

FELLOWSHIP

# RURAL GENERALIST CURRICULUM

Australian College of  
Rural & Remote Medicine  
WORLD LEADERS IN RURAL PRACTICE



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*ACRRM acknowledges Australian Aboriginal People and Torres Strait Islander People as the first inhabitants of the nation. We respect the traditional owners of lands across Australia in which our members and staff work and live and pay respect to their elders past present and future.*

# Contents

Background.....	4
What is a General Practitioner?.....	4
What is a Rural Generalist Medical Practitioner?.....	4
What is Rural Generalist Medicine? .....	4
What is a Fellow of ACRRM? .....	5
Development of the Curriculum .....	5
Curriculum Principles .....	6
Curriculum Overview .....	7
Domains of Rural and Remote Practice.....	7
Competencies of a Rural Generalist Medical Practitioner .....	8
Competency Standards.....	12
Competency Blueprint.....	27
Attributes of a Rural Generalist Medical Practitioner .....	31
Learning Areas.....	32
1. History Taking (Hx) .....	32
2. Physical Examination (Ex) .....	33
3. Differential Diagnosis (DDx).....	35
4. Investigations (Ix).....	38
5. Procedural Skills (PROC) .....	40
6. Diagnostic Imaging (IMAG).....	47
7. Pharmaceuticals (PHARM) .....	51
8. Digital Health (DIG).....	53
9. Aboriginal and Torres Strait Islander Health (ATS) .....	55
10. Academic Practice (ACAD) .....	60
11. Addictive Behaviours (ADD).....	63
12. Adult Internal Medicine (AIM).....	64
13. Aged Care (AGE).....	71
14. Anaesthetics (ANA).....	74
15. Chronic Disease (CHRON) .....	82
16. Dermatology (DERM).....	84
17. Emergency (EM).....	89
18. Genetics (GEN) .....	99
19. Mental Health (MH).....	101
20. Musculoskeletal (MSK) .....	110
21. Obstetrics and Gynaecology (O&G).....	114
22. Occupational Health (OCC) .....	122
23. Ophthalmology (OPH).....	123
24. Oral Health (ORAL).....	126
25. Paediatrics (PAED) .....	127
26. Palliative Care (PALL).....	139
27. Population Health (POP).....	144

28.	Rehabilitation (REH) .....	148
29.	Remote Medicine (RM) .....	151
30.	Sexual Health (SEXH) .....	154
31.	Surgery (SURG) .....	156
32.	Communicator (COM).....	162
33.	Collaborator (COL).....	164
34.	Leader (LDR) .....	165
35.	Health Advocate (ADV).....	169
36.	Scholar (SCH).....	171
37.	Professional (PRO).....	173

## Background

The Australian College of Rural and Remote Medicine (ACRRM) was formed in 1997 as an acknowledgment of:

- the importance of rural and remote medicine as a broad and distinctive form of general practice
- the need for well-designed vocational preparation and continuing medical education for rural doctors, and
- the need to address the shortage of rural and remote doctors in Australia, by providing them with a separate and distinctive professional body

ACRRM is a professional college accredited by the Australian Medical Council to define standards and deliver training in the medical specialty of general practice.

At the time of writing this document, an application to have Rural Generalist medicine recognised as a protected title and as a specialised field within the speciality of general practice is being progressed.

## What is a General Practitioner?

The General Practitioner is the doctor with core responsibility for providing comprehensive and continuing medical care to individuals, families and the broader community. Competent to provide the greater part of medical care, the General Practitioner can deliver services in the primary care setting, the secondary care setting, the home, long-term residential care facilities or by electronic means – wherever and however services are needed by the patient within their safe scope of practice.

Fellows of ACRRM receive specialist registration as a General Practitioner with the Medical Board of Australia and can practise in any location throughout Australia.

ACRRM's curriculum and training program also prepares doctors to be Rural Generalist medical practitioners.

## What is a Rural Generalist Medical Practitioner?

A Rural Generalist medical practitioner is a General Practitioner who has specific expertise in providing medical care for rural and remote or isolated communities. A Rural Generalist medical practitioner understands and responds to the diverse needs of rural communities: this includes applying a population approach, providing safe primary, secondary and emergency care, culturally engaged Aboriginal and Torres Strait Islander peoples' health care as required, and providing specialised medical care in at least one additional discipline.

## What is Rural Generalist Medicine?

Rural Generalist Medicine is the provision of a broad scope of medical care by a doctor in the rural context that encompasses the following:

- Comprehensive primary care for individuals, families and communities
- Hospital in-patient care and/or related secondary medical care in the institutional, home or ambulatory setting
- Emergency care
- Extended and evolving service in one or more areas of focused cognitive and/or procedural practice as required to sustain needed health services locally among a network of colleagues
- A population health approach that is relevant to the community

Working as part of a multi-professional and multi-disciplinary team of colleagues, both local and distant, to provide services within a 'system of care' that is aligned and responsive to community needs. (World Summit on Rural Generalist Medicine, Cairns, 2014).

## What is a Fellow of ACRRM?

A Fellow of ACRRM (FACRRM) is a medical specialist who has been assessed as meeting the requisite standards for providing high-quality Rural Generalist medical practice.

This involves being able to:

- provide and adapt expert primary, secondary, emergency and specialised medical care to community needs
- provide safe, effective medical care while working in geographic and professional isolation
- work in partnership with Aboriginal, Torres Strait Islander peoples and other culturally diverse groups and
- apply a population approach to community needs.

## Development of the Curriculum

A comprehensive Prospectus<sup>1</sup>, and a Position Paper<sup>2</sup>, both published in 1997, established the need for a curriculum and indicated the major directions for further development.

The first edition of the *ACRRM Primary Curriculum* was published in 1998. The second edition was published in 2003, and the third edition in 2006. Minor revisions were made to the third edition in 2009. The fourth edition (2013) resulted from a major review of both content and structure involving key stakeholders conducted between October 2009 and January 2010.

The fifth, current edition reflects continued development of the structure and content in response to developments in medical education including the shift towards competency based medical education and the work of the Australian National Rural Generalist Taskforce.

The first four editions of the Curriculum were divided into the Primary Curriculum and separate curricula for each Advanced Specialised Training discipline.

The fifth edition brings together all areas into one curriculum and is titled the Rural Generalist Curriculum.

The unique nature of Rural Generalist medicine requires a specific curriculum structure, which includes a combination of multi-specialty learning areas, general non-medical competencies, non-medical competencies specific to Rural Generalist medicine and specific focus on interactions with other specialities outside Rural Generalist medicine.

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<sup>1</sup> Australian College of Rural and Remote Medicine (ACRRM) (1997a) *Prospectus*. Australian College of Rural and Remote Medicine, Brisbane.

<sup>2</sup> Australian College of Rural and Remote Medicine (ACRRM) (1997b) *Primary Curriculum Position Paper*. Australian College of Rural and Remote Medicine, Brisbane.

# Curriculum Principles

The Curriculum is underpinned by 10 principles:

1. *Grounded in professional standards*

Defines the essential competencies, knowledge, skills and attributes required of General Practitioners across all working contexts in Australia. Accredited by the Australian Medical Council in the speciality of general practice.

2. *Responsive to community needs*

Responds to the diverse needs of the Australian population, including the health needs and priorities determined by the Australian Government, and the needs expressed by rural and remote people and communities.

3. *Responsive to the rural and remote context*

Focuses on the key features that define rural and remote generalist medical practice and distinguishes it from urban models of generalist medical practice. This includes working across primary and secondary care, emergency medicine, Aboriginal and Torres Strait Islander health, and independence in decision-making and models of collaboration and support across extensive geography.

4. *Integrated rural pathway*

Designed to create a rural career pathway through connecting with prevocational rural education and training programs and continuing post Fellowship with career development and skills maintenance. Incorporates flexible entry options and recognition of prior learning.

5. *Competency-based approach*

Defines competencies, knowledge, skills and attributes and incorporates flexible approaches to gaining and demonstrating competency. Fellowship standards are defined, and indicators guide progression.

6. *Focus on experiential learning*

Supports a constructivist teaching and learning approach, involving experience in a variety of structured placements, with guided and self-directed learning and supervision from experienced mentors and educators.

7. *Relevance to practice*

Content is applicable to the current and projected future demands of rural and remote generalist practice.

8. *Validity, reliability and educational soundness*

The Curriculum and its related assessment processes are progressive, academically rigorous, educationally sound, clinically relevant, valid, reliable, and are designed to have a positive educational impact.

9. *Appropriateness and acceptability of delivery and assessment methods*

Delivery and assessment methods have been designed to be appropriate and acceptable to registrars in rural and remote contexts. This is done through distance learning, flexible delivery methods and interactive approaches.

10. *Contribution to improving workforce capacity*

Contributes to building a skilled, confident, safe and competent Australian Rural Generalist medical workforce.

## Curriculum Overview

The *Curriculum* is structured around eight *Domains* of rural and remote practice. Each domain contains a set of *Competencies*.

Competencies are observable abilities that require the integration of multiple *Knowledge, Skills and Attributes*. The competency *Standards* describe the Fellowship standard and indicators to achieving this standard.

37 Learning Areas detail the *Knowledge, Skills and Attributes* at Core Generalised and where relevant Advanced Specialised levels. There are both clinical and non-clinical Learning Areas, drawing on the roles of a doctor identified in the CanMEDs framework.

The *Competency Blueprint* maps the Learning Areas against the Competencies.

## Domains of Rural and Remote Practice

The eight domains of rural and remote practice describe the contexts of rural and remote practice.

1. Provide expert medical care in all rural contexts: *patient-centred approach, diagnosis, management and team work.*
2. Provide primary care: *whole patient care, longitudinal care, first point of care, undifferentiated presentations, care across lifespan, acute and chronic care and preventive activities.*
3. Provide secondary medical care: *inpatient management, respond to deteriorating patient, handover, safe transfer and discharge planning.*
4. Respond to medical emergencies: *hospital & prehospital, resource organisation, initial assessment and triage, emergency medical intervention and patient evacuation.*
5. Apply a population health approach: *community health assessment, population level health intervention, statutory reporting and disaster planning.*
6. Work with Aboriginal, Torres Strait Islander, and other culturally diverse communities to improve health and wellbeing: *strengths-based, respect and understanding*
7. Practise medicine within an ethical, intellectual and professional framework: *ethical practice, clinical documentation, quality and safety, professional obligations, continuous learning, leadership, teaching and research.*
8. Provide safe medical care while working in geographic and professional isolation: *resourcefulness, independence, flexibility, technology, professional network and extended practice.*



## Competencies of a Rural Generalist Medical Practitioner

Rural Generalist medical practitioner competencies are grouped under the eight domains of rural and remote practice. They describe the key competencies that are required in each context of practice.

### 1. Provide expert medical care in all rural contexts

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- 1.1. Establish a doctor-patient relationship
- 1.2. Use a patient centred approach to care
- 1.3. Diagnose and manage common and important conditions in rural primary, secondary and emergency settings
- 1.4. Obtain a relevant and focused history using a logical and structured approach aiming to rule in and rule out relevant differential diagnoses within a patient's presentation
- 1.5. Perform an appropriate physical examination, across all age groups, elicit clinical signs and interpret physical findings
- 1.6. Appropriately order, perform and interpret diagnostic investigations
- 1.7. Ensure safe and appropriate prescribing of medications and non-pharmacological treatment options
- 1.8. Formulate an appropriate management plan, incorporate specialist practitioner's advice or referral where applicable
- 1.9. Demonstrate commitment to teamwork, collaboration, coordination and continuity of care
- 1.10. Provide patient care in the home, nursing home and other sites away from the main health service

### 2. Provide primary care

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- 2.1. Apply diagnostic reasoning to undifferentiated health problems in an un-referred patient population
- 2.2. Provide patient care across the lifespan from birth through to end of life
- 2.3. Manage common presentations and conditions in primary care
- 2.4. Provide longitudinal care, managing individual's diverse range of problems across extended time periods
- 2.5. Perform primary care diagnostic and therapeutic procedures
- 2.6. Effectively manage time pressure and decision fatigue during general practice consultations
- 2.7. Provide continuous, consistent and coordinated chronic disease management for individuals with chronic conditions
- 2.8. Undertake preventive activities such as screening, immunisation and health education in opportunistic and programmatic ways

- 2.9. Provide cost conscious care for patients, the service and the health care system
- 2.10. Provide general and specific health checks, medical assessments and travel medicine consultations

### **3. Provide secondary medical care**

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- 3.1. Manage common conditions requiring inpatient care, in appropriate settings
- 3.2. Maintain a clinically relevant plan of fluid, electrolyte and blood product use with relevant pathology testing
- 3.3. Perform secondary care diagnostic and therapeutic procedures
- 3.4. Recognise and respond early to the deteriorating patient
- 3.5. Communicate effectively with the healthcare team, including effective handover
- 3.6. Anticipate and judiciously arrange safe patient transfer to other facilities
- 3.7. Undertake early discharge planning, involving the multi-disciplinary team

### **4. Respond to medical emergencies**

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- 4.1. Recognise severe, acute and life-threatening conditions and provide initial resuscitation and stabilisation
- 4.2. Provide definitive emergency management across the lifespan in keeping with clinical need, own capabilities, local context and resources
- 4.3. Perform emergency diagnostic and therapeutic procedures
- 4.4. Interpret common pathology, imaging and other diagnostic modalities relevant to emergency management
- 4.5. Activate or support emergency patient retrieval, transport or evacuation when needed
- 4.6. Provide inter-professional team leadership in emergency care that includes resource allocation, risk management assessment, quality assurance, team debriefing and self-care
- 4.7. Utilise assistance and/or guidance from other specialist practitioners and services as required

### **5. Apply a population health approach**

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- 5.1. Analyse the social, environmental, economic and occupational determinants of health that affect the community
- 5.2. Describe the local community profile, including health, age groups, ethnicity, occupations
- 5.3. Apply a population health approach that is relevant to the community profile
- 5.4. Integrate evidence-based prevention, early detection and health maintenance activities into practise at a population level

- 5.5. Fulfil reporting requirements in relation to statutory notification of health conditions
- 5.6. Participate in disaster planning and implementation of disaster plans, and post-incident analysis and debriefing

## **6. Work with Aboriginal, Torres Strait Islander, and other culturally diverse communities to improve health and wellbeing**

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- 6.1. Understand diverse local health practices and their benefits for communities
- 6.2. Apply principles of partnership, community ownership, consultation, capacity building, reciprocity and respect to health care access and delivery, health surveillance and research
- 6.3. Deliver culturally safe care<sup>iii3</sup> to Aboriginal and Torres Strait Islander peoples and other cultural groups

## **7. Practise medicine within an ethical, intellectual and professional framework**

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- 7.1. Work within relevant national and state legislation and professional and ethical guidelines
- 7.2. Keep clinical documentation in accordance with legal and professional standards
- 7.3. Provide cost effective patient care through judicious use of resources by balancing own duty to individual patients with own duty to society
- 7.4. Manage, appraise and assess own performance in the provision of medical care for patients
- 7.5. Participate in quality and safety improvement and risk management activities
- 7.6. Teach and clinically supervise health students, junior doctors and other health professionals

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### **<sup>3</sup> Cultural safety for Aboriginal and Torres Strait Islander Peoples**

Cultural safety is determined by Aboriginal and Torres Strait Islander individuals, families and communities.

Culturally safe practice is the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism.

To ensure culturally safe and respectful practice, medical practitioners must:

- a. Acknowledge colonisation and systemic racism, social, cultural, behavioural and economic factors which impact individual and community health
- b. Acknowledge and address individual racism, their own biases, assumptions, stereotypes and prejudices and provide care that is holistic, free of bias and racism
- c. Recognise the importance of self-determined decision-making, partnership and collaboration in healthcare which is driven by the individual, family and community
- d. Foster a safe working environment through leadership to support the rights and dignity of Aboriginal and Torres Strait Islander people and colleagues.

Culturally safe and respectful practice is also important for all communities.

