



# Curriculum and syllabus for Australian general practice (7<sup>th</sup> edition)

About the RACGP curriculum and syllabus



RACGP Curriculum and syllabus for Australian general practice (7<sup>th</sup> edition).

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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.

## Contents

|                                                        |    |
|--------------------------------------------------------|----|
| About the RACGP curriculum and syllabus                | 4  |
| Acknowledgement of Country                             | 4  |
| Introduction                                           | 4  |
| Aboriginal and Torres Strait Islander health statement | 4  |
| Commitment to health equity and reconciliation         | 4  |
| Strengths based approaches                             | 5  |
| Cultural safety in general practice                    | 5  |
| Advocacy                                               | 5  |
| Purpose                                                | 6  |
| RACGP educational principles and architecture          | 6  |
| Structure                                              | 8  |
| Roles of a specialist general practitioner             | 10 |
| Changes from the sixth edition                         | 11 |
| Development of the 7th edition                         | 12 |
| Using the curriculum and syllabus                      | 13 |
| Guide – How can I use it?                              | 14 |
| References                                             | 16 |
| Acknowledgments                                        | 17 |

## About the RACGP curriculum and syllabus

### Acknowledgement of Country

The Royal Australian College of General Practitioners (RACGP) acknowledges the Traditional Custodians of the land and sea on which we work and live, we recognise their continuing connection to land, sea and culture, and pay our respects to Elders, past, present and emerging.

### Introduction

The RACGP curriculum and syllabus for Australian general practice (7th edition) promotes, supports and maintains the high standard of general practice in Australia, setting the expectations for what all Australian general practitioners (GPs) should be able to do in achieving the award of Fellowship of the RACGP (FRACGP) and beyond, regardless of where they practice in Australia.

This seventh edition sees the evolution of the long-held structure of the curriculum away from the five Domains of General Practice into the five Roles of the Specialist General Practitioner. This shift to Roles is a way of showing more clearly the abilities of the GP to integrate many overlapping capabilities seamlessly into their work. It makes the curriculum more learner centric, enables GPs to see their work in the Roles, and aligns the curriculum with the RACGP Progressive capability profile of the general practitioner.

This edition maintains the seven core units; one unit for each of the five Roles, the Aboriginal and Torres Strait Islander health unit and the rural health unit. The Aboriginal and Torres Strait Islander health unit links key framework principles to actions, helping GPs to understand and undertake quality, culturally competent practice. The rural health unit ensures consideration of the need to provide care anywhere in Australia. Contextual units have also been updated to reflect contemporary practice.

The basis of the curriculum remains consistent with previous editions: The specialist generalist who meets the needs of their community by caring for first contact and undifferentiated presentations, seeing the whole population, looking after acute, chronic and preventive care needs and maintaining a patient-centred approach (while also having a public health lens and academic underpinning). This breadth of skills and expertise enables specialist GPs to practice in diverse settings and engage in varied career pathways. The curriculum is developed by GPs for GPs, with input from a wide range of stakeholders, to reflect the needs of the contemporary specialist GP.

### Aboriginal and Torres Strait Islander health statement

#### Commitment to health equity and reconciliation

The curriculum and syllabus are underpinned by the RACGP's commitment to health equity and reconciliation, positioning cultural safety as fundamental to general practice rather than an adjunct. All competencies are therefore relevant to practising in culturally safe and responsive ways with Aboriginal and Torres Strait Islander peoples.

Guided by the RACGP Reconciliation Action Plan and the Aboriginal and Torres Strait Islander Cultural and Health Training Framework (the Framework), the curriculum and syllabus embed Aboriginal and Torres Strait Islander leadership, values and priorities across all areas of learning. It recognises the importance of sovereignty and self-determination and incorporates approaches that challenge colonial assumptions within education and practice.

Through the Framework's guiding principles and key focus areas, the curriculum integrates Aboriginal and Torres Strait Islander ways of knowing, being, and doing, and expands understanding of health to include historical, political, social and cultural determinants. In doing so, it ensures that every competency supports GPs to deliver care that is respectful, strengths-based, and grounded in mutual trust – ultimately contributing to improved health outcomes for Aboriginal and Torres Strait Islander peoples and consequently all peoples.

