

# *Competency profile of the Australian general practitioner at the point of Fellowship*

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## Competency profile of the Australian general practitioner at the point of Fellowship

The achievement of Fellowship and subsequent admittance to the specialty of general practice signifies an individual clinician's development of unique skills enabling her or him to practice safely within the demanding context of high-quality general practice; to work unsupervised; to claim A1 Medicare rebates; and to use the postnominal 'FRACGP', identifying them as a specialist general practitioner within and external to the Australian health system.

The **competency profile** articulates the required core competencies of a specialist general practitioner at the point of Fellowship and depicts the context into which those competencies will be applied. It does not make any assumptions or statements regarding the journey to and from the point of Fellowship. The competency profile seeks to clarify the unique nature of Australian general practice; to distinguish how this role is different from other disciplines within medicine; and to define the role of GP service delivery in the personal context of individual patients, their communities, and the broader health system.

The first column of the competency profile identifies the scope and key characteristics of the commitment that Australian general practitioners have to the Australian community. The second, third and fourth columns are intrinsically connected with these characteristics and define the core competencies, competency outcomes and competency indicators that together represent the unique skills of the RACGP Fellowed general practitioner.

The pathway to awarding RACGP Fellowship encompasses recognising differences in experience, formal and informal learning, required general practice experience and assessment processes, including formative and summative activities and examinations. With such a broad recognition of the journey, it is paramount to ensure that assessment processes accurately determine the competency profile of the independent general practitioner.

For a number of years the skills and knowledge required of Fellowship have been inferred through training documentation, performance benchmarking, custom and practice and the like. A definitive statement of competence has never been affirmed. The development of the competency profile arrests that position.

As the frame of reference changes in Australia, the vital role of general practice needs to be acknowledged, maintained and optimised to ensure that the important functions that high-quality general practice provide are not lost. The economic and population health impacts of any such loss would be substantial. It is therefore important to clearly define the competencies necessary for admittance to the specialty of general practice to ensure that Australian general practice continues to provide an economically sound, high-quality and safe service to the community.

The development of a competency profile follows the work that has been undertaken in a number of countries including the United Kingdom, Canada and the Netherlands that are at the forefront of general practice credentialing. Indeed, the template and material produced through the work of the Dutch Project for Renovation of the General Practitioner Curriculum (PRG)<sup>[1]</sup> has been a seminal document in underpinning the production of the competency profile.

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[1] Nederlands Huisartsen Genootschap. Competency profile of the general practitioner. Utrecht: NHG, 2005. Available at [www.hovumc.nl/docs/int/assessment/Competency%20profile%20GP.doc](http://www.hovumc.nl/docs/int/assessment/Competency%20profile%20GP.doc) [Accessed 8 December 2015].

## Domain 1: Communication and the doctor–patient relationship

‘It is more important to know what sort of person has the disease than to know what sort of disease the person has.’ – Hippocrates