*From the Medical Board of Australia, Good medical practice: a code of conduct for doctors in Australia: October 2020*

- 7.7. Recognise unprofessional behaviour and signs of the practitioner in difficulty among colleagues and respond according to ethical guidelines and statutory requirements
- 7.8. Contribute to the management of human and financial resources within a health service
- 7.9. Provide leadership in professional practice
- 7.10. Engage in continuous learning and professional development
- 7.11. Critically appraise and apply relevant research

## **8. Provide safe medical care while working in geographic and professional isolation**

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- 8.1. Demonstrate resourcefulness, independence and self-reliance while working effectively in geographic and professional isolation
- 8.2. Develop and apply strategies for self-care, personal support and caring for family
- 8.3. Establish a community network while maintaining appropriate personal and professional boundaries
- 8.4. Establish, maintain and utilise professional networks to assist with safe, optimum patient care
- 8.5. Provide safe, effective clinical care when away from ready access to specialist medical, diagnostic and allied health services
- 8.6. Use information and communication technology to assist in diagnosis, monitoring and provision of medical care or to facilitate access to specialised care for patients
- 8.7. Identify and acquire extended knowledge and skills as may be required to meet health care needs of the local population

## Competency Standards

The curriculum consists of the Core Generalist and Advanced Specialised components. The Rural Generalist medical practitioner competencies are common to both components, but the expected standard for some competencies increases between the Core and Advanced components.

Registrars must demonstrate meeting all competencies at the Core Generalist standard and choose one specialised area in which they demonstrate meeting the Advanced Specialised standard.

### Core Generalist competency standards

Three indicators are provided for each competency for the Core Generalist standard. These indicators are markers of progression to meeting the standard of the Core Generalist component.

- beginning of core generalist standard
- progressing to core generalist standard
- achieved the core generalist standard

Domain 1 – Provide expert medical care in all rural contexts				
Competencies		Core Generalist indicators		
		Beginning	Progressing	Achieved
1.1	Establish a doctor-patient relationship	<p>Creates a non-judgemental, safe environment to actively engage with patients and families to share information and their perspectives</p> <p>Identifies the ideas, concerns and expectations of the patient through verbal cues</p> <p>Identifies physical, cultural, psychological, and social barriers to communication</p>	<p>Effectively builds rapport with patients and families</p> <p>Starts to pick up on patient non-verbal cues</p> <p>Engages patient in shared decision making</p> <p>Matches modality of communication to patient needs, health literacy and context</p>	<p>Connects with patients and families in a manner that fosters respect and understanding, including the ability to manage conflict</p> <p>Picks up on and is responsive to patient non-verbal cues</p> <p>Effectively communicates difficult information, such as end of life discussions, delivery of bad news, and acknowledgement of errors</p>
1.2	Use a patient centred approach to care	<p>Incorporates patient treatment and management preferences when appropriate</p>	<p>Develops with the patient effective diagnostic and managements plans and communicates these to appropriate health care providers</p>	<p>Evaluates the provision of holistic and patient-centred care in the practice</p>
1.3	Diagnose and manage common and important conditions in rural primary, secondary and emergency settings	<p>Synthesises clinical information to generate a ranked problem list containing appropriate provisional diagnosis</p> <p>Implements and evaluates a management plan relevant to the patient for common problems and conditions</p>	<p>Refines diagnostic skills, fewer diagnostic dilemmas, differential diagnoses are risk stratified, differential list is better prioritised and defended</p> <p>Implements and evaluates a management plan in concert with patient or carer</p>	<p>Provides patient with most plausible diagnoses based on evidence gathered</p> <p>Negotiates individual evidence-based management plan, considering impact of the condition and proposed management on the patient's lifestyle/function</p>
1.4	Obtain a relevant and focused history using a logical and structured approach aiming to rule	<p>Takes a history of the presenting complaint with an appropriate review of</p>	<p>Takes a relevant, focused history of the presenting complaint with an appropriate</p>	<p>Integrates comprehensive but focused history of presenting problem into consultation</p>

	in and rule out relevant differential diagnoses within a patient's presentation	systems, using biopsychosocial model	review of systems, using biopsychosocial model	
1.5	Perform an appropriate physical examination, across all age groups, elicit clinical signs and interpret physical findings	Conducts an appropriate physical examination Identifies when physical examination signs are inconsistent with the history	Conducts a relevant and focussed physical examination, using clinical tools and correct technique	Conducts relevant examination in organised, logical and efficient manner, including all key differentials  Elicits links to function during examination.
1.6	Appropriately order, perform and interpret diagnostic investigations	Selects, requests and can justify investigations in the context of a patient presentation  Follows facility protocols to communicate test results to patient	Judiciously orders investigations with an understanding of the risks and benefits of investigations  Communicates test results to patients and checks patient understanding of the results	Judiciously orders investigations with the risks and benefits of investigations explained to the patient  Explains how each investigate contributes to the patient's management.  Assists with development of robust and efficient systems to ensure that results are interpreted and communicated to patients
1.7	Ensure safe and appropriate prescribing of medications and non-pharmacological treatment options	Identifies key factors to consider when choosing most effective treatment	Identifies and utilises quality and unbiased resources to assist in appropriate prescribing of treatments	Reviews and revises own patterns of prescribing to improve quality and safety
1.8	Formulate an appropriate management plan, incorporate specialist practitioner's advice or referral where applicable	Works with supervisor to arrange referrals	Knows referral networks and how to arrange referrals	Arranges referrals in concert with the patient and/or carer considering the balance of potential benefits, harms and costs
1.9	Demonstrate commitment to teamwork, collaboration, coordination and continuity of care	Understands the roles of team members and participates as a respectful and effective team member  Provides appropriate handover	Engages the appropriate team to provide safe, efficient, effective patient centred care  Facilitates seamless transitions of care  Sustains appropriate respectful, relationships with team members  Communicates effectively with health care team  Provides clear and concise documentation in shared records	Provides leadership and participates as a respectful team member with local and distant teams to optimise quality patient care  Works collaboratively, including during challenging situations and transitions of care  Negotiates and manages conflict amongst the healthcare team
1.10	Provide patient care in the home, nursing home and other sites away from the main health care service	Attends off-site locations with supervisor	Provides care at off-site locations with supervision onsite	Provides care at off-site locations with supervision offsite

## Domain 2 – Provide primary care

Competencies		Core Generalist indicators		
		Beginning	Progressing	Achieved
2.1	Apply diagnostic reasoning to undifferentiated health problems in an un-referred patient population	<p>Describes the risks of managing patients with undifferentiated health problems</p> <p>Knows when to seek help from supervisor</p>	<p>Develops management plans that support the early identification of evolving conditions</p> <p>Considers key conditions that are important to exclude</p> <p>Communicates uncertainties to the patient</p> <p>Ensures safety netting is in place through provision of patient information and ongoing review of patient outcomes</p>	<p>Demonstrates comfort with developing a management plan for patients with long-term undifferentiated signs, symptoms or health concerns</p> <p>Demonstrates clinical decision making around choices of investigations and management that balances the potential risks against the benefits</p>
2.2	Provide patient care across the lifespan from birth through to end of life	Gains skills in working with patients of different ages	Manages common conditions in all age groups	Manages common and less common conditions in all age groups, including those at the end of life
2.3	Manage common presentations and conditions in primary care	<p>Developing skills in managing the most common presentations and conditions in primary care</p> <p>Seeks help when required</p> <p>Developing a collection of resources to assist with managing common presentations</p>	<p>Proficient in managing the most common presentations and conditions in primary care</p> <p>Building skills in managing the less common presentations and conditions in primary care</p> <p>Consults with and refers to specialist medical services as appropriate</p>	<p>Proficient in managing common and less common presentations and conditions in primary care</p> <p>Knows when and where to seek further help or to refer when additional, secondary and/or tertiary care is required</p>
2.4	Provide longitudinal care, managing individual's diverse range of problems across extended time periods	<p>Understands the difference between episodic and longitudinal care</p> <p>Identifies the role of the primary care doctor in managing the patient's life journey</p>	<p>Develops longitudinal care plans for important conditions</p> <p>Develops confidence in managing whole patient life outcomes</p>	<p>Provides longitudinal care that is holistic, dynamic and integrated</p> <p>Demonstrates clear understanding and takes leadership roles in delivering health care to patients across their lifespan</p>
2.5	Perform primary care diagnostic and therapeutic procedures	<p>Identifies procedures required in primary care</p> <p>Seeks experience in providing treatments under supervision</p>	Manages most typical diagnostic and therapeutic procedures independently and seeks help when required	Manages all diagnostic and therapeutic procedures safely, and effectively
2.6	Effectively manage time pressure and decision fatigue during general practice consultations	<p>Knows a model for GP consultations</p> <p>Recognises the contributing factors to time pressure</p> <p>Identifies the signs of decision fatigue</p>	<p>Implements a model for GP consultations</p> <p>Manages a patient consultation in an effective and time efficient manner</p> <p>Recognises the signs of decision fatigue in own practice</p>	<p>Evaluates and adapts a model for GP consultation to consider time pressures</p> <p>Able to manage varying degrees of patient needs in a highly efficient manner</p> <p>Takes steps to mitigate the impact of decision fatigue in own practice</p>
2.7	Provide continuous, consistent and coordinated chronic disease management for individuals with chronic conditions	<p>Recognises chronic conditions</p> <p>Follows established management plans and contributes to shared health summaries</p>	<p>Applies appropriate clinical guidelines for chronic conditions</p> <p>Develops individualised management plans for patients with chronic conditions in consultation with patient</p>	<p>Develops and implements a management plan for patients with multiple chronic conditions in consultation with patient</p> <p>Facilitates patient's and family's self-management of their chronic conditions</p>

			Ensures shared records are maintained	Undertakes regular review of management plan with patient
2.8	Undertake preventive activities such as screening, immunisation and health education in opportunistic and programmatic ways	Describes protocols for screening and immunisation Collects family, social and behavioural history Identifies health education resources	Implements screening and immunisation according to practice protocols Provides patients with health education information relevant to consultation Provides immunisation counselling including benefits and risks of immunisation	Integrates disease prevention and health promotion seamlessly into the ongoing care of all patients
2.9	Provide cost conscious care for patients, the service and the health care system	Knows how to access the Medical Benefits Schedule (MBS) and Pharmaceutical Benefits Schedule (PBS) Knows the relevant local and regional patient support processes Identifies cost implications for patient of treatment options Identifies potential low-value practices	Uses and interprets the MBS and PBS in a manner that meets patient needs and complies with legal and professional requirements Provides clear and timely information to patients on cost implications and support processes Manages patient expectations around the use of low-value practices	Partners with the patient to consistently use resources efficiently and cost effectively Integrates patient needs, financial capabilities and support systems into the patient management plan Evaluates and adapts own practice to identify and eliminate the use of low-value practices
2.10	Provide general and specific health checks, medical assessments and travel medicine consultations	Describes where to find information on requirements for medical assessments	Undertakes medical assessments according to the requirements Maintains up-to-date knowledge on requirements	Provides honest assessment, including where the assessment outcome is not favourable for patient e.g. driver's medical Demonstrates the ability to communicate these outcomes to the patient

<b>Domain 3 – Provide secondary medical care</b>				
<b>Competencies</b>		<b>Core Generalist indicators</b>		
		<b>Beginning</b>	<b>Progressing</b>	<b>Achieved</b>
3.1	Manage common conditions requiring inpatient care in appropriate settings	Participates in the secondary care of patients	Develops and implements secondary care management plans for patients with common conditions	Develops, implements, monitors and modifies secondary care management plans for patients Consults with colleagues as required
3.2	Maintain a clinically relevant plan of fluid, electrolyte and blood product use with relevant pathology testing	Monitors fluid and electrolytes Modifies orders in consultation	Monitors and adjusts fluid and electrolyte orders Consults with colleagues	Monitors and adjusts fluid and electrolyte orders Seeks assistance from colleagues as required especially for complex cases
3.3	Perform secondary care diagnostic and therapeutic procedures	Performs diagnostic and therapeutic procedures under supervision Orders appropriate procedures	Performs most diagnostic and therapeutic procedures independently Seeks assistance when required Orders appropriate procedures taking into consideration what is available locally	Performs all essential diagnostic and therapeutic procedures in the logbook independently



3.4	Recognise and respond early to the deteriorating patient	Recognises the key signs and symptoms of a deteriorating patient  Seeks assistance early	Identifies patients at risk of deterioration and escalates level of observation  Consults with colleagues to adjust treatment, if time permits	Anticipates and identifies patients at risk of deterioration early and escalates level of observation and treatment accordingly
3.5	Communicate effectively with healthcare team, including effective handover	Documents effective handover plans	Describes the key elements required for effective clinical handover	Able to evaluate the key communication skills that are required to deliver effective handovers in clinical settings
3.6	Anticipate and judiciously arrange safe patient transfer to other facilities	Assists in the preparation and transfer of patients	Identifies patients who require transfer  Works with colleagues to arrange transfer and prepare patients	Makes decisions about patient transfer with consideration of clinical indications, service capabilities, patient preferences, transportation and geography.  Arranges transfer and prepares patient appropriately
3.7	Undertake early discharge planning, involving the multi-disciplinary team	Implements discharge arrangements as directed	Participates in multidisciplinary discharge planning	Coordinates multidisciplinary discharge planning

#### Domain 4 – Respond to medical emergencies

Competencies		Core Generalist indicators		
		Beginning	Progressing	Achieved
4.1	Recognise severe, acute and life-threatening conditions and provide initial resuscitation and stabilisation	Recognises & effectively assesses acutely ill, deteriorating or dying patients  Supports a colleague to stabilise emergency presentations	Consistently recognises situations requiring urgent medical care  Stabilises emergency presentations with support of an experienced colleague onsite	Recognises, provides and coordinates care for acutely ill patients within local community  Stabilises emergency presentations with support of an experienced colleague onsite or off site if required
4.2	Provide definitive emergency management across the lifespan in keeping with clinical need, own capabilities, local context and resources	Gathers essential information, generates differential diagnosis, and seeks assistance  Follows clinical guidelines and facility protocols	Gathers essential information, generates differential diagnosis, and follows clinical guidelines and facility protocols	Develops and implements appropriate diagnostic and therapeutic management plans for common acute conditions  Arranges appropriate transitions of care
4.3	Perform emergency diagnostic and therapeutic procedures	Implements Basic Life Support  Identifies the indications for advanced airway management and ventilation.  Understands the pathophysiology of shock, obtains IV access and commences IV fluids  Understands and initiates commonly used analgesics	Assists with instituting protection of the airway and adequate oxygenation when the airway and/or ventilation is compromised  Recognises shocked patient, obtains IV access, understands the principles of fluid resuscitation, initiates relevant investigations, provides initial treatment with onsite guidance  Understands more complex pain management and alternative routes of administration.	Institutes protection of the airway and adequate oxygenation when the airway and/or ventilation is compromised  Provides initial time critical management (with onsite or distant guidance if required) of shocked patients including alternate vascular access, timely fluid and/or transfusion management, relevant therapeutic measures, ancillary life support measures, interpretation of common investigations, timely admission or onward referral for definitive management  Provides higher level management including simple procedural sedation and simple nerve blocks

4.4	Interpret common pathology, imaging and other diagnostic modalities relevant to emergency management	Reads and interprets ECG, pathology and imaging reports	Can identify normal pathology and imaging  Beginning to identify common injury and pathological conditions on diagnostic test abnormalities	Recognises important features of common injuries and pathological conditions on ECG, pathology, radiology  Recognises the need for transfer for higher level and diagnostics
4.5	Activate or support emergency patient retrieval, transport or evacuation when needed	Identifies and manages risks prior to and during patient transfer	Assists in preparing patients for transfer	Coordinates preparation of patients requiring transfer  Communicates effectively with retrieval and higher-level medical services for timely transfer and ongoing care
4.6	Provide inter-professional team leadership in emergency care that includes resource allocation, quality assurance, risk management assessment, team debriefing and self-care	Implements basic life support	Participates in an inter-professional team to implement advanced life support for children and adults	Leads an inter-professional team to implement advanced life support for children and adults
4.7	Utilise assistance and/or guidance from other specialist practitioners and services as required	Understands the need to gain assistance from colleagues and other service providers	Describes the process required to gain assistance from colleagues and other health care providers to assist patient management	Effectively evaluate the role of colleague support in managing patient outcomes  Awareness of own skills/knowledge limitations and local resources