### **Strengths based approaches**

The curriculum and syllabus take a strengths-based approach in all areas. In Aboriginal health, deficit narratives often frame Aboriginal and Torres Strait Islander peoples primarily through problems, gaps, and 'failure', rather than strengths. This framing can reinforce racism, undermine self-determination, erode trust in health services, and ultimately contribute to poorer health outcomes.

Strengths-based approaches in Aboriginal and Torres Strait Islander health intentionally shift away from deficit narratives toward frameworks that recognise and build on community capabilities, cultural knowledge, and resilience. By prioritising Indigenous perspectives and values, strengths-based practice helps to counteract the harms of deficit discourse and supports more culturally congruent health promotion, service design, and policy development.<sup>1</sup>

### **Cultural safety in general practice**

Providing culturally safe and responsive care across all primary healthcare settings is essential. Racism in all its forms is recognised as a major determinant of health and drives disparity in health and social outcomes. It impacts health through multiple pathways including physical, psychological, socioeconomic, and legal stressors, leading to chronic activation of stress pathways. It also limits access to, and accumulation of, positive factors that support good health.

Racism occurs at different levels, internalised, interpersonal, and systemic, each having its own impacts on physical, social, and emotional wellbeing.<sup>2,3</sup> Healthcare services are not immune from reinforcing colonisation-based power imbalances.<sup>4,5</sup> Additional to structural discrimination, reported experiences of interpersonal racism are common in healthcare contexts.<sup>6</sup>

Addressing racism requires healthcare providers to acknowledge and address their own biases, attitudes and assumptions, as well as systems and policies, that might reinforce the colonialism, racism, and privilege at the heart of health inequities.<sup>4,7,8</sup>

Regardless of workplace location and type of service, GPs will likely see Aboriginal and Torres Strait Islander patients. First Nations people are more likely to live in urban and regional areas than remote areas, though the proportion of the total population of First Nations people is generally higher in more remote areas.<sup>9</sup>

Where available, dedicated Aboriginal and Torres Strait Islander specific medical services are important providers of culturally responsive and comprehensive primary health care services.

### **Advocacy**

Advocacy is a required competency of the GP. Primary healthcare practitioners are uniquely placed to partner with Aboriginal and Torres Strait Islander patients, their families and communities, to advocate for support to mitigate barriers to equitable healthcare access. GPs can be a powerful voice and ally in advocating for improved investment in culturally appropriate, structural responses to health inequity.<sup>8</sup>

Allyship in this context means using your position to listen deeply, amplify Aboriginal and Torres Strait Islander voices, and act in ways that support community leadership and self-determination. It involves recognising power imbalances, sharing decision-making, and standing alongside patients and communities to address racism, improve cultural safety, and strengthen systems of care. Effective allyship is active, accountable, and ongoing, and is an essential part of advocacy in this space.<sup>1,8,10</sup>

## Purpose

This curriculum and syllabus is written for the medical speciality of Australian general practice. Its purpose is to articulate the competencies, learning outcomes, and key areas of learning for doctors undertaking general practice training and education leading to the award of Fellowship of the RACGP.

The curriculum and syllabus reflects the expectations, values, and principles that define the role of an Australian specialist GP. It provides comprehensive educational outcomes and content to support medical educators, supervisors, and learners. It also offers some suggested learning activities and resources, creating an entry point for self-directed learners and GPs returning to practice. These documents may also inform the development of continuing professional development programs and other general practice education activities.

The curriculum provides the overarching competencies and learning outcomes aligned to the Graduate Outcomes of the *Progressive capability profile of the specialist general practitioner* to enable learners, educators, supervisors, and assessors to fulfil the requirements of training. The syllabus provides detailed content that guides the design, delivery, and assessment of training programs. It also supports learners progressing toward Fellowship by offering suggested learning approaches and resources.

The RACGP Rural Generalist Fellowship (FRACGP-RG) builds on the curriculum and syllabus for Australian general practice by providing additional education and training in skills to support the healthcare needs of communities in rural and remote Australia. This additional rural generalist curricula are separate from this curriculum and were developed to align with the needs of a Rural Generalist.

