatric handbook. 9th edn. Melbourne: Wiley-Blackwell, 2015.
- Hurd WW, Jernigan JG. Aeromedical evacuation: Management of acute and stabilized patients. New York: Springer, 2003.
- McRae R, Esser M. Practical fracture treatment. 5th edn. Edinburgh: Churchill Livingstone, 2008.
- Murray L, Little M, Pascu O, Hoggett KA. Toxicology handbook. 3rd edn. Sydney: Elsevier, 2015.
- Murtagh J. Practice tips. 7th edn. Sydney: McGraw-Hill, 2017.
- Royal Flying Doctor Service (Western Operations). Transporting your patient: Guidelines for organising and preparing patients for transfer by air. Perth: RFDS, 2011. Available at http://www.rfds.info/Transporting_Your_Patient_2011.pdf [Accessed 1 July 2020].
- Stone CK, Humphries RL. Current diagnosis and treatment emergency medicine. 8th edn. New York: McGraw-Hill, 2017.
- Stuart P, Bament J. ABCDs of emergency medicine. 8th edn. Adelaide: LearnEM, 2017.
- Sutherland SK, Tibballs J. Australian animal toxins: The creatures, their toxins and care of the poisoned patient. 2nd edn. Melbourne: Oxford University Press, 2001.
- Toxicology and Wilderness Expert Groups. Therapeutic guidelines: Toxicology and wilderness. Version 2. Melbourne: Therapeutic Guidelines Limited, 2012.
- Walls R, Hockberger R, Gausche-Hill M. Rosen's emergency medicine: Concepts and clinical practice. 9th edn. Philadelphia: Elsevier, 2017.
- Wyatt JP, Illingworth RN, Graham CA, Hogg K. Oxford handbook of emergency medicine. 4th edn. Melbourne: Oxford University Press, 2012.

References

1. Historic agreement landed for rural practice [press release]. Canberra: Commonwealth Department of Health, 2018.

Glossary and key terms

ABCDEs	airway, breathing, circulation, disability, exposure (structure for the primary survey)
ABG	arterial blood gas
ACEM	Australasian College for Emergency Medicine
ACRRM	Australian College of Rural and Remote Medicine
ACS	acute coronary syndrome (unstable angina, NSTEMI)
ALS	adult life support
ALS2	Advanced Life Support (training course)
ALSO	Advanced Life Support in Obstetrics (training course)
APLS	Advanced Paediatric Life Support (training course)
ARC	Australian Resuscitation Council
AXR	abdominal X-ray
BELS	Bedside Emergency Life Support (ultrasound protocol)
BGL	blood glucose level
CBD	case-based discussion
CNS	central nervous system
COPD	chronic obstructive pulmonary disease
CPR	cardiopulmonary resuscitation
DKA	diabetic ketoacidosis
DOPS	direct observation of procedural skills
ECG	electrocardiogram
eFAST	Extended Focused Assessment Of Sonography In Trauma (ultrasound protocol)
EMAC	Emergency Management of Anaesthetic Crises (training course)
EMST	Early Management of Severe Trauma (training course)
ETM	Emergency Trauma Management (training course)
ETT	endotracheal intubation
FACEM	Fellow of the Australasian College for Emergency Medicine
FACRRM	Fellow of the Australian College of Rural and Remote Medicine

FAST	Focused Assessment For Sonography In Trauma (ultrasound protocol)
FTE	full-time equivalent
IDC	indwelling catheter
Level I	Candidate is able to perform the procedure independently (refers to procedural skills)
Level II	Candidate has the ability to undertake the procedure under supervision or has demonstrated their ability to undertake the procedure in simulation (refers to procedural skills)
Level III	Candidates may choose to become proficient in this skill to enhance their clinical practice, but competency is not required for completing RACGP RG Fellowship Core Emergency Medicine Training (refers to procedural skills)
LMA	laryngeal mask airway
Mini-CEX	Mini-Clinical Evaluation Exercise
NGT	nasogastric tube
NSTEMI	non-ST elevated myocardial infarction
RESP	Rural Emergency Skills Program (training course)
REST	Rural Emergency Skills Training (training course)
RICP	raised intracranial pressure
ROM	rupture of membranes (relates to obstetric practice)
RUSH	Rapid Ultrasound for Shock and Hypotension (ultrasound protocol)
STEMI	ST-elevated myocardial infarction
US	ultrasound
WBA	workplace-based assessment