## Domain 5 – Apply a population health approach

Competencies		Core Generalist indicators		
		Beginning	Progressing	Achieved
5.1	Analyse the social, environmental, economic and occupational determinants of health that affect the community	Identifies information sources to assist in understanding the local community	Investigates the key social, environmental, economic and occupational determinants of health that affect the community	Analyse the social, environmental, economic and occupational determinants of health that affect the community burden of disease and access to health-related services
5.2	Describe the local community profile, including health, age groups, ethnicity, occupations	Identifies local and regional sources of community profile data	Collates and synthesises appropriate data to describe the local community profile	Presents and explains the implications of the local community profile  Monitors population health trends and recognise 'red flags' that require action
5.3	Apply a population health approach that is relevant to the community profile	Advocates for healthy lifestyles and explains environmental & lifestyle risks to health.	Accesses and collaborates with agencies responsible for key population health functions including public health services, employer groups and local government  Advocates for patients to ensure equitable access to healthcare  Seeks to improve health care systems where they practice	Actively participates in local community and regional groups and forums to advocate in the design, implementation and evaluation of interventions that address determinants of population health for their community
5.4	Integrate evidence-based prevention, early detection and health	Evaluates the positive and negative aspects of health	Implements individual and national population-based	Integrates evidence-based prevention, early detection and

	maintenance activities into practise at a population level	screening and prevention when making healthcare decisions.	screening activities in the consultation; motivates patients to participate	health maintenance activities into practise at a systems level
5.5	Fulfil reporting requirements in relation to statutory notification of health conditions	Is aware of individual and systemic reporting requirements in relation to statutory notification	Understands and implements processes to fulfil reporting requirements in relation to statutory notification of health conditions	Independently fulfils reporting requirements in relation to statutory notification of health conditions
5.6	Participate in disaster planning and implementation of disaster plans, and post-incident analysis and debriefing	Is aware of disaster plans in the region	Is prepared to act according to disaster plan if required	Actively contributes to disaster planning with reference to previous post-incident analyses  Collaborates with others to implement disaster planning  Facilitates and actively contributes to post-incident analysis and debriefing

## Domain 6 –Work with Aboriginal, Torres Strait Islander and other culturally diverse communities to improve health and wellbeing

Competencies		Core Generalist indicators		
		Beginning	Progressing	Achieved
6.1	Understands diverse local health practices and their benefits for communities	Knowledge of health practices of Aboriginal and Torres Strait Islander peoples and other cultural groups	Growing knowledge of health practices and their benefits	Sound knowledge of health practices and benefits for communities
6.2	Applies principles of partnership, community ownership, consultation, capacity building, reciprocity and respect to health care delivery, health surveillance and research	Behaves in a manner that acknowledges the impact of cultural, ethnic, spiritual, social, and economic factors on health  Has knowledge of activities shown to improve outcomes of health care  Has knowledge of the barriers to access and the social and cultural determinants of health	Learns about the community and its resources, strengths and vulnerabilities  Participates in activities to improve outcomes of care	Works alongside culturally diverse groups to address health issues
6.3	Deliver culturally safe care to Aboriginal and Torres Strait Islander peoples and other cultural groups	Reflects on own assumptions, cultural beliefs and emotional reactions in providing culturally safe care  Behaves in a manner that acknowledges the impact of cultural, ethnic, spiritual, social, and economic factors on health  Knows how to find an interpreter and key community contacts	Identifies own cultural values that may impact on his/her role as a doctor.  Identifies own cultural norms and the impact that this may have on interactions with the community	Delivers culturally safe care taking into account their own cultural values and those of different cultural groups  Reflects and seeks feedback on own provision of culturally safe care  Engages interpreters and community contacts as appropriate

## Domain 7 – Practise medicine within an ethical, intellectual and professional framework

Competencies		Core Generalist indicators		
		Beginning	Progressing	Achieved
7.1	Works within relevant national and state legislation and professional and ethical guidelines	<p>Behaves in a way that acknowledges the ethical complexity of practice &amp; follows professional &amp; ethical codes</p> <p>Understands requirements for public health notifications</p> <p>Is familiar with the Medical Board of Australia's Good Medical Practice code of conduct.</p> <p>Has awareness of ACRRM Academic Code of Conduct</p>	<p>Makes ethical decisions and accepts responsibility for decisions made</p> <p>Understands certification; WorkCover, Centrelink, care plans, billing rules, notification requirements, involuntary admission legislation</p>	<p>Makes difficult decisions</p> <p>Understands when Medical Defence Organisation advice is required</p> <p>Provides accurate and appropriate certification; WorkCover, Centrelink, care plans, billing rules, notification requirements, involuntary admission legislation</p>
7.2	Keeps clinical documentation in accordance with legal and professional standards	<p>Knows how to use practice management software</p> <p>Uses a structure to ensure that consultation notes are clear and complete</p>	<p>Uses practice management software efficiently</p> <p>Timely entry of consultation notes.</p> <p>Records concise, with enough information on a patient consult to allow others to follow.</p>	<p>Ensures that health summary information is complete and up dated regularly</p> <p>Records comprehensive and accurate</p> <p>Undertakes record audits</p>
7.3	Provides cost effective patient care through judicious use of resources by balancing own duty to individual patients with own duty to society	<p>Knows and considers costs and risks/benefits of different treatment options in common conditions</p>	<p>Coordinates individual patient care in a way that is sensitive to resource use, efficiency and effectiveness</p>	<p>Works in consultation with patient to consistently use resources efficiently and cost effectively including complex situations</p>
7.4	Manages, appraises and assesses own performance in the provision of medical care for patients	<p>Consults with colleagues about ethical concerns and accepts responsibility for ethical decisions</p>	<p>Demonstrates an understanding of patient competency and shared decision making</p>	<p>Checks with patient in order to check they fully understand responsibilities and how condition and treatment may impact on this.</p> <p>Appreciates the legalities of caring for patients who cannot consent</p>
7.5	Participates in quality and safety improvement and risk management activities	<p>Follows procedures and protocols</p> <p>Acknowledges that errors occur in health care</p> <p>Reports errors if they occur</p> <p>Attends institutional quality and safety improvement and risk management meetings</p>	<p>Recognises, documents and manages adverse events and near misses</p> <p>Participates in quality improvement activities</p> <p>Participates in institutional quality and safety improvement and risk management activities</p>	<p>Facilitates root cause analysis and debriefing of colleagues following critical incidents</p> <p>Establishes and reviews processes to improve safety</p> <p>Undertakes regular audit and improvement activities</p> <p>Facilitates institutional quality and safety improvement and risk management activities</p>
7.6	Teaches and clinically supervises health students, junior doctors and other health professionals	<p>Conducts teaching sessions for peers and juniors</p> <p>Coaches junior doctors around basic clinical tasks</p>	<p>Plans, develops and conducts teaching sessions for peers and juniors</p>	<p>Works with peers and juniors to identify learning needs and develop and deliver an appropriate teaching session</p> <p>Acts as a supervisor with the support of more senior doctor</p>

7.7	Recognises unprofessional behaviour and signs of the practitioner in difficulty among colleagues and respond according to ethical guidelines and statutory requirements	Identifies appropriate channels to report unprofessional behaviour	Reports unprofessional behaviour using appropriate reporting procedures	Develops own ability to identify and support practitioners in difficulty  Actively contributes to the improvement of processes for the early identification of unprofessional behaviour and support of practitioners in difficulty
7.8	Contributes to the management of human and financial resources within a health service	Follows rules and obligations as determined by employer	Participates in facility/team meetings to contribute to effective management of service	Assists with staff rostering, employment and budget management as appropriate
7.9	Provides leadership in professional practice	Identifies key qualities of positive leadership in professional practice	Reflects and develops own ability to provide leadership in professional practice	Provides positive leadership in professional practice
7.10	Engages in continuous learning and professional development	Acknowledges and seeks to address gaps in knowledge and expertise	Seeks feedback from others to improve learning and performance	Maintains knowledge of evolving evidence around common areas of practice  Maintains a professional development plan that includes reflective practice, practice audit and outcome measures
7.11	Critically appraises and applies relevant research	Describes basic epidemiology, biostatistics and clinical reasoning  Participates in research and quality improvement activities	Critically appraises information from others, including colleagues, experts, pharmaceutical companies, and patient education information  Works with colleagues to implement small research and quality improvement activities	Incorporates evidence-based decision making into clinical practice  Plans and leads small research and quality improvement activities

<b>Domain 8 – Provide safe medical care while working in geographic, social and professional isolation</b>				
<b>Competencies</b>		<b>Core Generalist indicators</b>		
		<b>Beginning</b>	<b>Progressing</b>	<b>Achieved</b>
8.1	Demonstrates resourcefulness, independence and self-reliance while working effectively in geographic and professional isolation	Participates in the provision of care away from other medical services	Learning resourcefulness when working with others in a rural or remote setting	Independently provides effective clinical care when distant from medical services
8.2	Develops and applies strategies for self-care, personal support and caring for family	Has own GP and family has own GP	Recognises the value of taking timely leave  Maintains a healthy lifestyle,	Ensures time for other interests outside of clinical medicine  Looks after own health care needs
8.3	Establishes a community network while maintaining appropriate personal and professional boundaries	Behaves in ways which acknowledge the professional responsibilities relevant to his/her health care role  Describes the issues around providing care to self, family and colleagues	Identifies and manages occasions when duty of care clashes with confidentiality requirements  Has engaged a GP for self and for family  Respects local community norms and values in own life and work practices	Considers continuity of care and importance of long-term doctor patient relationship in small town context.  Considers need for confidentiality in small and close community town context.

8.4	Establishes, maintains and utilises professional networks to assist with safe, optimum patient care	Seeks support and information from supervisors and colleagues	Starts to identify a support network outside the training program	Has developed an ongoing support network Maintains regular contact with network through face to face and virtual means
8.5	Provides safe, effective clinical care when away from ready access to specialist medical, diagnostic and allied health services	Understands the factors that contribute to safe, effective provision of care when working in professional isolation  Is aware of own limitations and seeks assistance appropriately  Has knowledge of symptoms and treatment for conditions more commonly encountered in rural areas including zoonoses, bites and stings.	Considers own expertise, local resources, support and transport when providing care  Recognises and manages conditions more commonly found in rural environments with support from supervisors	Works in partnership with the patient and with consideration of own expertise, local resources, support and transport to provide access to specialist medical, diagnostic and allied health services  Manages time and patient priorities working across facilities such as general practice, hospital, nursing home, ED  Recognises and manages conditions more commonly found in rural environments
8.6	Uses information and communication technology to assist in diagnosis, monitoring and provision of medical care or to facilitate access to specialised care for patients	Knows how to use the information and communication technology	Collaborates with colleagues to use information and communication technology to provide medical care or to facilitate access to specialised care for patients	Independently uses information and communication technology to provide medical care or to facilitate access to specialised care for patients
8.7	Identifies and acquires extended knowledge and skills as may be required to meet health care needs of the local population	Commits to acquisition of knowledge required to care for the local community	Developing skills and knowledge in response to community needs	Developed skills and knowledge in response to community needs

## Advanced Specialised competency standards

The Rural Generalist medical practitioner competencies that are required to be met at a higher standard depends on the discipline chosen for Advanced Specialised Training. The competencies that require advancement in Advanced Specialised Training are aligned with the domains as follows:

- Domain 1: Provide expert medical care in all rural contexts – covers Advanced Specialised Training in Adult Internal Medicine, Anaesthetics, Paediatrics, Mental Health, O&G, Palliative Care and Surgery
- Domain 4. Respond to medical emergencies – Advanced Specialised Training in Emergency Medicine
- Domain 5. Apply a population approach – Advanced Specialised Training in Population Health
- Domain 6. Work with Aboriginal, Torres Strait Islander, and other culturally diverse communities to improve health and wellbeing– Advanced Specialised Training in Aboriginal and Torres Strait Islander Health
- Domain 7. Practise medicine with an ethical, intellectual and professional framework – Advanced Specialised Training in Academic Practice
- Domain 8. Provide safe medical care while working in geographical and professional isolation – Advanced Specialised Training in Remote Medicine

The tables below describe the competency standard for each Advanced Specialised discipline at the Core Generalist and Advanced Specialised standard.

Domain 1 – Provide expert medical care in all rural contexts			
Advanced Specialised Disciplines			
Adult Internal Medicine, Anaesthetics, Child and Adolescent, Mental Health, O&G, Palliative Care, Surgery			
Competencies		Core Generalist	Advanced Specialised
1.3	Diagnose and manage common and important conditions in rural primary, secondary and emergency settings	Provides patient with most plausible diagnoses based on evidence gathered  Negotiates individual evidence-based management plan, considering impact of the condition and proposed management on the patient's lifestyle/function	Diagnoses and manages less common or more complex, acute and chronic conditions with consideration of clinical services capability:  Autonomously delivers a defined scope of specialised clinical practice
1.6	Appropriately order, perform and interpret diagnostic investigations	Judiciously orders investigations with the risks and benefits of investigations explained to the patient  Explains how each investigation contributes to the patient's management.  Assists with development of robust and efficient systems to ensure that results are interpreted and communicated to patients	Performs and interprets a broader range of diagnostic investigations as identified in the relevant syllabus and within clinical services capability
1.7	Ensure safe and appropriate prescribing of medications and non-pharmacological treatment options	Reviews and revises own patterns of prescribing to improve quality and safety  Performs non pharmacological treatment options from Core	Delivers a broader range of pharmacological and non- pharmacological treatment options as identified in the relevant syllabus and within clinical services capability

1.8	Formulate an appropriate management plan, incorporate specialist practitioner's advice or referral where applicable	Arranges referrals in concert with the patient and/or carer considering the balance of potential benefits, harms and costs	Works with a team on and off site to provide specialised clinical care
1.9	Demonstrate commitment to teamwork, collaboration, coordination and continuity of care	Provides leadership and participates as a respectful team member with local and distant teams to optimise quality patient care  Works collaboratively, including during challenging situations and transitions of care  Negotiates and manages conflict amongst the healthcare team	Provides leadership for the defined scope of specialised clinical practice

## Domain 4 – Respond to medical emergencies

### Advanced Specialised discipline Emergency Medicine

Competencies		Core Generalist	Advanced Specialised
4.1	Recognise severe, acute and life-threatening conditions and provide initial resuscitation and stabilisation	Recognises, provides and coordinates care for acutely ill patients within local community  Stabilises emergency presentations with support of an experienced colleague onsite or off site if required	Recognises, provides and coordinates care for acutely ill patients within local and regional networks  Stabilises critically ill patients and provide primary and secondary care for emergency conditions independently
4.2	Provide definitive emergency management across the lifespan in keeping with clinical need, own capabilities, local context and resources	Develops and implements appropriate diagnostic and therapeutic management plans for common acute conditions  Arranges appropriate transitions of care	Provides definitive emergency medical care including emergency medicine procedural interventions for individual patients across all presentations, of all age groups  Liaises with other specialty services for higher complexity conditions if necessary
4.3	Perform emergency diagnostic and therapeutic procedures	Institutes protection of the airway and adequate oxygenation when the airway and/or ventilation is compromised  Provides initial time critical management (with onsite or distant guidance if required) of shocked patients including alternate vascular access, timely fluid and/or transfusion management, relevant therapeutic measures, ancillary life support measures, interpretation of common investigations, timely admission or onward referral for definitive management  Provides higher level management including simple procedural sedation and simple nerve blocks	Institutes protection of the airway including advanced airway techniques and adequate oxygenation when the airway and/or ventilation is compromised including use of non-invasive and invasive mechanical ventilators  Provides initial time critical management of shocked patients including difficult vascular access, inotrope support, timely fluid and/or transfusion management, relevant therapeutic measures, ancillary life support measures.  Interprets complex investigations including Point of Care Ultrasound, timely admission or onward referral for definitive management  Provides complex pain management including procedural sedation, continuous infusions, regional anaesthesia and nerve blocks
4.4	Interpret common pathology, imaging and other diagnostic modalities relevant to emergency management	Recognises important features of common injuries and pathological conditions on ECG, pathology, radiology  Recognises the need for transfer for higher level and diagnostics	Recognises important features of less common injuries and pathological conditions on ECG, pathology, radiology and sonography  Arranges timely transfer for higher level care and complex diagnostics
4.5	Activate or support emergency patient retrieval, transport or evacuation when needed	Coordinates preparation of patients requiring transfer	Advises on clinical management and logistics of inward transfers  Prepares patients for transfer.