## RACGP educational principles and architecture

The term 'curriculum' can be defined in different ways and holds a range of meanings. The Organisation for Economic Co-operation and Development (OECD) Learning Compass 2030 describes curriculum as a competency-based conceptual framework that guides learning pathways and the development of future-ready skills.<sup>11</sup>

A broader definition is offered by the United Nations Educational, Scientific and Cultural Organization (UNESCO), which describes a curriculum as 'an inventory of activities related to the design, organisation, and planning of an education or training program. It defines learning objectives, content, methods, assessment, and materials, as well as arrangements for training teachers and trainers.'<sup>12</sup> This definition positions curriculum as both a technical framework and a broader social and political contract reflecting a shared vision.

The *RACGP curriculum and syllabus for Australian general practice* forms part of a broader ecosystem of educational documents. Its scope most closely aligns with a competency-based conceptual framework that guides learning, while other RACGP documents address the additional functions described in broader curriculum definitions.

Training programs leading to Fellowship of the RACGP include several key elements: supervised clinical practice, in-practice teaching, workplace-based assessment, mentorship, private study, and peer group learning. As a result, each doctor experiences a unique combination of clinical presentations and practice contexts across the breadth of general practice.

### Educational guiding instruments

The [\*RACGP educational framework\*](#) describes the guiding principles and educational imperatives that inform the approach to education and training. The guiding principles are a statement of the values, priorities, and educational philosophy of the RACGP. The Educational Framework supports a coherent, person-centered and culturally safe approach to guide registrar learning and helps the RACGP to deliver well trained GPs who can serve the Australian community.

[\*The Aboriginal and Torres Strait Islander Cultural and Health Training Framework\*](#) articulates principles to provide focus, direction and a way of working together. It is key to embedding Aboriginal and Torres Strait Islander values, ways of thinking, and approaches to learning into all RACGP education and training.

The [\*Progressive capability profile of the specialist general practitioner\*](#) (the Profile) is the guiding instrument that articulates the expected capabilities of a Fellow and the development of competencies across training. It includes the Global Outcomes.

The [\*RACGP Assessment Framework\*](#) provides structure and guidance for systems of assessment at the RACGP. The content of assessments is informed by an assessment blueprint. RACGP assessments map to the Profile and the curriculum and syllabus. This ensures that assessment reflects both the realities of general practice and the expected developmental progression of registrars.

The [\*Standards for general practice training\*](#) and the educational policies outline the requirements, expectations and outcomes related to education and training. They work together to ensure high-quality, effective education and safe clinical practice.

## Structure

The curriculum and syllabus comprise 44 units: seven core units and 37 contextual units. The core units encompass the five Roles of a specialist general practitioner, Aboriginal and Torres Strait Islander health, and rural health. The contextual units address areas such as dermatology, child and youth health, musculoskeletal medicine and others that reflect the clinical presentations and patient populations encountered in general practice.

Together the *Progressive capability profile of the specialist general practitioner* (the Profile) and the curriculum and syllabus articulate the capabilities and competencies expected of a GP at the point of Fellowship. The Profile details the graduate outcomes of general practice training as capabilities and competencies that are gained progressively, and organises them according to the five Roles.

- **Capabilities** represent the integration of multiple competencies. They enable GPs to perform complex tasks across a range of settings, adapting their approach as needed to improve performance.<sup>13-16</sup> Capabilities are supported by appropriate tools, resources, and processes.
- **Competencies** are observable and measurable attributes and include knowledge, skills, values, and attitudes required to perform to the expected level.<sup>13</sup>
- **Learning outcomes** provide more detailed descriptions of what learners are expected to know, understand, or be able to do within specific areas of learning.<sup>17</sup>

**Image 1.** Hierarchy of learning nomenclature, demonstrating how the individual learning outcomes inform the higher-level capabilities and graduate outcomes.