Appendix: Clinical knowledge and procedural skills required for completing RACGP RG Fellowship Core emergency medicine training

Emergency medicine is a diverse and challenging field. It would not be possible for candidates to achieve and maintain a high degree of proficiency in all of the possible areas of emergency medical practice during this training. However, it is vital for candidates to gain (and maintain) a core set of knowledge and skills that are central to the practice of emergency medicine in rural and remote areas. These core requirements are detailed in the following tables. These tables clearly outline the practice areas to be covered during this RACGP RG Fellowship Core emergency medicine training, and the minimum standards that candidates must achieve.

For ease of use, the framework is divided into three categories:

1. Resuscitation and critical care
2. Emergency medical presentations
3. Clinical support and education

While candidates must achieve all competencies, the requirements for proficiency of the listed procedural skills are divided into three categories:

- **Level I (Independent ■)**: The candidate is able to perform the procedure independently.
- **Level II (Supervised/Simulation ◆)**: The candidate is able to undertake the procedure under supervision or has demonstrated their ability to undertake the procedure in simulation.
- **Level III (Optional ●)**: Candidates may choose to become proficient in this skill to enhance their clinical practice, but competency is not required for completing RACGP RG Fellowship Core emergency medicine training.

These levels are reflected in the associated RACGP RG Fellowship Core emergency medicine training logbook.

Resuscitation and critical care

Category	Required competencies	Required procedural skills
Assessment: Deteriorating or seriously ill patient	• Structured assessment of the critically ill patient • Recognises clinical features and initiates immediate management of critical illness such as anaphylaxis and status epilepticus	■ Primary survey (Level I) ■ Resus team leader (Level I) ◆ Emergency management of acute anaphylaxis (Level II) ◆ Emergency management of status epilepticus (Level II)
Airway	• Clinical assessment of the airway • Recognises airway obstruction/ patient at risk • Clears the airway using basic manoeuvres • Recognises patient requiring airway protection • Protects the airway using a supraglottic airway or endotracheal tube	■ Basic airway manoeuvres (Level I) ■ Laryngeal mask airway (LMA) insertion (Level I) ■ Rapid sequence intubation (Level I) ◆ Surgical cricothyrotomy (Level II)
Breathing	• Clinical assessment of the breathing • Recognises, diagnoses and immediately manages conditions causing severe respiratory distress • Recognises the patient at risk, treatment of reversible causes and management of respiratory depression • Interprets blood gases including recognition of patterns for metabolic and respiratory acidosis • Identifies indications/ contraindications/complications, settings, procedure for initiating non-invasive ventilation • Identifies indications/ contraindications/complications, settings, procedure for initiating mechanical ventilation	● Arterial blood sampling (Level III) ■ Non-invasive ventilation (Level I) ◆ Pleural aspiration of fluid (Level II) ◆ Decompression of tension pneumothorax (Level II) ◆ Mechanical ventilation (Level II) ◆ Catheter aspiration – spontaneous pneumothorax (Level II) ■ Bag / mask ventilation (Level I)

Circulation	• Clinical assessment of the circulation • Identifies features, causes, emergency management for hypovolaemic, cardiogenic, vasogenic/distributive shock • Initiates appropriate fluid resuscitation, vasopressors and massive transfusion protocol for management of shock • Recognises and uses electrocardiogram (ECG) diagnosis and immediate management of unstable cardiac arrhythmia • Clinically assesses the cardiac chest pain • Recognises and uses ECG diagnosis and immediate management of ST-elevated myocardial infarction (STEMI)/ acute coronary syndrome (ACS) – non-ST elevated myocardial infarction (NSTEMI)	■ Intraosseous access (Level I) ■ Ultrasound IV access (Level I) ◆ Synchronised cardioversion (Level II) ◆ External cardiac pacing (Level II) ■ Emergency management – STEMI, NSTEMI/unstable angina (Level I) ● Ultrasound-guided aspiration in pericardial tamponade (Level III) ● RUSH protocol (Level III)
Disability	• Clinical assessment of altered conscious state • Diagnoses and provides emergency management of reversible conditions for altered conscious state, including – hypoglycaemia – opioid overdose – raised intracranial pressure (RICP) – suspected sepsis / central nervous system (CNS) infection	■ Emergency management of hypoglycaemia (Level I) ■ Emergency management of opioid overdose (Level I) ■ Emergency management of raised intracranial pressure (Level I) ■ Emergency management of suspected sepsis (Level I)