		Communicates effectively with retrieval and higher-level medical services for timely transfer and ongoing care	Undertakes invasive monitoring and other procedures necessary for transfer Assists with inward and outward transfers if required
4.6	Provide inter-professional team leadership in emergency care that includes a quality assurance, risk management assessment, team debriefing and self-care	Leads an inter-professional team to implement advanced life support for children and adults	Provides leadership and management for a rural emergency department Establishes and maintains appropriate emergency department systems and procedures
4.7	Utilise assistance and/or guidance from other specialist practitioners and services as required	Effectively evaluates the role of colleague support in managing patient outcomes Awareness of own skills/knowledge limitations and local resources	Knows when and how to seek advice and assistance Has an established network of colleagues and other specialist practitioners to provide timely guidance and advice on complex patient management. Detailed knowledge of local skills and resources limitations

## Domain 5 – Apply a population health approach

		<b>Advanced Specialised discipline Population Health</b>	
<b>Competencies</b>		<b>Core Generalist</b>	<b>Advanced Specialised</b>
5.1	Analyse the social, environmental, economic and occupational determinants of health that affect the community	Analyses the social, environmental, economic and occupational determinants of health that affect the community burden of disease and access to health-related services	Acts as a medical advocate in the design, implementation and evaluation of interventions that address determinants of population health
5.2	Describe the local community profile, including health, age groups, ethnicity, occupations	Presents and explains the implications of the local community profile Monitors population health trends and recognises 'red flags' that require action	Conducts community health status assessments
5.3	Apply a population health approach that is relevant to the community profile	Actively participates in local community and regional groups and forums to advocate in the design, implementation and evaluation of interventions that address determinants of population health for their community	Designs and implements a community health strategy in response to community need Conducts population health program evaluation
5.4	Integrate evidence-based prevention, early detection and health maintenance activities into practise at a population level	Integrates evidence-based prevention, early detection and health maintenance activities into practise at a systems level	Designs and implements evidence-based prevention, early detection and health maintenance activities into practise at a systems level
5.5	Fulfil reporting requirements in relation to statutory notification of health conditions	Independently fulfils reporting requirements in relation to statutory notification of health conditions	Analyses and responds to trends in reporting in relation to statutory notification of health conditions
5.6	Participate in disaster planning and implementation of disaster plans, and post-incident analysis and debriefing	Actively contributes to disaster planning with reference to previous post-incident analyses Collaborates with others to implement disaster planning Facilitates and actively contributes to post-incident analysis and debriefing	Coordinates disaster planning for the community Arranges post-incident analysis and debriefing

<b>Domain 6 – Work with Aboriginal, Torres Strait Islander and other culturally diverse communities to improve health and wellbeing</b>			
<b>Advanced Specialised discipline</b>			
<b>Aboriginal and Torres Strait Islander Health</b>			
<b>Competencies</b>		<b>Core Generalist</b>	<b>Advanced Specialised</b>
6.1	Understand diverse local health practices and their benefits for communities	Knows health practices and benefits for communities	Knows health practices in local community Knows how these health practices are accessed, partnered with and utilised
6.2	Apply principles of partnership, community ownership, consultation, capacity building, reciprocity and respect to health care delivery, health surveillance and research	Works alongside culturally diverse groups to address health issues	Forms meaningful collective action partnerships with the community Engages the resources available in the health care team and the local community to improve outcomes of care Seeks out and engages regularly with a cultural mentor
6.3	Deliver culturally safe care to Aboriginal and Torres Strait Islander peoples and other cultural groups	Delivers culturally safe care taking into account their own cultural values and those of different cultural groups Reflects and seeks feedback on own provision of culturally safe care Engages interpreters and community contacts as appropriate	Takes a proactive approach working with local community and staff, demonstrating leadership to advocate for culturally safe working clinic, free of racism Contributes to systemic evaluation to improve the provision of culturally safe care Teaches, mentors and clinically supervises other doctors in how to conduct themselves in a culturally safe and effective manner

<b>Domain 7 – Practise medicine within an ethical, intellectual and professional framework</b>			
<b>Advanced Rural Specialised discipline</b>			
<b>Academic Practice</b>			
<b>Competencies</b>		<b>Core Generalist</b>	<b>Advanced Specialised</b>
7.5	Participate in quality and safety improvement and risk management activities	Facilitates root cause analysis and debriefing of colleagues following critical incidents Establishes and reviews processes to improve safety Undertakes regular audit and improvement activities Facilitates institutional quality and safety improvement and risk management activities	Performs and presents clinical audit through: case finding, collecting data in an ethical manner, statistical analysis of data, identifying and implementing change, and monitoring
7.6	Teach and clinically supervise health students, junior doctors and other health professionals	Works with peers and juniors to identify learning needs and develop and deliver an appropriate teaching session Acts as a supervisor with the support of more senior doctor	Has a comprehensive understanding of academic principles of teaching and learning, clinical supervision and assessment of academic performance Uses a structured approach to teach a skill or procedure Evaluates quality of teaching and learning for medical students, candidates or health professionals

			Provides direct and distance clinical supervision and support for other rural and remote health care personnel  Understands the principles of feedback and assessment in clinical practice
7.11	Critically appraise and apply relevant research	Incorporates evidence-based decision making into clinical practice  Plans and leads small research and quality improvement activities	Supports learners to develop their critical appraisal skills of the literature and other relevant information  Plans and undertakes research and quality improvement activities  Undertakes literature searches

## Domain 8 – Provide safe medical care while working in geographic, social and professional isolation

### Advanced Specialised discipline Remote Medicine

Competencies		Core Generalist	Advanced
8.1	Demonstrate resourcefulness, independence and self-reliance while working effectively in geographic and professional isolation	Independently provides effective clinical care when distant from medical services	Provides comprehensive care of emergency, acute and chronic illness presentations in the context of professional isolation, in concert with community expectations and effective public health strategies.
8.2	Develop and apply strategies for self-care, personal support and caring for family	Ensures time for other interests outside of clinical medicine  Looks after own health care needs	
8.3	Establish a community network while maintaining appropriate personal and professional boundaries	Considers continuity of care and importance of long-term doctor patient relationship in small town context.  Considers need for confidentiality in small and close community town context.	Works with communities to build capacity
8.4	Establish, maintain and utilise professional networks to assist with safe, optimum patient care	Has developed an ongoing support network  Maintains regular contact with network through face to face and virtual means	Takes a leadership role in local healthcare, including ensuring that local health professionals are working to the limits of their scope of practice and through utilisation of communication technology to access specialist support.
8.5	Provide safe, effective clinical care when away from ready access to specialist medical, diagnostic and allied health services	Works in partnership with the patient and with consideration of own expertise, local resources, support and transport to provide access to specialist medical, diagnostic and allied health services  Manages time and patient priorities working across facilities such as general practice, hospital, nursing home, ED  Recognises and manages conditions more commonly found in rural environments	Ensures that policies and procedures are in place to ensure optimum care, pre-hospital care, retrieval care and appropriate advice when required.  Regularly reviews policies and procedures and oversees rehearsal of clinical management through scenario and skills practice.
8.6	Use information and communication technology to assist in diagnosis, monitoring and provision of medical care or to facilitate access to specialised care for patients	Independently uses information and communication technology to provide medical care or to facilitate access to specialised care for patients	
8.7	Identify and acquire extended knowledge and skills as may be required to meet health care needs of the local population	Has developed skills and knowledge in response to community needs	Has extended skills and knowledge in response to community need.

# Competency Blueprint

The competency blueprint maps out the Learning Areas relevant to each Competency.

<b>Domain 1 - Provide expert medical care in all rural contexts</b>		
<b>Competencies</b>		<b>Learning Area</b>
1.1	Establish a doctor-patient relationship	32. Communicator
1.2	Use a patient centred approach to care	32. Communicator
1.3	Diagnose and manage common and important conditions in rural primary, secondary and emergency setting	3. Differential diagnosis and 11-31t
1.4	Obtain a relevant and focused history using a logical and structured approach aiming to rule in and rule out relevant differential diagnoses within a patient's presentation	1. History taking and 11-31
1.5	Perform an appropriate physical examination, across all age groups, elicit clinical signs and interpret physical findings	2. Physical examination and 11-31
1.6	Appropriately order, perform and interpret diagnostic investigations	4. Investigations and 11-31
1.7	Ensure safe and appropriate prescribing of medications and non-pharmacological treatment options	7. Pharmaceuticals and 11-31
1.8	Formulate an appropriate management plan, incorporate specialist practitioner's advice or referral where applicable	11-31
1.9	Demonstrate commitment to teamwork, collaboration, coordination and continuity of care	33. Collaborator

<b>Domain 2 – Provide primary care</b>		
<b>Competencies</b>		<b>Learning Area</b>
2.1	Apply diagnostic reasoning to undifferentiated health problems in an un-referred patient population.	3. Differential diagnosis and 11-31t
2.2	Provide patient care across the lifespan from birth through to end of life	11-31
2.3	Manage common presentations and conditions in primary care	11-31
2.4	Provide longitudinal care, managing individual's diverse range of problems across extended time periods	11-31
2.5	Perform primary care diagnostic and therapeutic procedures	5. Procedural skills 11-31
2.6	Effectively manage time pressure and decision fatigue during general practice consultations	37. Professional
2.7	Provide continuous, consistent and coordinated chronic disease management for individuals with chronic conditions	15 Chronic Disease
2.8	Undertake preventive activities such as screening, immunisation and health education in opportunistic and programmatic ways	35. Health Advocate

2.9	Provide cost conscious care for patients, the service and the health care system	37. Professional
2.10	Provide general and specific health checks, medical assessments and travel medicine consultations	11-31

### Domain 3 – Provide secondary medical care

Competencies		Learning Area
3.1	Manage common conditions requiring inpatient care in appropriate settings	11-31
3.2	Maintain a clinically relevant plan of fluid, electrolyte and blood product use with relevant pathology testing	11-31
3.3	Perform secondary care diagnostic and therapeutic procedures	5. Procedural skills and 11-31
3.4	Recognise and respond early to the deteriorating patient	17. Emergency
3.5	Communicate effectively with healthcare team, including effective handover	32. Communicator
3.6	Anticipate and judiciously arrange safe patient transfer to other facilities	33. Collaborator
3.7	Undertake early discharge planning, involving the multi-disciplinary team	33. Collaborator

### Domain 4 – Respond to medical emergencies

Competencies		Learning Area
4.1	Recognise severe, acute and life-threatening conditions and provide initial resuscitation and stabilisation	17. Emergency
4.2	Provide definitive emergency management across the lifespan in keeping with clinical need, own capabilities, local context and resources	17. Emergency
4.3	Perform emergency diagnostic and therapeutic procedures	17. Emergency
4.4	Interpret common pathology, imaging and other diagnostic modalities relevant to emergency management	6. Diagnostic imaging 17. Emergency
4.5	Activate or support emergency patient retrieval, transport or evacuation when needed	17. Emergency
4.6	Provide inter-professional team leadership in emergency care that includes a quality assurance, risk management assessment, team debriefing and self-care	17. Emergency 34. Leader
4.7	Utilise assistance and/or guidance from other specialist practitioners and services as required	17. Emergency 2.3 Collaborator

## Domain 5 – Apply a population health approach

Competencies		Learning Area
5.1	Analyse the social, environmental, economic and occupational determinants of health that affect the community	27. Population Health 35. Health Advocate
5.2	Describe the local community profile, including health, age groups, ethnicity, occupations	27. Population Health 35. Health Advocate
5.3	Apply a population health approach that is relevant to the community profile	27. Population Health 35. Health Advocate
5.4	Integrate evidence-based prevention, early detection and health maintenance activities into practice at a population level	27. Population Health 35. Health Advocate
5.5	Fulfil reporting requirements in relation to statutory notification of health conditions	11-31
5.6	Participate in disaster planning and implementation of disaster plans, and post-incident analysis and debriefing	27. Population Health 35. Health Advocate

## Domain 6 – Work with Aboriginal, Torres Strait Islander, and other culturally diverse communities to improve health and wellbeing

Competencies		Learning Area
6.1	Understand diverse local health practices and their benefits for communities	9. Aboriginal and Torres Strait Islander Health
6.2	Apply principles of partnership, community ownership, consultation, capacity building, reciprocity and respect to health care delivery, health surveillance and research	9. Aboriginal and Torres Strait Islander Health
6.3	Deliver culturally safe care to Aboriginal and Torres Strait Islander peoples and other cultural groups	9. Aboriginal and Torres Strait Islander Health

## Domain 7 – Practise medicine within an ethical, intellectual and professional framework

Competencies		Learning Area
7.1	Work within relevant national and state legislation and professional and ethical guidelines	37. Professional
7.2	Keep clinical documentation in accordance with legal and professional standards	37. Professional
7.3	Provide cost effective patient care through judicious use of resources by balancing own duty to individual patients with own duty to society	37. Professional
7.4	Manage, appraise and assess own performance in the provision of medical care for patients	37. Professional
7.5	Participate in institutional quality and safety improvement and risk management activities	34. Leader
7.6	Teach and clinically supervise health students, junior doctors and other health professionals	36. Scholar

7.7	Recognise unprofessional behaviour and signs of the practitioner in difficulty among colleagues and respond according to ethical guidelines and statutory requirements	37. Professional
7.8	Contribute to the management of human and financial resources within a health service	37. Professional
7.9	Provide leadership in professional practice	34. Leader
7.10	Engage in continuous learning and professional development	36. Scholar
7.11	Critically appraise and apply relevant research	36. Scholar

## Domain 8 – Provide safe medical care while working in geographic and professional isolation

Competencies		Learning Area
8.1	Demonstrate resourcefulness, independence and self-reliance while working effectively in geographic and professional isolation	33. Collaborator 37. Professional
8.2	Develop and apply strategies for self-care, personal support and caring for family	37. Professional
8.3	Establish a community network while maintaining appropriate personal and professional boundaries	33. Collaborator 37. Professional
8.4	Establish, maintain and utilise professional networks to assist with safe, optimum patient care	32. Communicator 33. Collaborator
8.5	Provide safe, effective clinical care when away from ready access to specialist medical, diagnostic and allied health services	37. Professional
8.6	Use information and communication technology to assist in diagnosis, monitoring and provision of medical care or to facilitate access to specialised care for patients	8. Digital health 32. Communicator
8.7	Identify and acquire extended knowledge and skills as may be required to meet health care needs of the local population	37. Professional

## Attributes of a Rural Generalist Medical Practitioner

The following attributes or expected behaviours are required of a Rural Generalist medical practitioner. Each Learning Area details attributes specific to the Learning Area.

- At.1 Accountability:** Accept responsibility for your actions.
- At.2 Adaptability:** Respond quickly to change and take advice from others where necessary.
- At.3 Agency:** Take ownership and responsibility for professional decisions and behaviour.
- At.4 Clinical courage:** Back your clinical judgement in circumstances where urgent clinical decisions need to be made.
- At.5 Commitment:** Be dedicated to task.
- At.6 Compassion:** Recognise sufferings and misfortunes of others and have sympathy for them.
- At.7 Empathy:** Understand and share the feelings of another.
- At.8 Honesty:** Open and transparent with all parties about clinical decision making.
- At.9 Humility:** Have a modest view of one's importance.
- At.10 Initiative:** Assess and initiate things independently.
- At.11 Integrity:** Maintain high levels of professional and ethical behaviour.
- At.12 Patience:** Accept or tolerate delays and problems without becoming annoyed or anxious.
- At.13 Pragmatism:** Work within the constraints of your environment.
- At.14 Receptivity:** Be open and responsive to ideas and suggestions.
- At.15 Reflection:** Review outcomes of professional behaviours and, if necessary, make changes.
- At.16 Resilience:** Continue to perform at a high professional level with positive adaptive changes despite adverse personal or professional circumstances.
- At.17 Resourcefulness:** Judge what needs to be done and act.
- At.18 Self-knowledge:** Know your own limitations.
- At.19 Self-reliance:** Rely on one's own powers and resources rather than those of others.
- At.20 Sensitivity:** Show consideration, care and tact.