Scope of general practice service to the Australian community	Competency profile framework		Competency indicators
	Core skills	Competency outcomes	
<p><b>The provision of quality general practitioner care and service:</b></p> <ul style="list-style-type: none"> <li>Provides whole-person care that is respectful to the individual in his or her context</li> <li>Is jointly negotiated, taking into account the patient’s needs and concerns as well as addressing the doctor’s priorities for the patient</li> <li>Aims to provide longitudinal continuity of care as determined by the needs of the patient</li> <li>Provides collaborative enhancement of health outcomes through encouragement of self-care and effective health education and promotion</li> </ul>	<p><b>CS1.1 General practitioners communicate effectively and appropriately to provide quality care.</b></p>	<p>CS1.1.1 Communication is clear, respectful, empathic and appropriate to the person and their <i>sociocultural context</i>.            CS1.1.2 Effective communication is used in <i>challenging situations</i>.            CS1.1.3 Communication with <i>family, carers and others</i> involved in the care of the patient is appropriate and clear.            CS1.1.4 <i>Complaints and concerns</i> are managed effectively.            AH1.1.1b Aboriginal and Torres Strait Islander patients are <i>appropriately identified</i>.            AH1.1.4b Strategies for <i>culturally safe communication</i> with Aboriginal and Torres Strait Islander people are identified and used.</p>	<p><b>Applies communication techniques and the means of communication in a purposeful manner</b></p> <ul style="list-style-type: none"> <li>Adjusts her/his verbal and non-verbal communication to the age, gender, cultural background, physical condition and emotional state of the patient.</li> <li>Explains the structure of the visit clearly.</li> </ul> <p><b>Involves the patient actively in decision-making</b></p> <ul style="list-style-type: none"> <li>Explores the frame of reference of the patient by listening actively and clarifying the request for care.</li> <li>Stimulates the patient to react to the questions posed, the working hypothesis and the information offered.</li> <li>Advises the patient regarding possible methods of treatment and guides the selection process.</li> <li>Provides additional explanation, helps to classify the information and verifies systematically whether the information has been understood correctly.</li> <li>Discusses the feasibility of the proposed treatment.</li> </ul> <p><b>Respects and appropriately considers the patient’s cultural, physical, social and emotional context.</b></p> <ul style="list-style-type: none"> <li>Incorporates sociocultural factors into communication strategies with patients, families and carers. Considers the unique characteristics and environment of the patient when determining treatment plans and support services.</li> <li>Develops strategies to encourage and gain feedback from the patient, family members and/or carers regarding understanding of patient needs and circumstances.</li> </ul>

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	<p><b>CS1.2 Through effective health education, general practitioners promote health and wellbeing to empower patients.</b></p>	<p>CS1.2.1 Ways in which health can be optimised and maintained are communicated to patients, family members and carers.            AH1.2.2b Cultural beliefs, the <i>impacts of historical events</i> and how these may influence individual engagement with the health system are incorporated into relationship.</p>	<p><b>Provides integral and efficient care that is continuous and accessible</b></p> <ul style="list-style-type: none"> <li>• Contributes to the availability of care in the immediate surroundings of the patient and to the accessibility of this care without the intervention of third parties.</li> <li>• Adjusts the care to the specific needs within the locality of the general practitioner service.</li> <li>• Advises on applicable health options, access to information and service availability.</li> </ul> <p><b>Builds up effective therapeutic relationships with patients</b></p> <ul style="list-style-type: none"> <li>• Creates an environment of mutual confidence.</li> <li>• Shows the patient (and his or her family) that s/he feels involved and thus lays the basis for a lasting, confidential relationship.</li> <li>• Actively seeks to understand the impacts of culture, history, trauma, oppression and disadvantage on the ability of the patient to seek care and place trust in the system.</li> </ul>