Exposure	• Clinical assessment of the exposed patient for rash, trauma, bleeding, other external signs of disease/injury • Recognises and initiates emergency management for clinically significant hypothermia • Recognises and initiates emergency management for life-threatening hyperthermia/heat stroke	◆ Emergency management of hypothermia (Level II) ◆ Emergency management of severe hyperthermia (Level II)
Cardiac arrest	• Clinical assessment of the patient with cardiac arrest • Initiates basic cardiopulmonary resuscitation (CPR) using appropriate ratios/rates • Applies algorithms for shockable and non-shockable arrest • Identifies causes and interventions for reversible causes • Identifies priorities for post-resuscitation management	■ Basic CPR (Level I) ■ Advanced CPR (Level I) ■ Defibrillation (Level I) ■ Arrest team leader (Level I) ● Bedside emergency life support (BELS) protocol (Level III)
Paediatric critical care	• Recognises and initiates management of the child in cardiac arrest • Initiates management of newborn requiring resuscitation including basic and advanced CPR, umbilical vein cannulation and ventilation using the Neopuff device • Performs a structured assessment of the critically ill child • Identifies symptoms/red flags indicative of critical illness in the child, infant or neonate • Initiates resuscitation in the child, infant or neonate requiring emergency management/urgent intervention	◆ Basic and advanced CPR (Level II) ◆ Newborn CPR (Level II) ◆ Basic airway management (Level II) ◆ Insertion of an LMA (Level II) ◆ Bag and mask ventilation (Level II) ◆ Paediatric vascular access (Level II) ◆ Rapid sequence intubation and advanced airway management (Level II) ◆ Umbilical vein cannulation (Level II) ◆ Neopuff ventilation (Level II)

	• Recognises the major anatomical, physiological, psychological, pathological and pharmacological differences that impact care of the critically ill child with specific reference to assessing/managing the airway, breathing, circulation, disability, exposure (ABCDEs) • Provides continuing communication/support to carers	
Major trauma	• Identifies trauma red flags indicative of a high risk for serious injury in a child or adult following trauma • Performs a structured assessment of the critically injured child or adult • Initiates urgent management of • immediate life threats in the child or adult presenting with major trauma • Initiates urgent management in the child or adult with major burns and/or suspected airway burns • Assesses and manages pain Performs a comprehensive beside clinical assessment using examination, bedside testing, point-of-care ultrasound to identify and document injuries • Assesses the extent, depth of burns and recognises at risk burns (eg location, circumferential burns, aetiology) • Strategically employs ancillary testing including advanced imaging to identify and rule out injury • Sets priorities, commences treatment and arranges disposition for the definitive management of injury	● Open thoracostomy for tension pneumothorax (Level III) ◆ Chest tube insertion (Level II) ◆ Emergency management of burns in adults and children (Level II) ■ Cervical Spine Stabilisation (Level I) ◆ eFAST protocol (Level II) ◆ Torniquet application (Level II) ◆ Application of femoral traction splint (Level II)