# Learning Areas

## 1. History Taking (Hx)

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### CORE GENERALIST

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#### Knowledge

- CG.K.1 Describe a structured approach to patient history, including systems review.
- CG.K.2 Identify potential sources of data (e.g. personal health records, medical records, patient, family, carers, pharmacy records)

#### Skills

- CG.S.1 Establish rapport and professional relationship with patients of all ages, their carers and relatives
- CG.S.2 Obtain a focussed, efficient and accurate history
- CG.S.3 Apply different approaches to history taking as needed in various clinical settings such as acute inpatient, emergency, ambulatory care and telephone/ videoconference consultation settings
- CG.S.4 Give appropriate emphasis to functional and social history
- CG.S.5 Obtain history of previous treatments including complementary therapies and over-the-counter medicines
- CG.S.6 Use a range of strategies to corroborate information given by patient
- CG.S.7 Evaluate the history, critically considering the degree of functional impairment, physical findings, and other data
- CG.S.8 Revisit the history when the clinical situation is not clear
- CG.S.9 Gather accurate data in complex situations, for example culturally and linguistically diverse and confused patients
- CG.S.10 Persist in seeking information to assist in clinical decision making
- CG.S.11 Create accurate, succinct, legible and timely records of every clinical encounter

#### Attributes

- At.14 Receptivity
- At. 2 Adaptability
- At.17 Resourcefulness

## 2. Physical Examination (Ex)

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### CORE GENERALIST

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#### Knowledge

- CG.K.1 Describe a structured, systematic approach to examination
- CG.K.2 Identify clinical signs and patterns
- CG.K.3 Construct an evidence base for physical signs (reliability, validity, sensitivity, specificity, areas of uncertainty)
- CG.K.4 Describe functional/screening tests, including mini mental state examination, Glasgow coma scale (GCS), depression score

#### Skills

- CG.S.1 Perform a thorough, accurate complete physical examination as required
- CG.S.2 Gain informed patient consent
- CG.S.3 Consider patient dignity and the need for a chaperone for some or all the examination
- CG.S.4 Demonstrate sensitivity to patients who are in pain, embarrassed, or who are vulnerable
- CG.S.5 Tailor physical examination according to patient history
- CG.S.6 Interpret physical signs accurately
- CG.S.7 Integrate data obtained by other health care workers into the physical examination findings
- CG.S.8 Undertake further enquiry when physical examination findings are inconsistent with history
- CG.S.9 Select and appropriately use specific tools when indicated, e.g. functional or screening tests
- CG.S.10 Clearly document examination findings
- CG.S.11 Always use appropriate hand hygiene and infection control strategies
- CG.S.12 Perform clinical examination of adults in the following areas:
  - respiratory
  - cardiovascular
  - gastrointestinal
  - endocrine
  - neurological; central and peripheral
  - spine
  - musculoskeletal including joints and muscles
  - ophthalmic
  - ear nose and throat (ENT)
- CG.S.13 Undertake the following examinations:
  - physical examination of a neonate
  - antenatal examination, and

- ENT and chest examinations in paediatrics
- urogenital examinations in male and female patients
- mental health examination
- skin

### **Attributes**

At.20 Sensitivity

At.12 Patience

## 3. Differential Diagnosis (DDx)

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### CORE GENERALIST

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#### Knowledge

- CG.K.1 Define the process of clinical reasoning
- CG.K.2 Describe signs and symptoms of common conditions and important conditions to be excluded
- CG.K.3 Illustrate an understanding of clinical disease and event probabilities
- CG.K.4 Identify the system-related and cognitive causes of diagnostic errors, including cognitive bias and heuristics, and describe approaches to reducing cognitive error and improving quality of diagnosis at a healthcare organisation level

#### Skills

1. Interpret and integrate data, collect additional relevant data using hypothesis-directed inquiry strategies, and reformulate and refine working hypotheses
2. Formulate a concise and reasoned problem list with differential diagnoses and a management plan
3. Prioritise the problem list, particularly in patients with multiple medical problems
4. Prioritise urgency of individual investigations and treatments
5. Communicate with the patient, their family and carers to develop a management plan
6. Adapt approach to management of each disorder to take account of patient factors and co-morbidities
7. Record history, examination findings, synthesis, and plan for investigations and management accurately and concisely
8. Justify the diagnosis based on clinical information
9. Modify working diagnosis based on new information or response to therapy

#### Attributes

- At. 2 Adaptability
- At. 8 Honesty
- At. 20 Sensitivity

#### Common presentations and conditions in rural contexts

Common primary care presentations and conditions, including:

- asthma
- anxiety
- atrial fibrillation/flutter
- back complaint
- bronchitis/bronchiolitis acute
- depression

- dermatitis, contact/allergic
- diabetes
- female genital check-up
- gastroenteritis
- general check-up
- hypertension
- immunisation
- ischaemic heart disease
- lipid disorder
- malignant neoplasm of the skin
- oral contraception
- osteoarthritis
- oesophageal disease
- prescription request
- pregnancy
- sinusitis acute/chronic
- sleep disturbance
- solar keratosis/sunburn
- test results
- upper respiratory tract infection
- urinary tract infections
- vitamin/nutritional deficiency
- viral disease

Common reasons for admission to rural hospitals, including:

- chronic obstructive airway disease
- asthma
- abdominal pain
- cellulitis
- headache
- digestive system disorders
- infections
- dementia
- pain, and
- alcohol intoxication or withdrawal without complication
- trauma, fractures, lacerations, burns

Common and important health problems experienced by Aboriginal and Torres Strait Islander populations including:

- chronic disease; high adult and child prevalence of type 2 diabetes mellitus, hypertension, dyslipidaemia and related end-organ complications such as cardiovascular, renal and eye disease
- infectious and parasitic, such as bacterial pneumonia, scabies, impetigo, rheumatic fever, syphilis, trachoma, tuberculosis, leprosy, gonococcal disease, hookworm and strongyloidiasis
- injury and trauma related to motor-vehicle accidents, environmental hazards, family violence and other interpersonal violence, suicide and self-harm
- obstetrics; teen pregnancy, gestational diabetes, premature labour, IUGR faltering growth, and
- mental health; social and emotional wellbeing problems, alcohol and substance misuse
- Presentations found more frequently in rural areas including:
  - direct zoonosis
  - tropical diseases transmitted by animals, tick and mosquitoes
  - spider bite
  - bug & marine creature bites and stings
  - vehicle and workplace trauma

## 4. Investigations (Ix)

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### CORE GENERALIST

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#### Knowledge

- CG.K.1 Know common and important investigations
- CG.K.2 Describe clinical indications and contra-indications of investigations
- CG.K.3 Identify availability of investigations
- CG.K.4 Distinguish between relative cost of investigations
- CG.K.5 Explain the risks of performing investigations
- CG.K.6 Explain the sensitivity, specificity, positive and negative predictive value, likelihood ratio of investigations
- CG.K.7 Describe the impact of false negatives and false positives on patient care

#### Skills

- CG.S.1 Rationally and efficiently plan and arrange investigations based on findings from history and physical examination
- CG.S.2 Adapt approach to investigations considering availability of diagnostic services, patient factors and co-morbidities
- CG.S.3 Weigh the costs and benefits of investigations in each clinical situation
- CG.S.4 Choose the most cost-effective investigative path, facilitate informed financial consent
- CG.S.5 Apply diagnostic reasoning to minimise the number of investigations used and minimise harm from false positives
- CG.S.6 Recognise situations where it is appropriate to not investigate at all
- CG.S.7 Avoid unnecessary repetition of investigations
- CG.S.8 Describe informed consent, including financial consent
- CG.S.9 Check results of investigations in a timely manner and acts on results appropriately
- CG.S.10 Read and interpret reports
- CG.S.11 Modify working diagnosis, subsequent investigations and treatment plan in response to investigation results and patient progress or clinical status

#### Attributes

- At.11 Integrity
- At.2 Adaptability
- At.17 Resourcefulness

#### Investigations and reports

Common and important investigations and reports include, but are not limited to:

- Cardiovascular system: complex electrocardiograms (ECG) and chest X-ray, reports of echocardiograms, stress tests, myocardial perfusion scans, angiograms, duplex ultrasound scans, ankle-brachial pressure index (ABI), arterial dopplers

- Endocrine and metabolic disorders: anthropometric assessment (body mass index (BMI), waist to hip ratio (WHR), triceps skinfold), basic endocrine testing (diagnosis of diabetes, thyroid function testing, cortisol, synacthen tests) and tests of bone and mineral metabolism (Ca/PO<sub>4</sub>/ PTH/VitD), reports of thyroid scans and bone densitometry, endocrine tissue biopsy, and specialised imaging
- Gastrointestinal system: abdominal X-ray, abdominal CT scan, and laboratory tests (including liver function tests (LFT), liver screen, viral serology, coeliac serology, helicobacter testing, malabsorption tests, faecal microscopy and culture and toxin testing), reports of, abdominal ultrasound, upper and lower endoscopy, endoscopic retrograde cholangio-pancreatography (ERCP), magnetic resonance cholangiopancreatography (MRCP), magnetic resonance angiogram (MRA)
- Haematological system: full blood count and film, coagulation profile, thrombophilia screens, reports of, bone marrow aspirate and trephine, cytogenesis
- Immune system: laboratory investigations (full blood count (FBC), assays of HIV serology/viral load, immunoglobulins, protein electrophoresis, inflammatory markers, rheumatoid factor (RF), cyclic citrullinated peptide (CCP), Antinuclear antibody (ANA), deoxyribonucleic acid (DNA), extractable nuclear antigen (ENA) anti-neutrophil cytoplasmic antibodies (ANCA) complement profiles), reports of, tissue biopsies, specialised imaging
- Neurological: reports of, electroencephalogram (EEG), nerve conduction study (NCS) and electromyography (EMG), autonomic function testing, CT head, perimetry, audiometry
- Renal and genitourinary: laboratory tests (renal function, electrolytes, MSU, ABGs), reports of imaging (renal tract ultrasound, functional renal scans, renal angiograms, urograms), renal biopsies
- Respiratory and sleep: imaging (chest X- ray, chest computed tomography (CT), computed tomography pulmonary angiography (CTPA), ventilation perfusion (VQ) scans, pulse oximetry, blood gases, basic pulmonary function tests, reports of bronchoscopy, tissue biopsy, sleep studies
- Neoplastic disease: CXR, CT head, chest, abdomen, bone scan, laboratory tests (e.g. tumour markers, cytology, body fluid analysis), reports of more specialised imaging, predictive genetic testing
- Infectious diseases: laboratory tests (FBC, inflammatory markers, microbiology, virology, serology), basic imaging (chest X-ray, CT head, CT abdo/pelvis), reports of complex investigations – nuclear medicine scanning, ultrasound scan



## 5. Procedural Skills (PROC)

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### CORE GENERALIST

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#### Knowledge

- CG.K.1 Identify common and important procedures
- CG.K.2 Describe indicators for undertaking a procedure
- CG.K.3 Describe relevant anatomy of pathology
- CG.K.4 Discuss risks and benefits of each procedure
- CG.K.5 Identify standards associated with individual procedures, for example procedural sedation
- CG.K.6 Identify procedures that require additional training or certification to conduct
- CG.K.7 Describe informed consent, patient and equipment preparation methods, sterile techniques, pain management and proper techniques for handling specimens and fluids obtained, and test results
- CG.K.8 Identify the presence of psychomotor impairment or medical conditions that may affect the ability to successfully and safely perform technical tasks
- CG.K.9 Describe other procedural related risks, such as the transmission of blood borne viruses and their potential for transmission between patients and healthcare providers during procedures

#### Skills

- CG.S.1 Ensure that practice facilities are appropriately equipped and resourced to meet procedural task requirements
- CG.S.2 Ensure adequate preparation for the procedure
- CG.S.3 Perform procedural skills identified in the Procedural Skill Logbook to required level of competency
- CG.S.4 Ensure that procedural tasks meet the ethical and legal requirements for patient informed consent including documentation
- CG.S.5 Recognise and manage complications of procedures performed by self or others
- CG.S.6 Document consent, procedure, after care and follow up appropriately

#### Attributes

- At.20 Sensitivity
- At.1 Accountability
- At.11 Integrity

## **Procedural skills list**

### **Adult Internal Medicine**

#### ***Essential***

Arterial blood gas sampling  
Blood culture collection  
Lumbar puncture  
NMSE/Dementia screening  
Nasogastric tube insertion  
Nebulisation therapy  
Spirometry and peak flow measurement  
Thrombolytic therapy  
Urethral catheterisation on male  
Venepuncture  
Suprapubic catheterisation

#### ***Important***

Proctoscopy  
Ascitic tap/paracentesis  
Pleural tap/drainage  
Pericardiocentesis  
Sigmoidoscopy

### **Anaesthetics**

#### ***Essential***

Administer nitrous oxide (as analgesia)  
Bag/mask ventilation (adult)  
Bougie  
Digital nerve block  
Endotracheal intubation(adult)  
Intranasal analgesia  
Intravenous sedation in intubated patient  
Laryngeal Mask Airway (LMA)  
Orogastric tube insertion  
Peripheral line seldinger  
Procedural sedation (adult)

#### ***Important***

Femoral nerve block/fascia iliaca block  
Intercostal nerve block  
Biers block

## **Dermatology**

### ***Essential***

Biopsy of skin lesion – curette  
Biopsy of skin lesion – excision  
Biopsy of skin lesion – incision  
Biopsy of skin lesion – punch  
Biopsy of skin lesion – shave  
Cryotherapy  
Dermatoscope/dermatoscopy  
Fungal skin scraping  
Glue superficial skin laceration  
Infiltrate local anaesthetic  
Removal of subcutaneous foreign body  
Suture deep skin laceration (multi-layer closure)  
Suture superficial skin laceration (adult)  
Wound swab for microscopy, culture, and sensitivity

### ***Important***

Burn dressings  
Viral PCR swab of vesicle  
Flap repairs  
Skin graft repair

## **Diagnostic Imaging**

### ***Essential***

Focussed assessment with sonography for trauma (eFAST)  
Ultrasound in early pregnancy  
Ultrasound guided peripheral vascular access

## **Ear, Nose, and Throat**

### ***Essential***

Nasal swab  
Throat swab  
Cauterise nasal bleeding  
Ear toilet – dry mopping  
Foreign body removal – ear  
Hearing assessment – Rinne and Webber Test  
Insert wick into external ear canal  
Packing of nasal cavity (anterior/posterior)

Epley manoeuvre for benign paroxysmal positional vertigo

***Important***

Quinsy incision and drainage

Foreign body removal – nose

**Emergency care**

***Essential***

Apply ALS algorithm

Perform a primary survey

Apply a pelvic binder

Apply a tourniquet

Basic airway manoeuvres (chin, lift, jaw thrust)

C-Spine immobilisation with collar/inline stabilisation

Nasopharyngeal airway

Oropharyngeal airway

Laryngeal mask airways

Rapid sequence induction

Rapid sequence induction with C-Spine immobilisation

Can't intubate, can't ventilate drill

Cricothyroidotomy/front of neck access

CPAP/BiPAP

Emergency use of mechanical ventilators

Oxygen saturation monitoring

Oxygen therapy (NP, Hudson, NRB mask, HFNP, concentrators)

Intercostal catheter(chest drain/chest tube)

Jet insufflation

Reduce tension pneumothorax – needle thoracocentesis/finger thoracostomy

Fluid resuscitation

Intravenous access- large bore (16G)