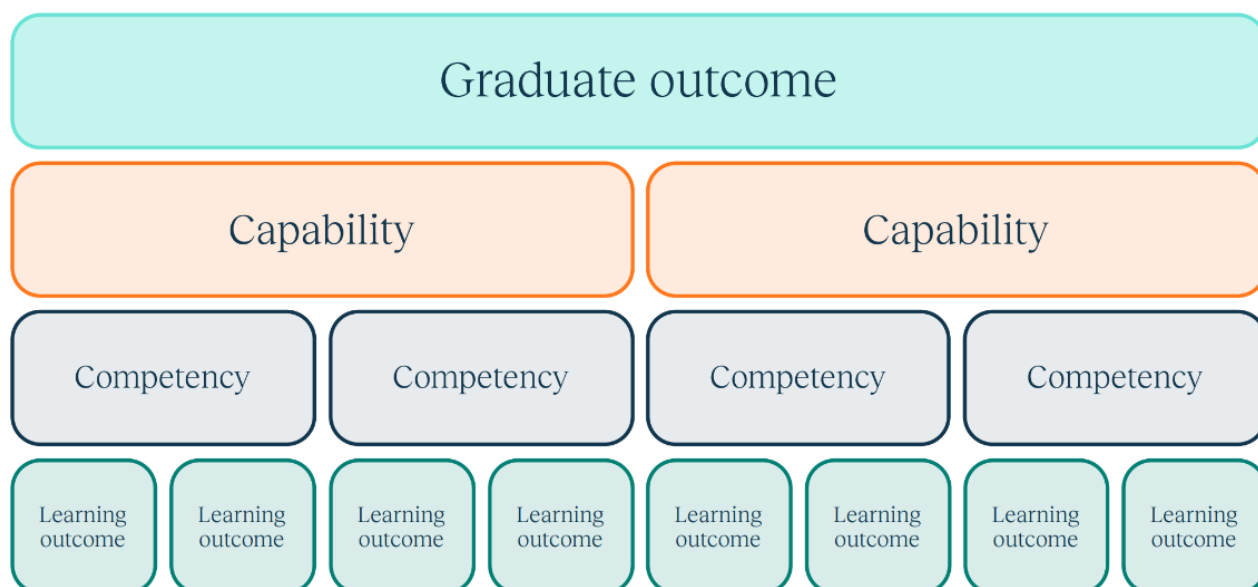
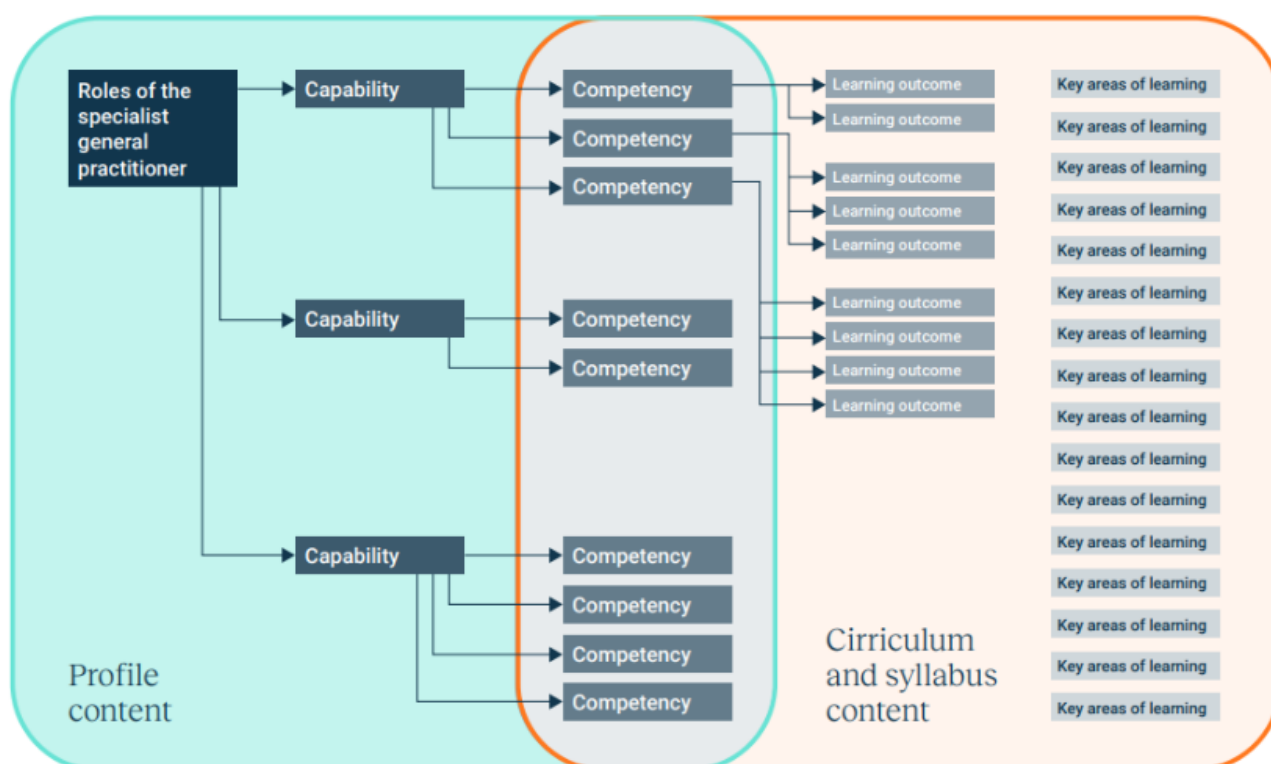