Behavioural emergencies	• Identifies red flags indicative of the patient at high risk of self-harm or violence
	• Has practical knowledge of legislative requirements in relation to detention and restraint
	• Follows a structured approach to the stabilisation and immediate assessment of the severely agitated patient
	• Appropriately uses verbal, pharmacological and physical techniques for managing severe behavioural disturbance
	• Complies with legislative requirements with respect to physical and pharmacological restraint and detention
	• Performs a bedside clinical assessment to identify organic (medical) causes that require urgent treatment, including
	  – hypoxia/hypercapnoea
	  – hypotension
	  – hypoglycaemia/electrolyte disorder
	  – drug toxicity/withdrawal syndrome
	  – CNS pathology/seizure disorder
	  – sepsis/CNS infection
	• Strategically arranges ancillary testing to identify and rule out organic (medical) causes
	• Initiates appropriate emergency treatment and arranges definitive management for identified medical causes
		■ Structured approach to managing behavioural disturbance (Level I)
		■ Emergency management – verbal de-escalation (Level I)
		■ Emergency management – pharmacological sedation (Level I)
		◆ Emergency management – physical restraint (Level II)
		■ Procedure for medical clearance (Level I)
		■ Perform a mental state examination (Level I)

	• Arranges appropriate referral for the patient in whom medical illness has been excluded or treated adequately, including mental health assessment, alcohol/drug counselling, social services • Ensures continuing explanation to the patient with respect to the nature of their condition and treatment • Seeks to protect the rights of the patient	
Retrieval/transport	• Communicates effectively with referral hospital and retrieval services • Prepares patient for transfer, including, where indicated – definitive airway management/ ventilation – insertion of lines, indwelling catheter (IDC) and nasogastric tube (NGT) – infusions – vasopressor, anticonvulsant, magnesium – medical management – antibiotics, bronchodilators, tetanus immunisation, anti-D – continuing pain management, fascia iliaca nerve block – emergency management – wounds, burns, fractures – medical documentation – referral letter, observations, medications, fluids and results of investigations • Monitors the patient (waiting for retrieval) and appropriately manages changes in the patient's condition • Notifies the referral hospital/ retrieval services of a significant change in the patient's condition • Provides appropriate handover to the retrieval team and supports preparation of the patient for transport	• Insertion of arterial line (Level III) ■ Insertion of indwelling urinary catheter (Level I) ■ Insertion of nasogastric tube (Level I) • Insertion of suprapubic catheter (Level III) • Central venous access (Level III)

Emergency medical presentations

Category	Required competencies	Required procedural skills
Acute chest pain	• Clinical assessment (history, examination, investigation) and initial treatment of the patient with acute chest pain • Identifies clinical findings, diagnostic work-up, emergency management and definitive treatment for – STEMI/acute coronary syndrome – acute pulmonary embolism (PE) – acute aortic dissection – other causes – pneumothorax, pericarditis	■ Emergency management – STEMI, NSTEMI/unstable angina (Level I) ■ Emergency management – acute pulmonary embolism (Level I) ■ ECG findings in ischaemia (Level I) ■ Chest X-ray findings: pneumothorax, PE and aortic dissection (Level I) ● Basic echocardiography (Level III)
Acute dyspnoea	• Clinical assessment (history, examination, investigation) and initial treatment of the patient with acute chest pain • Identifies clinical findings, diagnostic work-up, emergency management and definitive treatment for – acute asthma – chronic obstructive pulmonary disease (COPD) – acute pulmonary oedema – pneumonia – other causes (pneumothorax, pulmonary embolism)	■ Emergency management – severe asthma/COPD (Level I) ■ Emergency management – acute pulmonary oedema (Level I) ■ Emergency management – bacterial pneumonia (Level I) ■ Chest X-ray findings: acute pulmonary oedema and pneumonia (Level I) ● Lung ultrasound (Level III)

Altered conscious state	• Clinical assessment (history, examination, investigation) and initial treatment of the patient with acute confusion • Identifies clinical findings, diagnostic work-up, emergency management and definitive treatment for – CNS (stroke, tumour, subarachnoid haemorrhage/ intra-cranial haemorrhage, trauma, seizure) – sepsis/CNS infection – electrolyte/metabolic (glucose, sodium, calcium) – drugs – poisoning, toxicity, withdrawal	■ Emergency management – stroke (Level I) ■ Emergency management – meningitis/encephalitis (Level I) ● Emergency management – diabetic ketoacidosis/ hyperosmolar hyperglycaemic state (Level II)