Blood transfusions

ECG- set up and record a 12 lead ECG

External cardiac massage/cardiopulmonary resuscitation (adult)

Defibrillation (synchronised)

Defibrillation (automated external defibrillation)

Intraosseous access

Synchronised DC cardioversion (adult)

3-4 person log roll

Glasgow coma scale

Stabilisation of injured spine  
Mental state exam  
Suicide risk assessment  
Chemically restrain an agitated patient  
Pressure immobilisation bandage

***Important***

Central vein cannulation  
Arterial line insertion  
External cardiac pacing  
NAC therapy in paracetamol poisoning

**Musculoskeletal**

***Essential***

Application of finger splint  
Application of lower limb cast/back slab  
Application of upper limb cast/back slab  
Application of upper limb sling  
Intramuscular injection  
Joint aspiration  
Reduction of dislocated shoulder  
Reduction of lower limb fracture/dislocation  
Reduction of upper limb fracture/dislocation (elbow/wrist/finger)  
Soft tissue injury strapping/ankle strapping  
Subcutaneous injection  
Joint injection (large joints)

***Important***

Unlocking knee  
Unlocking temporomandibular joint

**Obstetrics and Gynaecology**

***Essential***

Cervical screening test/pap smear  
Cardiotocography  
Foetal heart sound detection  
Fundal height assessment  
High vaginal swab  
Insert and remove implanon  
Manage normal vaginal delivery with complications

Urethral catheterisation on female

Urine pregnancy testing

Manage shoulder dystocia

### **Important**

Episiotomy

Perineal repair

### **Ophthalmology**

#### ***Essential***

Application of eye patch

Eyelid eversion

Irrigation of eye

Measurement of intra-ocular pressure

Removal of corneal foreign body

Removal of corneal rust ring

Removal of subtarsal foreign body

Staining cornea with fluorescein

Topical anaesthesia of cornea

Use ophthalmoscope

Use slit lamp

Visual acuity and field assessment

### **Paediatrics**

#### ***Essential***

Assess hydration status

Fluid therapy/fluid resuscitation (child/neonatal)

Nasogastric tube insertion

Venepuncture (child/neonate)

Intravenous access

Vaccinations

Nebulisation therapy (child)

Use of inhalers/respiratory medical delivery device

Use of spacer devices

Reduction of fracture

Reduction of joint dislocation

Repair of superficial skin laceration

Procedural sedation (child)

Six-week baby check

Topical wound anaesthesia  
Bag mask ventilation (child/neonate)  
Basic airways manoeuvres (child/neonate)  
Endotracheal intubation (child)  
Endotracheal intubation (neonate)  
External cardiac massage/CPR (child and neonate)  
Intraosseous access (child/neonate)  
Neonatal resuscitation  
Synchronised DC cardioversion (child)  
Umbilical catheter (neonate)

***Important***

Thoracocentesis  
Defibrillation  
Emergency use of mechanical ventilators  
Intercostal catheter – chest drain/chest tube (child)  
Suprapubic aspiration  
Urethral catheterisation

**Surgery**

***Essential***

Drainage of subungual haematoma  
Incision and drainage of abscess  
Wound debridement  
Wound dressing and management  
Toenail- Wedge excision/ingrown toenail surgery

***Important***

Drainage of thrombosed external haemorrhoid  
Drainage of perianal abscess

## 6. Diagnostic Imaging (IMAG)

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### CORE GENERALIST

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#### Knowledge

- CG.K.1 Describe basic physical principles of the following medical imaging modalities:
- radiograph (X-ray)
  - ultrasound
  - computed tomography (CT) scan
  - magnetic resonance imaging (MRI)
  - positron emission tomography (PET) scanning and
  - radio isotope studies, including the use of contrast
- CG.K.2 Explain the indications, contraindications and limitations for each medical imaging modality
- CG.K.3 Describe advantages and disadvantages of different X-ray views of the chest, including portable films, being aware of:
- different appearance of anterior posterior versus posterior anterior projections
  - limitations and altered appearance of portable films, and
  - use of expiratory films to diagnose pneumothorax and foreign bodies
- CG.K.4 Describe a structured approach to the interpretation of commonly used x-rays and ultrasounds including:
- X-rays: chest, abdominal, spine, skull, pelvis, hip, knee, limb bones, including recognising normal paediatric growth plates
  - Ultrasounds: abdominal, kidneys, ureters, bladder, obstetric, cardiac, vascular, thyroid, pelvis
  - CT scan: head, abdomen, cervical and lumbar spine
- CG.K.5 Identify normal features in commonly used x-rays and ultrasounds
- CG.K.6 Identify common disease, emergency and trauma patterns in commonly used x-rays and ultrasounds
- CG.K.7 Describe the appearance of technical faults, including poor inspiration and thymus
- CG.K.8 Discuss means of confirming normal variants for example X-ray other side, refer to reference text on normal variants, interval X-ray
- CG.K.9 Discuss the limitations and medico-legal dangers of reporting imaging as a generalist
- CG.K.10 Describe the comparative radiation doses of imaging modalities
- CG.K.11 Describe risks to patients and staff of proximity to diagnostic imaging and ways to reduce these risks



## Skills

- CG.S.1 Explain the risks and benefits of each imaging technique and gain informed consent
- CG.S.2 Request appropriate diagnostic imaging techniques
- CG.S.3 Assist with ultrasound, including focussed assessment with sonography (FAST), obstetric, musculoskeletal, rapid ultrasound for shock and hypotension (RUSH), ultrasound for guided procedures e.g. joint injection, vascular access
- CG.S.4 Recognise and treat allergic reactions to contrast dye
- CG.S.5 Read and interpret diagnostic imaging according to experience, training and institutional policy
- CG.S.6 Interpret normal radiographic features of bone, chest, heart, kidneys and ureters, skull and spine
- CG.S.7 Recognise the sonographic appearances of normal and abnormal structures
- CG.S.8 Recognise important musculoskeletal conditions detected on X-ray:
- fracture, dislocation, subluxation or epiphyseal injuries and joint conditions
  - cord injuries
  - septic arthritis/osteomyelitis/discitis
- CG.S.9 Recognise common and important pathological conditions detected on chest X-ray, including:
- closed and penetrating chest injuries, inhaled foreign body, flail chest
  - pleural effusions, loculated effusion, pneumothorax, hydropneumothorax, pulmonary collapse/atelectasis
  - widened mediastinum; aortic aneurysm/dissection, mediastinal pathology or tumours
  - densities in the lungs; emphysema, bronchitis, asthma, chronic obstructive pulmonary disease (COPD)
  - pulmonary contusion, pneumonia (inflammatory consolidation), staphylococcal pneumonia, bacterial pulmonary abscess
  - amoebic lung abscess, acute tuberculous cavitation, pulmonary tuberculosis with cavity formation, enlarged lymph nodes (abnormal hilar patterns such as sarcoidosis, bronchial carcinoma etc), hydatid cysts, primary and secondary lung cancer, mycetoma,
  - diffuse increase in lung pattern, pneumoconiosis, pulmonary embolism/infarction
  - cardiac failure signs; cardiomegaly, pericardial effusion and cardiomyopathy, pulmonary oedema, cardiac tamponade
- CG.S.10 Recognise common abdominal pathologies, on X-ray and/or ultrasound including:
- free gas
  - organomegaly, pancreatic and gall bladder changes
  - bowel; obstruction, ileus, faecal loading, perforation, volvulus
  - abdominal calcifications; cholelithiasis, lymph node calcification, pelvis (uterine fibroids, dermoid s, ovarian cysts), vascular calcification trauma to abdominal organs; perforation, foreign bodies
  - abdominal aortic aneurysm and rupture
  - ischaemia/ infarction; mesenteric, organ

- testicular torsion
  - abdominal sepsis; abscess, collections and drainage
  - renal pathology; renal calculi, hydronephrosis/ pyelonephrosis
  - acute abdomen e.g. appendicitis, pyelonephritis, emphysematous cholecystitis, intra-abdominal abscesses including subphrenic collections
  - trauma to abdominal organs, foreign bodies
- CG.S.11 Recognise common and important skull and facial bone pathologies on X-ray and/or CT scan, including:
- depressed head fracture, penetrating head injury, facial trauma, orbit injury, jaw fracture
  - lytic defects in skull, dense areas in skull
  - sinusitis
  - salivary calculus, ischaemic and embolic stroke, subdural and subarachnoid haemorrhage, hydrocephalus
  - brain tumour, retro-orbital pathology
- CG.S.12 Recognise common and important spinal injuries and pathologies on X-ray and/or CT scan, including:
- kyphoscoliosis, scoliosis
  - stable and unstable fractures, dislocations and subluxations, pathological fractures
  - osteoporotic changes
  - metastatic lesions
  - disc pathology
  - spinal cord stenosis, compression
- CG.S.13 Recognise common and important renal pathologies using imaging including X-ray and/or ultrasound.
- intravenous pyelography, retrograde cystography, retrograde urethrography, retrograde micturating urethrography,
  - variations in anatomy; missing kidney, kidney size, calyceal patterns
  - ureteric reflux, urinary retention
  - tumours or calculi in kidney, ureters, bladder and prostate
- CG.S.14 Recognise common and important neurological conditions using X-ray and/ or CT scan:
- haemorrhage; subarachnoid, extradural/subdural (including skull fractures), cerebral parenchymal
  - cerebral abscess, empyema
  - venous sinus thrombosis, herniation, cerebrovascular injury
- CG.S.15 Recognise common and important O&G conditions using X-ray and/or ultrasound:
- viability scanning
  - ectopic pregnancy
  - ovarian and tubo-ovarian masses
  - ruptured ovarian cysts

- CG.S.16 Recognise common and important paediatrics conditions using X-ray and/or ultrasound:
- airway foreign body
  - intussusception, pyloric stenosis, malrotation
  - epiglottitis/croup

**Attributes**

At.1 Accountability

At.11 Integrity

At.8 Honesty

## 7. Pharmaceuticals (PHARM)

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### CORE GENERALIST

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#### Knowledge

- CG.K.1 Describe pharmacology basic science, including:
- mechanism of drugs at the receptor and intracellular level
  - principles of absorption, distribution, metabolism and excretion of drugs
  - effect of ageing, pregnancy and lactation on pharmacokinetics
  - importance of genetic alterations in drug metabolism
  - effect of climate and storage conditions
  - pharmacological basis of drug interactions, and
  - impact of organ dysfunction on pharmacokinetics and dose modification
- CG.K.2 Explain the principles of prescribing pharmaceuticals:
- patient factors impacting on prescribing – allergy, age, pregnancy, over the counter (OTC) medications and nutraceuticals (eg fish oil, turmeric, glucosamine, vitamins etc)
  - appropriate dose adjustments in disease, ageing, pregnancy and other medications
  - categories of drug safety in pregnancy and impact on prescribing
  - principles of dose titration, and
  - legislation regarding prescribing and controlled and restricted drugs
- CG.K.3 Identify adverse reactions and interactions:
- common and life-threatening drug interactions and common presentations of drug-induced disease, adverse drug reactions, and
  - common interactions between prescription and non-prescription and complementary therapies
- CG.K.4 Discuss the quality use of medicines:
- factors affecting adherence
  - factors increasing risk of medication error
  - techniques for enhancing medication safety
  - factors predisposing to polypharmacy (therapeutic cascade) and reasons for over prescribing, and
  - delivery techniques for specific medicines
  - delivery devices e.g. pumps, syringe drivers
  - remember the recommendation to prescribe generically where possible
  - consider working with pharmacist eg Webster packing, medication reviews, and medication use or prescribing clinical audits re quality outcomes
- CG.K.5 Discuss the range of treatment modalities patients may seek including complementary therapies

#### Skills

- CG.S.1 Prescribe appropriately with reference to specific patient factors including organ dysfunction, allergies adverse effects and slow acetylators
- CG.S.2 Consider the cost, storage, safety issues, access to refrigeration and the socioeconomic status of the patient
- CG.S.3 Calculate loading doses and maintenance doses
- CG.S.4 Take a complete drug history including history of use of non-western medical options, complementary therapies and over the counter medicines
- CG.S.5 Consult pharmacist/MIMS/similar databases to obtain medication information
- CG.S.6 Use locally appropriate guidelines for prescribing
- CG.S.7 Write clear and unambiguous prescriptions: private, Pharmaceutical Benefits Scheme (PBS), Department of Veterans Affairs (DVA), Authority S8, hospital
- CG.S.8 Identify presence of, or potential for, adverse drug reaction and drug interactions and treat appropriately
- CG.S.9 Monitor for development of common adverse drug reactions, including selection of appropriate laboratory investigations (e.g. monitoring of renal or hepatic function)
- CG.S.10 Monitor drug levels and effects, when appropriate and respond accordingly to results
- CG.S.11 Conduct regular medication review with appropriate adjustment of treatment and avoidance of polypharmacy
- CG.S.12 Cease medications where proven ineffective or no longer indicated
- CG.S.13 Identify medication errors and take appropriate action
- CG.S.14 Engage patient in decision making, explaining drug therapy and monitoring and following up verbal with written information where appropriate
- CG.S.15 Teach device use technique and assess patient's use of delivery devices
- CG.S.16 Use a range of strategies to enhance patient adherence

### **Attributes**

- At.2 Adaptability
- At.17 Resourcefulness
- At.1 Accountability

## 8. Digital Health (DIG)

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### CORE GENERALIST

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#### Knowledge

- CG.K.1 Discuss principles of interoperability, for exchanging messages between systems
- CG.K.2 Explain the importance of clinical coding in the eHealth environment
- CG.K.3 Discuss My Health Record and the General Practitioner roles and responsibilities
- CG.K.4 Discuss data quality: what is it, why is it important, how to do it
- CG.K.5 Discuss the importance of policies in the regulation of digital health
- CG.K.6 Explain the role and importance of a data custodian
- CG.K.7 Explain the principles of privacy and cybersecurity
- CG.K.8 Identify telehealth standards in establishing a telehealth service
- CG.K.9 Identify the main risks and benefits of use/omission of telehealth in the rural environment
- CG.K.10 Describe the Medicare Benefits Schedule rebates for telehealth consultations
- CG.K.11 Discuss the risks associated with the use of technology
- CG.K.12 Explain secondary use of information and process improvement
- CG.K.13 Discuss the principles of health information sharing and the issues impacting patient privacy in the eHealth environment
- CG.K.14 Discuss patient use of technology to manage their health care, including self-management applications, personal health record, peer to peer online support groups, decision aids and internet use
- CG.K.15 Describe both artificial intelligence and precision medicine and how it may contribute to healthcare
- CG.K.16 Discuss models of delivering healthcare other than the traditional face to face
- CG.K.17 Compare the benefits and risks of using social media in general practice
- CG.K.18 Describe appropriate ways for doctors to engage in social media

#### Skills

- CG.S.1 Demonstrate communication skills using digital technologies
- CG.S.2 Use decision support tools to obtain all clinically relevant information about a patient to make an informed decision
- CG.S.3 Comply with requirements for My Health Record
- CG.S.4 Use electronic health records, including creating, maintaining, archiving, sharing and backing up
- CG.S.5 Use approved clinical coding
- CG.S.6 Implement patient monitoring outside of the practice, including home monitoring and hospital in the home
- CG.S.7 Use eHealth technology to safely share information with the patient and their carer
- CG.S.8 Organise and participate in a telehealth consultation

CG.S.9 Organise and participate in an online case conference

CG.S.10 Use secure messaging and e-prescribing

CG.S.11 Educate patients on digital healthcare

CG.S.12 Access online education

CG.S.13 Be able to use electronic health records for quality improvement eg clinical audits