## Domain 2: Applied professional knowledge and skills

'Cure sometimes, treat often and comfort always.' – Hippocrates

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<p><b>The provision of quality general practitioner care and service:</b></p> <ul style="list-style-type: none"> <li>Is patient-centred and comprehensive, focusing on all the presenting symptoms and concerns regarding health and disease, throughout the lifespan.</li> <li>Is undertaken through a multidimensional, structured diagnostic approach that is personalised to the context of each patient.</li> <li>Uses effective clinical problem-solving through the integration of current evidence-based and experiential knowledge and skills, incorporating understanding of the patient and their context.</li> <li>Uses investigations and technology appropriately.</li> <li>Efficiently identifies and provides evidence-based management of common conditions and serious illness.</li> <li>Manages the uncertainty and impacts of undifferentiated illness.</li> <li>Reduces the burden of disease through early detection and management of complex and chronic conditions.</li> <li>Provides continuous and coordinated care, contributing</li> </ul>	<p><b>CS2.1 General practitioners provide the primary contact for holistic and patient-centred care.</b></p> <p><b>CS2.2 General practitioners diagnose and manage the full range of health conditions in a diverse range of patients, across the lifespan through a therapeutic relationship.</b></p>	<p>CS2.1.1 The conduct of the consultation is appropriate to the <i>needs of the patient</i> and the sociocultural context.            CS2.1.2 <i>Continuity of care</i> promotes quality and safety.            CS2.1.3 Comprehensive and <i>holistic management plans</i> are developed collaboratively.</p> <p>CS2.2.1 A <i>comprehensive</i>, clearly documented <i>biopsychosocial history</i> is taken from the patient.            CS2.2.2 An <i>appropriate and respectful physical examination</i> of the patient is undertaken.            CS2.2.3 A <i>significantly ill</i> patient is identified and managed appropriately.            CS2.2.4 A <i>rational list of differential diagnoses</i> is formulated.            CS2.2.5 <i>Appropriate procedures</i> are undertaken after receiving informed consent.            CS2.2.6 <i>Rational options for investigations</i> are offered.            CS2.2.7 The results of investigations are interpreted in the context of the patient.            CS2.2.8 Diagnosis and management is evidence-based and relevant to the needs of the patient.            CS2.2.9 <i>Rational prescribing and medication monitoring</i> is undertaken.            CS2.2.10 The uncertainty of ongoing <i>undifferentiated conditions</i> is managed.</p>	<p><b>Provides a scientifically sound basis for the care provided</b></p> <ul style="list-style-type: none"> <li>Translates clinical problems into a question that can be investigated.</li> <li>Selects the available scientific research on the basis of relevance.</li> <li>Assesses the methodological quality of the literature.</li> </ul> <p><b>Applies the diagnostic, therapeutic and preventative arsenal of the profession in a purposeful and evidence-based manner</b></p> <ul style="list-style-type: none"> <li>Uses the RACGP practice standards, guidelines and support materials.</li> <li>Justifies her/his clinical decision in a rational manner.</li> <li>Considers the burden on the patient and the availability of care facilities when selecting interventions.</li> <li>Decides to refrain from treatment (watchful waiting) whenever this is applicable.</li> </ul> <p><b>Provides primary care in a structured manner</b></p> <ul style="list-style-type: none"> <li>Is competent in the total spectrum of problem clarification, recall of patient history, physical examination, laboratory tests, detecting anomalies/abnormalities, information and advice, prevention, guidance and referral.</li> <li>Selects targeted elements from this spectrum and adjusts their application to the individual's need for care.</li> </ul> <p><b>Interprets the symptoms within the context</b></p>



## Domain 3: Population health and the context of general practice

'I believe that the basic attribute of mankind is to look after each other.' – Fred Hollows

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<p><b>The provision of general practitioner care and service</b></p> <ul style="list-style-type: none"> <li>• Supports an economically rational and effective use of the healthcare system.</li> <li>• Recognises vulnerable communities and seeks to improve equity and access to care.</li> <li>• Identifies and manages issues of public health concern.</li> <li>• Profiles risk and targets consequent screening of at-risk individuals for population health issues.</li> </ul>	<p><b>CS3.1 General practitioners make rational decisions based on the current and future health needs of the community and the Australian healthcare system.</b></p> <p><b>CS3.2 General practitioners effectively lead to address the unique health needs of the community.</b></p>	<p><b>The general practitioner demonstrates</b></p> <p>CS3.1.1 The <i>patterns and prevalence of disease</i> are incorporated into <i>screening</i> and management practices.</p> <p>CS3.1.2 The impacts of the <i>social determinants of health</i> are identified and addressed.</p> <p>CS3.1.3 Current and emerging <i>public health risks</i> are effectively managed.</p> <p>AH3.1.1b Evidence-based preventive and population health approaches to reduce health inequalities in Aboriginal and Torres Strait Islander communities are used.</p> <p>CS3.2.1 <i>Barriers to equitable access to quality care</i> are addressed.</p> <p>CS3.2.2 The health needs of individuals are balanced with the health needs of the community through effective <i>use of resources</i>.</p> <p>CS3.2.3 Effective leadership improves outcomes for patients.</p>	<p><b>Promotes the health of both individual patients and groups of patients</b></p> <ul style="list-style-type: none"> <li>• Is alert to the determinants of disease.</li> <li>• Is proactive in dealing with psychosocial, economic and biological factors that affect the health of patients.</li> <li>• Gives patients individual health-related information and education.</li> </ul> <p><b>Acts in accord with the context of the Australian healthcare system</b></p> <ul style="list-style-type: none"> <li>• Identifies social and epidemiological factors and patterns and prevalence of disease as a mechanism for determining patient risk and improving health outcomes.</li> <li>• Identifies constraints associated with vulnerable groups as a means of improving accessibility and sustainability for their quality health care.</li> </ul> <p><b>Acts in the best interests of patients in the provision and advocacy of quality healthcare internal and external to each patient's community</b></p> <ul style="list-style-type: none"> <li>• Takes appropriate corrective and/or preventive measures in case of incidents arising during patient care.</li> <li>• Informs the patient, if asked, about the existing complaint procedures and institutions.</li> <li>• Provides information to the patient concerning access to allied health services and support agencies.</li> </ul> <p><b>Acts in a cost-conscious manner</b></p> <ul style="list-style-type: none"> <li>• Chooses the least expensive option when the alternatives are equally good and maintains the principle of equality within healthcare.</li> </ul>