**Image 2.** Demonstrates the overlapping interconnected relationship of the Profile and the Curriculum, sharing the Fellowship competencies

## Capability profile, curriculum and syllabus structure



### Shift from Domains to Roles

General practice is a broad discipline. To deliver education, training, and assessment in a meaningful and coordinated way, the curriculum and syllabus must be organised in a clear and logical structure.

Since the late 1990s, the curriculum has been organised around the domains of general practice. The development of the Profile—which groups GP capabilities according to the roles they perform in practice—has necessitated an evolution of the curriculum to ensure alignment between the two. This enables users to better understand the learner journey: The Profile details the competencies for learners from entry into general practice training through to Fellowship, which are matched as the competencies in the curriculum.

## **Roles of a specialist general practitioner**

### **Communicator**

Describes how a specialist general practitioner (GP) communicates with patients, families, carers, other health professionals, and within the practice. It includes verbal, non-verbal, written, and digital communication.

### **Clinician**

Encompasses the clinical role of a GP. It acknowledges the GP's distinct person-centred approach to the full range of presentations in all ages and populations, while also promoting individual and public health.

### **Health advocate and leader**

Covers how the GP supports patients and communities, leads healthcare teams, and manages the provision of care in safe sustainable practices and systems.

### **Professional**

Refers to the professional elements of being a GP, including self-care, reflective skills, continual improvement, and legal and ethical responsibilities.

### **Scientist, educator and researcher**

Highlights the academic foundations of the GP in their work. It covers the natural, social, and formal sciences. It includes integrating evidence into care, supporting the learning of others, and engaging with research.

### **Integration of Roles**

The Roles of a GP are interconnected and integrated in day-to-day practice. Although the Roles may seem straightforward at first glance, they only provide a window into the extensive breadth and depth of skills, knowledge, and abilities encompassed within the competencies of a GP. This unique combination and level of expertise distinguish the GP from other professions and enable them to fulfil their pivotal role in the healthcare system.

## Changes from the sixth edition

### Domains to Roles content changes

**Table 1.** outlines where the content from the Domains has transferred to in the Roles

| Domains of general practice (6 <sup>th</sup> edition)    | Roles of the specialist general practitioner (7 <sup>th</sup> edition)                                                                                                       |
|----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Communication skills and the patient-doctor relationship | Majority of content is now in the Role of communicator. Consultation management moves into the Role of clinician.                                                            |
| Applied professional knowledge and skills                | Majority of content is now in the Role of clinician. Informed by evidence moves into the Role of scientist, educator and researcher.                                         |
| Population health and context of general practice        | Majority of content is now in the Role of health advocate and leader.                                                                                                        |
| Professional and ethical role                            | Ethical, professional and self-aware is in the Role of professional. Mentoring and teaching, evaluation and research move to the Role of scientist, educator and researcher. |
| Organisational and legal dimensions                      | Practice management, quality and safety move to the Role of health advocate and leader. Legal issues move to the Role of professional.                                       |