Syncope	• Clinical assessment (history, examination, investigation) and initial treatment of the patient with syncope • Identifies clinical findings, diagnostic work-up, emergency management and definitive treatment for – cardiac (arrhythmia, acute coronary syndrome) – CNS (stroke, SAH/ICH, seizure) – gastrointestinal tract/ gynaecological (gastrointestinal bleed, abdominal aortic aneurysm, ectopic pregnancy) – sepsis, hypoglycaemia, hypotension, dehydration	■ Recognition of the ECG findings for common arrhythmias (Level I) ■ Emergency management – SVT (Level I) ■ ECG red flags for cardiac syncope (QT, Wolff-Parkinson-White syndrome, bundle branch block, ischaemia) (Level I) ■ Emergency management – stable ventricular tachycardia (Level I)
Acute severe headache	• Clinical assessment (history, examination, investigation) and initial treatment of the patient with acute headache • Identifies clinical findings, diagnostic work-up, emergency management and definitive treatment for – subarachnoid haemorrhage – CNS infection – bacterial meningitis, encephalitis – space-occupying lesion – temporal arteritis – acute severe migraine	■ Emergency management – subarachnoid haemorrhage (Level I) ■ Emergency management – CNS infection (Level I) ■ Emergency management – acute migraine headache (Level I) ● Lumbar puncture (Level III)

Acute abdominal pain	• Clinical assessment (history, examination, investigation) and initial treatment of the patient with abdominal pain • Identifies clinical findings, diagnostic work-up, emergency management and definitive treatment for – acute mesenteric ischaemia – perforated viscus – acute peritonitis – acute bowel obstruction – appendicitis, diverticulitis, cholecystitis, pyelonephritis – acute pancreatitis – abdominal aortic aneurysm – other causes – gastritis, biliary colic, renal colic, diabetic ketoacidosis (DKA)	■ Emergency management – acute abdomen (Level I) ◆ Abdominal X-ray – findings in bowel obstruction (Level II) ◆ Chest X-ray – findings in perforated viscus (Level II) ◆ Ultrasound – abdominal aorta (Level II) ● Ultrasound – gallbladder (Level III) ◆ Emergency management of DKA (Level II)
Acute pelvic pain PV bleeding	• Clinical assessment (history, examination, investigation) and initial treatment of the female patient with acute pelvic pain +/– PV bleeding • Identifies clinical findings, diagnostic work-up, emergency management and definitive treatment for – miscarriage – ectopic pregnancy – ovarian torsion – ovarian cyst – pelvic inflammatory disease	■ Speculum PV exam (Level I) ■ Bimanual PV exam (Level I) ● Pelvic ultrasound (Level III) ■ Emergency management of ectopic pregnancy/miscarriage – acute resuscitation (Level I)

Fever Systemic symptoms	• Clinical assessment (history, examination, investigation) and initial treatment of the patient with fever/systemic symptoms of infection • Identifies clinical findings, diagnostic work-up, emergency management and definitive treatment for – sepsis – lower respiratory tract infection – acute pyelonephritis – acute cellulitis – CNS infection – other infections – osteomyelitis, septic joint, sinusitis, influenza, other viral, infections in returned traveller	■ Emergency management – pyelonephritis (Level I) ■ Emergency management – cellulitis (Level I)
Toxicological	• Clinical assessment and emergency management of the patient with acute poisoning or envenomation • Performs risk assessment and identifies common toxidromes • Performs appropriate diagnostic work-up, emergency management and definitive treatment, including – bedside observations/testing including blood glucose level (BGL) and ECG – appropriate investigations including paracetamol level – consultation with poisons information – continuing supportive therapy and monitoring – administration of antidotes/anti-venom – mental health assessment and referral, as appropriate	◆ ECG findings indicative of cardiac toxicity in acute poisoning (Level II) ■ Emergency management – paracetamol poisoning (Level I) ◆ Emergency management – suspected snake bite (Level II) ◆ Emergency management – redback spider bite (Level II)