**Attributes**

At.2 Adaptability

At.17 Resourcefulness

At.1 Accountability

## 9. Aboriginal and Torres Strait Islander Health (ATS)

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### CORE GENERALIST

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#### Knowledge

- CG.K.1 Describe your community and evaluate its resources, strengths and vulnerabilities
- CG.K.2 Discuss the diversity of Aboriginal and Torres Strait Islander peoples, values, beliefs, self-identification, impacts of colonisation and intergenerational traumas
- CG.K.3 Identify the local Aboriginal and Torres Strait Islander Health Organisations/ Services, Health Workers and Cultural Mentors
- CG.K.4 Identify local health knowledge and practices
- CG.K.1 Understand that cultural safety requires lifelong development, understanding culture, history, self-awareness with beliefs and values, then integrating this with practice and being accountable for actions
- CG.K.2 Discuss the importance of, and connection between, cultural safety, recognition of cultural diversity among Aboriginal and Torres Strait Islander peoples and self determination
- CG.K.3 Discuss the factors involved in communicating cross-culturally, including:
- the different communication styles of Aboriginal and Torres Strait Islander peoples
  - the impact of different grammar with communication with a person for whom English is not their first language
  - challenges of interpreting biomedical terminology into Indigenous languages
  - communication cues from Aboriginal and Torres Strait Islander peoples particularly in relation to gender issues in the patient/doctor relationship, body space and touching, questions about initiation marks, limitations on questions about sexual organs, Lore and about other peoples
  - the barriers to effective communication between doctors, other staff and community members including socio-economic background, cultural issues, language, health beliefs, Lore, authority figures, anticipation of approval from authority figures and gender, and
  - the concept of culture shock
- CG.K.4 Describe the barriers to access and understanding of traditional and western health services
- CG.K.5 Discuss racism and the impact of racism on the health and the delivery of health care to Aboriginal and Torres Strait Islander peoples
- CG.K.6 Describe the living picture of the population and distribution characteristics of Aboriginal and Torres Strait Islander peoples at a local and national level, including:
- the population of Aboriginal and Torres Strait Islander peoples relative to the whole population, pre- and post-colonisation
  - major features of the distribution of Aboriginal and Torres Strait Islander peoples, nationally, in each state, rural–urban distribution, in his/her own region, town, community
  - demography of the Aboriginal and Torres Strait Islander people’s population in terms of age and gender, and



- the broad diversity of backgrounds and ways of knowing and being for Aboriginal and Torres Strait Islander peoples
- CG.K.7 Describe an overview of colonisation in Australia including:
- the background underlying colonisation in Australia
  - the term 'terra nullius' and its significance
  - the process of colonisation, and
  - the resistance of Aboriginal and Torres Strait Islander peoples to colonisation
- CG.K.8 Describe an overview of the history of Australian government regulation in relation to Aboriginal and Torres Strait Islander peoples including:
- genocide/massacres, segregation and protection policies, 'smoothing the dying pillow' to 'training for citizenship'
  - assimilation, removal of children, the 'stolen' generation
  - contemporary policies, community empowerment, self-determination, the growth of Aboriginal and Torres Strait Islander people's organisations
  - land rights
  - reconciliation
  - incarceration
  - Northern Territory Emergency Response
- CG.K.9 Explain current social and economic inequities experienced by Aboriginal and Torres Strait Islander peoples and the link between socio-economic factors and health status, including:
- employment status, education status, economic status, housing status, access and standard of environmental infrastructure
  - current children living in out of home care
  - impacts of intergenerational trauma
  - barriers to accessing primary, secondary and tertiary health services, and
  - the social and economic determinants of health
- CG.K.10 Discuss the health status of Aboriginal and Torres Strait Islander peoples, including:
- the pre-colonial health status of Aboriginal and Torres Strait Islander peoples
  - the current views and understandings of the meaning of health in a personal and community sense
  - Traditional health practices in the community
  - the major current mortality and morbidity patterns of Aboriginal and Torres Strait Islander peoples particularly in relation to fertility rate, life expectancy, maternal mortality, infant mortality, age-specific mortality and morbidity
  - major regional differences in mortality and morbidity patterns, common age and sex specific causes of morbidity, mortality, clinic presentation and hospital admission for local Aboriginal and Torres Strait Islander peoples, linking them with the associated socio- economic, cultural and environmental factors

## Skills

- CG.S.1 Display an openness and willingness to identify and explore own cultural values, beliefs and attitudes and to explore the same things from the perspective of people from cultural backgrounds other than their own

- CG.S.2 Work effectively alongside Aboriginal and Torres Strait Islander peoples, communities and organisations to ensure culturally safe health care that responds to Aboriginal and Torres Strait Islander people's health care needs and priorities
- CG.S.3 Support and collaborate with Aboriginal Health Workers and local cultural mentors
- CG.S.4 Demonstrate culturally appropriate strategies for working with people from diverse cultural backgrounds
- CG.S.5 Deal effectively with maintaining confidentiality in rural/remote and Aboriginal and Torres Strait Islander communities
- CG.S.6 Create an enabling environment through enough seating, space, light, imagery, colour and time
- CG.S.7 Enquire sensitively about a patient's Indigenous and/or cultural identity
- CG.S.8 Recognise an Aboriginal and/or Torres Strait Islander person as someone who identifies themselves as such and is accepted as Aboriginal and/or Torres Strait Islander by their community
- CG.S.9 Use the Aboriginal Interpreting Service where available
- CG.S.10 Undertake a systematic and culturally sensitive approach to health assessment for Aboriginal and Torres Strait Islander patients
- CG.S.11 Identify and address situations where one-on-one consultations may be inappropriate with some Aboriginal or Torres Strait Islander patients including:
  - gynaecological and obstetric examinations
  - other intimate examinations, and
  - when customary Lore and traditional law issues are involved
- CG.S.12 Effectively negotiate and develop an agreed management plan working with the patient, their values, beliefs and goals
- CG.S.13 Select from Medicare Benefit Item numbers and other services available for Aboriginal and Torres Strait Islander peoples
- CG.S.14 Contribute to research consulted with and lead by Aboriginal and Torres Strait Islander peoples

### **Attributes**

- At.11 Integrity
- At.6 Compassion
- At.17 Resourcefulness
- At.1 Accountability

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## **ADVANCED SPECIALISED**

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### **Knowledge**

- AS.K.1 Identify the Traditional Custodians of the Land, Elders, kinship systems and major family groups within your local community
- AS.K.2 Describe the evolution, philosophy and characteristics of health service delivery for Aboriginal and Torres Strait Islander peoples, including:

- historical health services and providers in pre-colonial communities and their legacies in current communities, in detail
- the types, quality and effectiveness of western-style health services provided prior to the Aboriginal Community Controlled Health Services movement
- social and health conditions that underpin the evolution of community-controlled health services
- the philosophy of community-controlled health services and the services they provide
- the roles of Aboriginal and Torres Strait Islander employees and health workers
- 'self-determination' as it is exercised in the context, operation and activity of community-controlled health services
- the relationship between government health agencies and community-controlled health services, nationally, regionally and locally
  - concepts of social justice, equity of health outcomes, and health rights in relation to Aboriginal and Torres Strait Islander peoples' health care provision, and
  - the integral role of intersectoral and interprofessional collaboration and the function of Aboriginal and Torres Strait Islander health workers in facilitating effective care of the individual and the community
  - mainstream service provision, services and role in providing care to Aboriginal and Torres Strait Islander people

AS.K.3 Identify the contemporary socio-cultural characteristics of Aboriginal and Torres Strait Islander people's communities including:

- the diversity of family organisation, extended family and responsibilities
- patterns of reciprocity and decision making, and
- Lore, and identity

AS.K.4 Discuss the importance of working with patients' families, appreciating variations in roles and responsibilities in relation to health

AS.K.5 Discuss own strengths, values and vulnerabilities in maintaining a personal and professional balance in a cross cultural, rural and remote context

### **Skills**

AS.S.1 Develop a reflective, respectful and balanced relationship with the local community, Aboriginal Community Controlled Health Organisation boards of governance and management including:

- recognising the importance of spending time developing trust
- understanding and respecting cultural difference and ways of knowing
- identifying areas where there is potential for abuse of professional power and developing strategies to prevent such abuse
- understanding the role of key members in the community
- understanding the role of the board, the CEO and others within the organisation
- understanding own role

- identifying and acting on opportunities for learning, engagement and negotiation, and
  - developing effective relationships with the community and senior management
- AS.S.2 Advocate to improve the health outcomes of Aboriginal and Torres Strait Islander peoples
- AS.S.3 Create health resources with communities in response to identified need
- AS.S.4 Assist with culturally sensitive research lead by Aboriginal and Torres Strait Islander peoples, including:
- knowing where and how to find information
  - working as part of a cross cultural team
  - assisting with identifying processes, such as intervention studies rather than merely descriptive studies, that will assist in improving health outcomes, and
  - being aware of, and using, the NHMRC ethical guidelines in Aboriginal and Torres Strait Islander research.
- AS.S.5 Teach, mentor and clinically supervise doctors in training
- AS.S.6 Address racism in the health care setting

### **Attributes**

- At.11 Integrity
- At.6 Compassion
- At.17 Resourcefulness
- At.1 Accountability

# 10. Academic Practice (ACAD)

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## ADVANCED SPECIALISED

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### Knowledge

- AS.K.1 Describe common qualitative methodologies for example case study and action research
- AS.K.2 Discuss qualitative data collection techniques eg: surveys, focus groups, stakeholder consultations, key informant interviews
- AS.K.3 Describe common qualitative data analysis techniques such as thematic analysis, grounded theory
- AS.K.4 Describe and a critique common quantitative clinical research method, eg: cohort studies, case-control studies and randomised control trials
- AS.K.5 Explain statistical tests and terminology, eg: sensitivity and specificity: positive and negative predictive values: odds, risk and rate ratios: Chi squares, t-tests, p values.
- AS.K.6 Describe key concepts including study power, numbers needed to treat, false positive and false negative, statistical versus clinical significance
- AS.K.7 Illustrate processes involved and the expected outcomes of a critical incident review
- AS.K.8 Describe illness through a biopsychosocial theoretical framework
- AS.K.9 Discuss safety, privacy and confidentiality of participants in your patient care, clinical teaching and research
- AS.K.10 Understand the range of ethical issues that arise in conducting research and the key factors for best practice in research ethics
- AS.K.11 Access, interpret and critically evaluate information pertaining to your learning needs from your specialty associations and colleagues, and specialty research journals, reference books, meetings and electronic databases
- AS.K.12 Discuss key (milestone) research undertaken on rural and remote medicine and rural health issues, including:
  - appreciate what use this research has served
  - appreciate how such research findings can influence government policy and medical training
- AS.K.13 Discuss the nature and scope of current research activities pertaining to rural and remote general practice, including:
  - workforce models
  - recruitment and retention
  - education/training
  - clinical improvements and innovations
  - psychology and sociology of rural communities
- AS.K.14 Explain the role of research and clinical audit against context-relevant benchmarks in the continuous quality improvement of a rural/remote medical practice

### Skills

- AS.S.1 Support learners to access appropriate and current sources of information in response to clinically generated primary care questions
- AS.S.2 Support learners to develop their critical appraisal skills of the literature and other relevant information to assist in decision making related to patient management
- AS.S.3 Apply a working knowledge of mixed methods research relevant to your research question, including at least one qualitative method
- AS.S.4 Communicate effectively the results of relevant research to peers, learners and the community in terms that can be easily understood
- AS.S.5 Undertake a literature search of relevant medical information sources, including online databases, Cochrane Collaboration articles and journal publications relevant to rural and remote medicine
- AS.S.6 Communicate effectively the results of relevant research to peers and colleagues for example within the context of a journal club or clinical meeting
- AS.S.7 Use self-reflection and personal practice audit, to document and evaluate the efficacy of changes made in your own clinical teaching performance and patient care
- AS.S.8 Perform and present clinical audit through: case finding, collecting data in an ethical manner, statistical analysis of data, identifying and implementing change, and monitoring progress
- AS.S.9 Manage patient privacy issues relating to clinical audit data storage and communication
- AS.S.10 Participate in and use the results of case presentations in which the learner has a clinical role, as a basis for identifying steps leading to improvements in their clinical performance
- AS.S.11 Use questioning and role modelling to challenge learners to develop the predisposition and skill of self-assessing their own performance as a basis for defining their learning needs, and for identifying opportunities inherent in everyday clinical practice
- AS.S.12 Analyse learner's errors (near misses or adverse events) using root cause analyses, and ensure learning from an event through discussion in a non-punitive environment
- AS.S.13 Set aside time to incorporate learning into worktime, and identifying key professional groups, conferences and professional journals you will subscribe to
- AS.S.14 Define the outcomes (knowledge, skills and attitudes) that would be expected of a learner at the end of an education session, outcomes that consider the current knowledge level of the learner, their curriculum needs, their motivation, and capacity to learn, and their social and cultural background
- AS.S.15 Use a structured approach to teach a skill or procedure to a medical student, which includes explanation, then demonstration, then observation of performance and feedback
- AS.S.16 Facilitate clinical simulation including development of an emergency scenario, providing clinical oversight and facilitating the debriefing process
- AS.S.17 Develop written or online resources for patients, learners and/or the community on common problems or investigations, using clear, concise and appropriate language and a degree of complexity that ensures patients and learners in the health field understand and are informed
- AS.S.18 Support clinicians to develop plans for a medical student's or junior colleague's clinical attachments that include an orientation, scheduled learning opportunities and sessions, and involvement in supervised patient care

- AS.S.19 Support clinicians to reliably assess juniors when required, by effective implementation of assigned assessment tools, observing performance, and recording honest and fair judgments of their performance and giving effective feedback
- AS.S.20 Provide resources to accompany presentations to learners (students, peers, other staff, and patients) that are clear, factually correct, up-to-date, relevant, and at a level appropriate for the learners
- AS.S.21 Evaluate quality of teaching and learning for medical students, candidates or health professionals
- AS.S.22 Engage with community members to assess health service needs and gaps which may be amenable to appropriate research activities, and include suitable community agencies and individuals in the research process
- AS.S.23 Demonstrate the principles of respectful engagement of disadvantaged and culturally diverse groups in setting research and education priorities
- AS.S.24 Demonstrate respect for self-determination through the development of meaningful research partnerships and active contribution of community
- AS.S.25 Draw on a global view of evidence to develop locally responsive health education solutions
- AS.S.26 Consciously develop your mentoring strategy, including setting aside time for mentoring
- AS.S.27 Provide feedback which: identifies strengths and areas of improvement, relates to expected learning, is timely, specific, descriptive, detailed and honest, and includes guidance for improvement
- AS.S.28 Provide advice and guidance to others with respect to issues such as: short term learning issues, what it is like to be a registrar and long-term career goals
- AS.S.29 Take a leadership role in developing and nurturing a '360-degree team' strategy for the formative and summative assessment of yourself and others
- AS.S.30 Provide direct and distance clinical supervision and support for other rural and remote health care personnel
- AS.S.31 Use distance learning technologies in education, such as videoconferencing and asynchronous web-based programs

### **Attributes**

- At.1 Accountability
- At.8 Honesty
- At.12 Patience

# 11. Addictive Behaviours (ADD)

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## CORE GENERALIST

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### Knowledge

- CG.K.1 Describe the history, incidence and prevalence of substance use, gambling and social media addictions
- CG.K.2 Discuss the role of generalists managing addictive behaviours in rural communities
- CG.K.3 Describe supports to guide clinical decision making and know when to engage relevant addiction speciality services
- CG.K.4 Identify treatment options for patients presenting with addictive behaviours
- CG.K.5 Describe substance withdrawal management, especially for tobacco, alcohol and opiates
- CG.K.6 Identify and apply standardised screening and assessment tools for use with persons with addictive behaviours
- CG.K.7 Discuss alcohol, tobacco and other drug harm reduction practices
- CG.K.8 Discuss the legal and ethical aspects of the decisions made in clinical practice within the context of treating patients with addictive behaviours

### Skills

- CG.S.1 Identify risks for developing substance and other dependencies
- CG.S.2 Undertake a structured assessment focused on addictive behaviours
- CG.S.3 Undertake a structured assessment focused on substance use disorder and related disorders, including alcohol, tobacco, benzodiazepines, opioids, cannabis, methamphetamine and other psycho-stimulants, hallucinogens
- CG.S.4 Identify mental health comorbidities
- CG.S.5 Perform a comprehensive physical and neurocognitive assessment of a person with substance use disorder
- CG.S.6 Offer harm reduction advice for patients with addictive behaviours
- CG.S.7 Identify and respond to intoxication and overdose for patients with substance use
- CG.S.8 Apply evidence-based practice to management of withdrawal
- CG.S.9 Manage dependence, support recovery and manage relapse
- CG.S.10 Liaise with other addiction and support agencies at individual patient and community intervention levels