### Contextual unit changes:

- Education in general practice and Research in general practice can be found in the Role of scientist, educator and researcher
- Occupational and environmental health unit is two separate units

### New units include:

- Allergy and immunology
- Digital health
- Genomic medicine

**Table 2.** Formatting of the template for the curriculum and syllabus units in the seventh edition was updated in response to feedback on the areas most used.

| Section                           | Content                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|-----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Context</b>                    | A summary of the area of practice highlighting the importance of this topic to general practice and the role of the GP.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>Competencies</b>               | The five roles all have competencies. These align with the Fellowship competencies of the <i>Progressive capability profile of the specialist general practitioner</i> .                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Learning outcomes</b>          | Each unit has a set of measurable learning outcomes specific to the unit.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>Key areas of learning</b>      | Examples of topic areas for each unit that can be used to guide learning.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>Opportunities for learning</b> | <p><b>Words of wisdom:</b> Practical tips from experienced GPs related to the unit.</p> <p><b>Learning strategies:</b> Strategies to assist in building skills and knowledge, evaluation of learning and application of knowledge to clinical practice. These strategies are organised for learners to do on their own, with a supervisor, in a small group or with a family member or friend.</p> <p><b>Case example:</b> A case relevant to the unit. It contains prompting questions that may be relevant if the case was part of a case-based discussion workplace-based assessment or a clinical competency exam.</p> |
| <b>Learning resources</b>         | A starting list of resources for the unit.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>Assessment</b>                 | Indicating in which assessments content from this unit may be expected to be assessed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

The 'Key areas of learning' section in each unit functions as a syllabus, outlining relevant topics and clinical presentations. It is not intended to provide an exhaustive list of all possible learning within that area.

General practice training towards Fellowship is not a prescribed course. Instead, the syllabus acts as a guide for GP trainees, recognising that the primary curriculum is shaped by the patients they encounter in practice.

### Development of the 7th edition

Since the first edition of the curriculum was introduced in the 1970s, the RACGP curriculum has undergone continuous review and renewal to ensure it remains current. The review of the 5th edition and the development of the 6th edition of the curriculum in 2020–21 saw significant change in both content and format, including the addition of the syllabus.

The review of the 6th edition to develop the 7th edition was approached as a refresh, including a transition from Domains to Roles, which, while significant, was largely a direct translation. The disconnected structure from the first edition of the

RACGP Progressive capability profile of a general practitioner had always been identified as an area for consideration at this curriculum review.

An initial consultation process invited a broad range of users and stakeholders from the general practice community to provide feedback on the document's utility, relevance, and opportunities for improvement. Feedback indicated that the document was functioning well, but was ready for an update, and that some sections of each unit were used more than others.

Key decisions were informed by an Expert Advisory Group with key stakeholders from primary user groups including GPs in training, Aboriginal and Torres Strait Islander health, rural health, and assessment and training programs. They provided advice and guidance on structure, content, and utility.

GPs were commissioned to review, update, and write the refreshed units. To ensure the curriculum and syllabus are relevant, achievable, and assessable, the drafts of the 7th edition were made available for broad stakeholder review.

This review involved GPs in training, medical educators, supervisors and assessment as well as the broader range of stakeholders in the GP education community including special interest groups and representative organisations. Peak general practice organisations were also invited to provide feedback, and the review included a consumer representative group.

## Using the curriculum and syllabus

### Training programs

A pillar of all the training programs towards Fellowship of the RACGP is supervised clinical experience, with educator support and workplace-based assessments. Training programs utilise the curriculum and syllabus in ways that are suited to their context and consistent with educational policies and training standards.

Adult learning principles underpin this approach, including:<sup>18</sup>

- **Self-concept:** Learners take responsibility for what, when, and how they learn
- **Experience:** Prior experience shapes and enriches learning
- **Readiness to learn:** Engagement increases when learning is relevant and purposeful
- **Problem-centred focus:** Learning is grounded in real-world clinical problems
- **Intrinsic motivation:** Curiosity and self-improvement drive deeper learning
- **Need to know:** Understanding relevance enhances engagement

The COM-B model (Capability, Opportunity, Motivation – Behaviour) also informs training.<sup>19</sup> The curriculum and the Progressive capability profile of the specialist general practitioner define the capability, while opportunity and motivation are developed through supervised practice within training programs.