## Domain 4: Professional and ethical role

'It takes less time to do things right than to explain why you did it wrong.' – Henry Wadsworth Longfellow

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<p><b>The provision of general practitioner care and service</b></p> <ul style="list-style-type: none"> <li>• Applies strong ethical standards to maintaining duty of patient care.</li> <li>• Demonstrates clinical and community leadership.</li> <li>• Advocates for patients in a complex health system.</li> <li>• Uses self-reflection, self-care and peer feedback to maintain quality of clinical care.</li> <li>• Continually improves knowledge and skills through ongoing professional development.</li> <li>• Maintain integrity with professional codes of ethics regardless of the doctor's personal values or standards.</li> <li>• Mentors and supports colleagues to optimise quality of care.</li> </ul>	<p><b>CS4.1 General practitioners are ethical and professional.</b></p> <p><b>CS4.2 General practitioners are self-aware.</b></p>	<p>CS4.1.1 <i>Relevant codes and standards of ethical and professional behaviour</i> are adhered to.            CS4.1.2 <i>Duty of care</i> is maintained.            CS4.1.3 <i>Patient–doctor boundaries</i> are identified and maintained.            CS4.1.4 <i>Critical incidents and potential critical incidents</i> are identified and managed.</p> <p>CS4.2.1 Professional knowledge and skills are reviewed and developed.            CS4.2.2 <i>Reflection and self-appraisal</i> are undertaken regularly.            CS4.2.3 <i>Personal health and wellbeing</i> is evaluated, maintained and developed.</p>	<p><b>Takes the existing differences in standards and values into consideration, within the framework of professional ethics</b></p> <ul style="list-style-type: none"> <li>• Acts in accordance with the existing professional code.</li> <li>• Deals with differences in standards and values in a respectful manner as long as they do not conflict with the existing rules for ethical and medical behaviour.</li> <li>• Maintains an acute awareness of personal values, beliefs, motivations and attitudes.</li> </ul> <p><b>Maintains a balance between personal and professional tasks</b></p> <ul style="list-style-type: none"> <li>• Takes deliberate responsibility for the care offered and for the way it is organised, and sets priorities.</li> <li>• Maintains a healthy balance between involvement and distance.</li> </ul> <p><b>Works systematically and purposefully to improve how she/he functions professionally</b></p> <ul style="list-style-type: none"> <li>• Refers to resources that help define acceptable conduct and practice.</li> <li>• Makes discussion of her/his own personal and professional work possible and establishes the points for improvement on the basis of the feedback obtained.</li> <li>• Determines her/his personal need for education periodically by means of reflection; actively pursues a structured development of expertise and evaluates the effects thereof.</li> </ul> <p><b>Promotes the development and implementation of professional expertise</b></p>



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	<b>CS4.3 General practitioners mentor, teach and research to improve quality of care.</b>	CS4.3.1 Professional knowledge and skills are effectively shared with others. CS4.3.2 <i>Colleagues who may be in difficulty</i> are identified and supported.	<ul style="list-style-type: none"> <li>Collects structured data for the benefit of research, training and self-improvement.</li> <li>Assesses new scientific insights for their applicability to the circumstances in her/his own practice.</li> </ul> <p><b>Furtheres the expertise of students, trainees, colleagues and other care providers</b></p> <ul style="list-style-type: none"> <li>Contributes knowledge in divergent learning environments.</li> <li>Actively participates in the education and training of students, registrars, colleagues and health staff.</li> </ul>