Mental health/ alcohol/ drug	• Clinical assessment and initial treatment of patient presenting with disturbed mood, suicidal ideation, thought disorder, alcohol/ illicit drug use or social issues • Identifies clinical findings, diagnostic work-up, emergency management and definitive treatment for – major depression – mania/hypomania – acute psychosis – suicidal ideation – alcohol withdrawal – domestic violence – situational crisis	■ Perform a mental state examination (Level I) ■ Familiarity with the state-specific legal requirements for involuntary treatment orders (Level I)
Obstetric presentation >20 weeks	• Clinical assessment (history, examination, investigation) and initial treatment of woman >20 weeks presenting with suspected pregnancy-related complication • Identifies clinical findings, diagnostic work-up, emergency management and definitive treatment for – antepartum haemorrhage – preterm premature ROM – suspected labour – severe pre-eclampsia/eclampsia – imminent delivery – newborn resuscitation – postpartum complication – bleeding, infection, depression	■ Undertake examination of the pregnant abdomen (Level I) ■ Fetal Doppler (Level I) ◆ Emergency management – unexpected delivery (Level II) ◆ Emergency management – severe preeclampsia/eclampsia (Level II) ◆ Emergency management of antepartum haemorrhage (Level II) ◆ Emergency management – postpartum haemorrhage (Level II) ◆ Neonatal resuscitation (Level II)

Eye emergencies	• Clinical assessment (history, examination, investigation) and initial treatment of the patient with acute red eye, eye pain, trauma or acute visual disturbance • Identifies clinical findings, diagnostic work-up, emergency management and definitive treatment for – unilateral red eye, including iritis, herpes simplex, corneal ulcer, corneal foreign body, corneal abrasion – eye trauma including chemical eye injury, hyphaema, penetrating eye injury – acute visual loss including retinal detachment	■ Perform a structured eye examination (Level I) ■ Use of a slit lamp (Level I) ■ Removal of subtarsal or corneal foreign body (Level I) ■ Emergency management of acute eye injuries (Level I)
Ear, nose and throat emergencies	• Clinical assessment (history, examination, investigation) and initial treatment of the patient with epistaxis, severe tonsillitis, stridor and severe otalgia • Identifies clinical findings, diagnostic work-up, emergency management and definitive treatment for – acute epistaxis – severe tonsillitis/quinsy – epiglottitis/supraglottitis – otitis media/mastoiditis – otitis externa/malignant otitis externa	■ Manage acute epistaxis using topical vasoconstrictors, cautery and nasal packing (Level I) ■ Insertion of wick for management of otitis externa (Level I) ■ Emergency management – severe tonsillitis (Level I) ● Emergency management of epiglottitis (Level III)

Paediatric emergencies	• Clinical assessment (history, examination, investigation) and initial treatment of the unwell child/infant, including children presenting with stridor, respiratory distress, fever, abdominal pain, vomiting and injury • Identifies symptoms/red flags indicative of serious illness in the child, infant or neonate • Identifies clinical findings, diagnostic work-up, emergency management and definitive treatment for – croup – upper airway foreign body – bronchiolitis – asthma – pneumonia – gastroenteritis – surgical disease – pyloric stenosis, malrotation, intussusception, incarcerated hernia, testicular torsion – urinary tract infection/ pyelonephritis – diabetic ketoacidosis – meningitis/encephalitis – non-accidental injury (NAI) • Communicates effectively and appropriately with parents/carers and addresses parental concerns	■ Assessment of the unwell neonate and infant (Level I) ■ Assessment of respiratory distress in a child (Level I) ■ Emergency management – croup (Level I) ■ Emergency management – bronchiolitis (Level I) ■ Assessment of dehydration in a child (Level I) ■ Assessment and management priorities in suspected NAI (Level I) ◆ Emergency management – airway foreign body (Level II) ◆ Emergency management – paediatric surgical illness (Level II) ◆ Emergency management – diabetic ketoacidosis in a child (Level II) ■ Emergency management – meningitis/encephalitis (Level I)