### Assessment to be awarded the specialist general practitioner

The curriculum outlines the expected competencies and learning outcomes of a GP. An assessment program then uses this information to inform what is assessed and the expected standard. This can inform privileging decisions.

### RACGP Rural Generalist Fellowship

The RACGP offers a Rural Generalist Fellowship (FRACGP-RG). There are specific curricula for the core emergency medicine term and the additional rural skills terms. These build on the general practice curriculum to meet the needs of rural and remote communities.

### Continuing professional development

The curriculum and syllabus can inform specialist general practitioners when planning their continuing professional development (CPD). It informs those developing and delivering CPD as to what is within the realms of specialist general practitioners.

### GPs with a specific interest

The RACGP has a Recognition of Specific Interests process in a number of areas, where GPs who have gained expertise in a particular field are able to apply for recognition of that expertise. While the curriculum articulates the baseline expected for all GPs, Recognition of Extended Skills (RES-FRACGP) formally recognises RACGP Fellows who have developed advanced expertise in specific areas of general practice.

### International Medical Graduates

The curriculum and syllabus outline the competencies and outcomes that are expected at the point of Fellowship. This forms one of the considerations when considering the comparability of overseas qualifications for specialist international medical graduates. It can also assist doctors coming to work in Australia to understand what general practice entails and aid them in identifying potential areas that may not align with their previous training and experiences.

## Guide – How can I use it?

The curriculum and syllabus are designed for use across the full learning journey.

- **Medical students and hospital trainees:**  
Begin with the Roles to understand the scope of general practice. Observe how these are applied in clinical settings and explore contextual units to appreciate the breadth of the discipline.
- **New GP trainees:**  
Review the core units and reflect on the breadth of competencies required. Use contextual units and key clinical guidelines (eg asthma, diabetes) to guide early learning.
- **Early in practice:**  
Identify aspects of the Roles that may be overlooked in consultations. Focus on integrating these into practice and identify gaps in clinical exposure.
- **Progressing trainees:**  
Review competencies across Roles and consider variations in different populations and settings, including Aboriginal and Torres Strait Islander health and rural practice.
- **Exam preparation:**  
Revisit core units and ensure the full scope of general practice is reflected in your consultations. Develop a structured study plan and engage with peers to broaden perspectives.

- **Fellows:**  
Use the curriculum to identify areas for further development. Apply learning through activities such as audits, teaching, or practice improvement.
- **Supervisors:**  
Use the curriculum to guide registrar learning. Focus on facilitating engagement rather than covering all content and support exposure to less commonly encountered areas.
- **Educators and program developers:**  
Use units as a foundation for developing educational activities. Integrate learning outcomes across Roles and contextual areas and use case examples to contextualise learning.

These suggestions are intended to support engagement and reflection. The curriculum should be used flexibly, based on individual learning needs. While contextual units are listed alphabetically, learners should prioritise those most relevant to their practice. Beginning with the core units is recommended, as they provide a foundation for applying knowledge across all areas of general practice.

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Dr Simone Raye

Dr Lyndon Walker

Dr Sarah Woodford

The following RACGP teams were included in the review process:

- Executive Leadership Group
- Education and Training Executive
- Academic Committee
- Council of Censors
- GPs in Training faculty
- National Medical Education Leadership team
- Regional Directors of Training

- Aboriginal & Torres Strait Islander Medical Education team
- Assessment team, including the National Clinical Lead and National Assessment Advisors
- Specific Interest Groups
- Aboriginal and Torres Strait Islander Health Faculty
- Joint Colleges Training Services (JCTS)
- Continuing Professional Development
- RACGP Expert Committees
- Advocacy, Policy and Research

The following organisations were included in the review process:

- General Practitioner Supervisors Australia (GPSA)
- General Practitioner Registrars Australia (GPRA)
- Remote Vocational Training Scheme (RVTS)
- Departments of general practice in Australian Universities
- Hong Kong College of Family Physicians
- Academy of Family Physicians of Malaysia
- Royal College of Pathologists of Australasia