Soft tissue injury infection	• Clinical assessment (history, examination, investigation) and initial treatment of the patient with soft tissue injury, wounds, minor burns, cellulitis, abscess • Identifies clinical findings, diagnostic work-up, emergency management and definitive treatment for – sprain/strain – soft tissue injuries – wounds including lacerations, puncture wounds, abrasions – minor burn injury – cellulitis/abscess • Controls pain using appropriate analgesia, nerve blocks, splinting and other appropriate techniques • Provides local management of simple wounds, including anaesthesia, debridement, exploration, irrigation, wound closure, tetanus immunisation, discharge advice and arranging followup care • Provides local management of minor burns, including liaison with burns services as required, cleaning, debridement and dressing of the burn, tetanus immunisation, discharge advice and follow-up care • Recognition of complex wounds, initiation of appropriate emergency care, including analgesia, imaging, tetanus immunisation, antibiotic prophylaxis, wound irrigation/ dressing and referral for definitive care	■ Suturing of simple wound (Level I) ■ Assessment/exploration of complex wound (Level I) ■ Emergency management of minor burns (Level I) ■ Incision and drainage of skin abscess (Level I) ■ Application of regional nerve blocks (refer to section on pain management)

Orthopaedic trauma	• Clinical assessment (history, examination, investigation) and initial treatment of the patient with upper or lower limb orthopaedic injury and/or joint dislocation • Identifies clinical findings, diagnostic work-up, emergency management and definitive treatment for – simple fractures – hand injuries – open fractures – joint dislocations • Controls pain using appropriate analgesia, nerve blocks • Emergency reduction of fractures causing ischaemia • Attempts reduction of joint dislocations including shoulder, elbow, ankle/subtarsal, hip, patella and interphalangeal joint	■ Application of a plaster cast for upper/lower limb injury (Level I) ■ Reduction of joint dislocations (Level I) ■ Emergency reduction of fractures causing limb ischaemia (Level I) ■ Application of regional nerve blocks (refer to next section on pain management)
Pain management and sedation	• Clinical assessment of acute pain in diverse patient groups (eg adults, children, patients with cognitive impairment) • Identifies approaches to managing acute pain in the emergency settings • Knowledge of drugs for providing analgesia in the emergency department • Identifies strategies for providing sedation/analgesia to facilitate clinical procedures including patient assessment (history and examination), potential risks/complications and their management, assessing levels of sedation and knowledge of relevant pharmacological agents	■ Procedural sedation (Level I) ■ Digital nerve block (Level I) ◆ Fascia iliaca nerve block (Level II)

Clinical support and education

Category	Required competencies
Quality and patient safety	• Identifies the role and structure for clinical governance • Identifies strategies for ensuring clinical standards • Identifies how information systems may be used to enhance patient safety and quality improvement • Understands the role of infection control and related clinical practice standards • Identifies the procedure for reporting and responding to critical incidents and potential critical incidents
Legal, ethical and professional issues	• Identifies relevant codes and standards of ethical and professional behaviour • Identifies duty of care and statutory obligations to patients, colleagues and the community • Understands the meaning of 'professional boundaries' • Identifies professional standards and legislative requirements with respect to clinical documentation, provision of medical reports and completion of certificates for birth, death, sickness, employment and social services • Applies the principles of patient confidentiality and informed consent • Identifies the medico-legal requirements with respect to medical documentation • Understands the reporting requirements in relation to the statutory notification of infectious diseases, non-accidental injury and other reportable conditions
Professional development and relationships	• Identifies how to review, maintain and extend professional knowledge and skills • Identifies the role of reflection and self-appraisal with respect to clinical practice • Identifies how to evaluate, maintain and develop personal health and wellbeing • Identifies the importance of sharing professional knowledge and skills • Understands how to identify and support colleagues who may be in difficulty

Community and team-based care	• Understands the influence of the social determinants of health on emergency presentations • Understands the impact of differing disease and risk profiles on culturally diverse and disadvantaged populations in relation to emergency presentations and delivery of emergency care • Identifies human factors associated with the delivery of team-based care, including factors associated with effective clinical leadership, teamwork, communication and critical thinking • Understands how to identify and remove barriers to access to high-quality emergency care • Identifies how to balance the health needs of individuals with the health needs of the community through effective use of emergency resources • Identifies current and emerging public health risks contributing to emergency presentations, including trends in infectious disease, toxicological presentations, substance abuse, trauma and non-accidental injury • Collaborates with relevant agencies and professionals in relation to disaster preparedness, community capacity-building, health service delivery and research
Education and teaching	• Identifies strategies for teaching in the context of emergency medical practice • Identifies principles for undertaking supervision and providing effective feedback on clinical performance

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