### Attributes

- At.6 Compassion
- At.20 Sensitivity
- At.16 Resilience



## 12. Adult Internal Medicine (AIM)

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### CORE GENERALIST

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#### Knowledge

- CG.K.1 Illustrate a working knowledge of anatomy and physiology
- CG.K.2 Discuss differential diagnosis, appropriate investigations and initial management for common, undifferentiated clinical presentations
- CG.K.3 Describe clinical presentation, differential diagnosis, investigations, initial management, principles of ongoing management, potential complications of the disease and its management, for common and important conditions

#### Skills

- CG.S.1 For common and important conditions and presentations, with consideration of clinical services capability:
  - recognise the presentation of illness
  - establish a provisional diagnosis
  - plan and arrange appropriate investigations
  - initiate appropriate medical management for uncomplicated disease
  - monitor for complications
  - recognise if there are complications, or if procedural intervention is required, provide initial emergency management and refer appropriately
- CG.S.2 Perform and interpret the following diagnostic and therapeutic procedures:
  - ECG
  - emergency electrocardiograph and cardioversion
  - fundoscopy
  - urine analysis
  - urine microscopy
  - glucometers
  - spirometry
  - arterial blood sampling
  - nebulisers, spacers and turbo-inhalers
  - supplemental oxygen
  - re-breathing mask
  - CPAP/BIPAP
  - oxygen concentrators
  - pericardiocentesis
  - intercostal catheter thrombolytic therapy
  - orogastric tube
  - needle thoracentesis
  - pleural tap

- underwater drain
- lumbar puncture
- sigmoidoscopy/proctoscopy (under supervision)
- ascitic tap
- assist with focussed assessment with sonography for trauma - FAST Scan

### Attributes

At.1 Accountability

At.2 Adaptability

At.15 Reflection

## ADVANCED SPECIALISED

### Knowledge

- AS.K.1 Describe the clinical presentation, initial investigations, initial management, potential complications and disease associations, therapeutic options, adverse effects of disease management and indications for referral for the following less common or more complex conditions
- AS.K.2 Explain the interpretation and significance of relevant investigations and reports

### Skills

- AS.S.1 For the less common or more complex, acute and chronic conditions with consideration of clinical services capability:
- recognise the presentation
  - establish a provisional diagnosis
  - plan and arrange appropriate initial investigation
  - initiate empiric therapy
  - discuss broad therapeutic options
  - refer appropriately
  - provide ongoing management.
- AS.S.2 Perform and interpret one or more advanced diagnostic and/or therapeutic procedure according to community need, eg exercise stress testing, Holter monitoring, endoscopy

### Attributes

At.1 Accountability

At.2 Adaptability

At.15 Reflection

## Presentations and conditions

- Common, undifferentiated clinical presentations
  - chest pain
  - palpitations
  - fever/pyrexia of unknown origin/night sweats
  - chronic fatigue/lethargy
  - syncope/collapse/loss of consciousness
  - acute and chronic confusional states
  - breathlessness
  - hemoptysis
  - weight loss
  - vomiting
  - abdominal pain
  - jaundice
  - functional decline
  - weakness
  - deformity/swelling
  - oedema
  - hematuria
  - recurrent unexplained presentation.
- Cardiac conditions, including:
  - hypertension
  - arrhythmia including supraventricular arrhythmias, ventricular arrhythmias
  - ischaemic heart disease
  - cardiac failure including acute left ventricular failure (LVF), congestive heart failure, chronic left ventricular failure and cor pulmonale
  - pericardial disease
  - cardiomyopathy
  - peripheral vascular disease including arterial and venous ulcers
  - rheumatic heart disease
  - cardiovascular manifestations of systemic and chronic disease
  - congenital heart disease
  - acute coronary syndromes including ST Elevation Myocardial Infarction (STEMI), Non-STEMI
- Nephrology conditions, including:
  - acid-base imbalance
  - electrolyte abnormalities
  - acute and recurrent urinary tract infections including pyelonephritis, cystitis, prostatitis, urethritis
  - acute and chronic glomerulonephritis

- vascular disease of the kidney including polyarteritis nodosa, hypersensitivity vasculitis, haemolytic uraemic syndrome and atypical haemolytic uraemic syndrome, renal artery stenosis
- urinary tract calculi
- acute and chronic renal failure
- complications of renal replacement therapy
- acute tubular necrosis
- renovascular disease
- diabetic nephropathy
- renal calculus disease and obstructive uropathy
- drug-related nephrotoxicity
- renal hypertension
- glomerulonephritis
- tubulo-interstitial kidney disease
- polycystic kidney disease
- Thoracic and sleep medicine conditions, including:
  - asthma
  - acute respiratory failure
  - chronic obstructive airways disease including Chronic Obstructive Pulmonary Disease (COPD), Chronic respiratory failure
  - respiratory infections including acute and chronic bronchitis, pneumonia, psittacosis
  - occupational/environmental lung disease including occupational asthma, asbestos related pleural and parenchymal disease (benign and malignant), interstitial lung disease from exposure to organic and inorganic dusts, coal workers pneumoconiosis
  - sleep apnoea
  - neoplasia
  - pulmonary embolism
  - pleural disease
  - spontaneous pneumothorax
  - hypersensitivity pneumonitis including farmer's lung, bird fancier's lung
  - interstitial lung disease including sarcoidosis, Wegener's granulomatosis, cryptogenic fibrosing alveolitis
  - pneumothorax
  - pulmonary hypertension
  - diffuse lung disease
  - sleep apnoea
  - lung cancer
  - cystic fibrosis
  - bronchiectasis

- tuberculosis
- pulmonary vasculitides
- hemoptysis
- Infectious diseases, including:
  - zoonoses such as: Q fever, leptospirosis, brucellosis, rabies, toxoplasmosis
  - bacterial infections such as: meningococcal meningitis/ septicaemia, other meningitides, typhoid, pneumonia, tuberculosis, leprosy, melioidosis
  - fungal infections such as athlete's foot
  - hepatitis
  - viral infections such as: influenza, Ross River Fever, measles, mumps, varicella, Epstein-Barr virus, dengue, rubella, herpes
  - protozoal infections such as: malaria, giardiasis
  - worms such as: round worms, hook worms, fluke worms, pin worms
  - sexually transmitted disease such as: gonorrhoea, syphilis, NGU/chlamydia, herpes, genital warts, HIV/AIDS
  - osteomyelitis
  - septic arthritis
  - TB
  - HIV
  - hepatitis viruses
  - EBV/CMV/Toxo
  - meningococcaemia
  - infections in the immunocompromised host
  - necrotising fasciitis
  - fever in the returning traveller – including malaria, dengue fever, parasitic infections.
- Gastroenterology conditions, including:
  - Common gastrointestinal symptoms including weight loss, abdominal pain, dysphagia, iron deficiency anaemia, acute/chronic diarrhoea, nausea and vomiting
  - Gastrointestinal emergencies including acute gastrointestinal haemorrhage, liver failure, hepatic encephalopathy, acute colitis
  - Upper gastrointestinal disease including gastro-oesophageal reflux disease, peptic ulcer, helicobacter pylori associated ulcers, Non-steroidal Anti-inflammatory Drugs (NSAID) induced conditions including functional dyspepsia, gastric carcinoma, Barrett's oesophagus
  - Hepatobiliary disease such as: alcoholic liver disease, fatty liver, chronic liver disease (cirrhosis) and complications, ascites, liver failure, haemochromatosis, gall bladder disorders, gallstones, biliary obstruction
  - Pancreatic disease including acute pancreatitis and complications, chronic pancreatitis and complications, pseudocyst formation and complications
  - Small and large bowel diseases including coeliac disease, irritable bowel syndrome, constipation, appendicitis, diverticulosis/ diverticulitis, lactose intolerance, inflammatory bowel disease, malabsorption, malignancy

- Rheumatology conditions, including:
  - Rheumatological emergencies including acute mono/oligo arthritis, acute polyarthritis, systemic vasculitis
  - Common rheumatological problems including rheumatoid arthritis, osteoarthritis, gout/pseudogout, back pain, soft tissue rheumatism, recognition of arboviral arthropathies, temporal arteritis/polymyalgia rheumatica, seronegative arthropathies, connective tissue disorders including SLE, vasculitis, scleroderma, myositis
- Endocrinology conditions, including:
  - common endocrinological disorders including diabetes mellitus including gestational diabetes, osteoporosis, polycystic ovary syndrome, thyroid disease and obesity
  - hypothyroidism
  - hyperthyroidism
  - parathyroid disease
  - Addison's disease
  - Cushing's syndrome
  - Paget disease
  - benign prostatic disease
  - hypogonadism
  - gender dysphoria
  - endocrine causes of hypertension
  - vitamin D deficiency
- Neurological conditions, including:
  - migraine
  - abnormal focal neurological signs
  - cerebrovascular accident
  - transient ischaemic attacks,
  - headache
  - epilepsy
  - confusional states and intellectual impairment
  - central nervous system infection
  - space occupying lesions
  - post-concussion syndrome
  - head injuries in sport
  - acoustic neuroma
  - temporal arteritis
  - benign intracranial hypertension
  - peripheral neuropathy
  - Bell's palsy
  - trigeminal neuralgia

- motor neurone acquired and hereditary
- cerebral neoplasia
- Parkinson's disease
- Guillain Barre syndrome
- multiple sclerosis
- spinal cord compression
- cerebellar disorders
- Haematological conditions, including:
  - anaemia, neutropenia, thrombocytopenia, pancytopenia
  - leucocytosis, polycythaemia, thrombocytosis
  - complications from blood transfusions, and immunosuppression
  - disorders of coagulation or thrombosis
  - bleeding disorders; thrombophilia, haemophilia
  - disseminated intravascular coagulopathy
  - aplastic anaemia/bone marrow failure
  - lymphadenopathy
  - amyloidosis
  - plasma cell dyscrasias/myeloma
  - myelodysplasia
  - myeloproliferative disease
  - haemolytic disorders
- Immunological conditions, including:
  - allergic disorders: anaphylaxis, food allergy, adverse drug reactions, allergic rhinitis/sinusitis/conjunctivitis, atopic dermatitis, urticaria
  - autoimmune diseases: systemic lupus erythematosus (SLE), progressive systemic sclerosis (PSS), dermatomyositis, polymyositis
  - acquired immunodeficiency syndromes: human immunodeficiency virus (HIV), immunosuppressive drugs, post transplantation.
  - vasculitis
- Oncological conditions, including:
  - lung, breast, gastrointestinal, prostate, skin, brain, lymphoma, multiple myeloma, leukaemia
  - complications of cancer: uncontrolled pain, malignant hypercalcemia, spinal cord compression (SVC), SVC obstruction, pericardial tamponade
  - complications of cancer therapy: bone marrow suppression, neutropenic sepsis, tumour lysis syndrome, mucositis, graft vs. host disease

## 13. Aged Care (AGE)

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### CORE GENERALISED

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#### Knowledge

- CG.K.1 Describe epidemiological characteristics of the ageing population in Australia
- CG.K.2 Describe physiological, psychological and social age-related changes commonly experienced by the elderly
- Identify conditions that may affect functional status including:
  - nutritional problems
  - syncope
  - falls and gait disorders
  - fractures
  - osteoarthritis
  - acute confusional state
  - behaviour disorders
  - sleep disorders
  - pain
  - cancer
  - pressure sores
  - urinary incontinence
  - sensory loss
  - polypharmacy
  - frailty
  - dementia
  - social isolation, grief and loss
- CG.K.3 Explain issues in prescribing medications in older people and polypharmacy
- CG.K.4 Describe issues that may affect treatment compliance in older people
- CG.K.5 Explain national and state legislation related to the rights of elderly people

#### Skills

- CG.S.1 Apply diagnostic reasoning to arrive at one or more provisional diagnoses, considering conditions with strong age-associated risk
- CG.S.2 Perform a comprehensive functional assessment including:
- an assessment of impairment
  - disability and handicap that also includes social, psychological and environmental dimensions
  - administration of functional and cognitive assessment scales as appropriate
  - assessing a patient's suitability for care at home
  - identifying the need for appliances and aids, including hearing aids



- CG.S.3 Undertake the following assessments:
- health assessment for patients aged over 75 years
  - fitness to drive assessment
  - medication review
- CG.S.4 Support older patients to enrol in My Aged Care and to develop an Advanced Care Directive, allowing the patients to give directions about what medical treatment they may/may not wish when they are no longer able to speak for themselves
- CG.S.5 Plan for emergencies at home including use of medical alert tags and personal alarms
- CG.S.6 Provide immunisation provision and counselling
- CG.S.7 Fulfil mandatory reporting requirements for elder abuse in its various forms including those at risk or in a situation of abuse, violence, neglect, homelessness or accidental injury
- CG.S.8 Provide definitive emergency resuscitation and management in keeping with any Advance Care Directive
- CG.S.9 Work within national and state legislation and regulations regarding euthanasia, enduring power of attorney, Advance Health Directives, fitness to drive and the legal standing of alternative decision-makers
- CG.S.10 Integrate health education and health promotion for healthy ageing activities to promote health: exercise, diet, social interaction and accident prevention
- CG.S.11 Access and collaborate with agencies responsible for older person care and support including residential care facilities including nursing homes, hostels, respite care services, community resources available to support older people in the home, roles of allied health care workers, role of Office of Public Guardian/Public Trustee

### **Attributes**

- At.6 Compassion
- At.5 Commitment
- At.12 Patience

### **Age related presentations and conditions**

- Neurological including Parkinson's disease, dementia, stroke
- Ophthalmology disorders including loss of visual acuity, cataracts, glaucoma, macular degeneration, exophthalmia, temporal arteritis, dry eye syndrome
- Musculoskeletal including spondylosis, polymyalgia rheumatica, osteoarthritis, spinal canal stenosis, sciatica, osteoporosis and osteoporotic fractures, weakness, deconditioned
- Pulmonary including asthma, Chronic Obstructive Pulmonary Disease, pneumonia, cancer
- Gastrointestinal including constipation, incontinence, malabsorption and pernicious anaemia
- ENT including deafness, tinnitus, xerostomia, vertigo
- Endocrine including Type 2 diabetes, hypothyroidism, hyperthyroidism
- Renal including chronic renal disease

- Cardiovascular disease including ischaemic heart disease, heart failure, hypertension, hypotension, atrial fibrillation
- Genitourinary including urinary dysfunction, urinary tract infection, prostate disease, incontinence
- Psychiatric disorders including depression, anxiety, cognitive impairment, substance use problems
- Cancer

## 14. Anaesthetics (ANA)

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### CORE GENERALIST

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#### Knowledge

- CG.K.1 Categorise the classification of pain by type: nociceptive, neuropathic, phantom, psychogenic, break-through and incident pain
- CG.K.2 Describe pain interventions relevant to the pain type and know when referral is required
- CG.K.3 Identify nerve block techniques, effects, complications and their management
- CG.K.4 Describe common risk factors for peri-operative adverse events in different age groups
- CG.K.5 Describe major anaesthesia specific conditions: suxamethonium apnoea & malignant hyperthermia
- CG.K.6 Describe the principles of management of intra-operative crises: anaphylaxis, bronchospasm, major haemorrhage
- CG.K.7 Discuss preoperative fasting requirements and common measures used to decrease risk of pulmonary aspiration
- CG.K.8 Discuss pre and perioperative management of specific requirements eg diabetic medications and fasting, anti-coagulants, antibiotic prophylaxis
- CG.K.9 Describe the basic pharmacology of sedative/hypnotic agents (propofol, thiopentone, midazolam, ketamine), inhalational agents, opioids, muscle relaxants, reversal drugs and anti-emetic agents, and the selection of agents, given clinical factors eg arrhythmias, obstetric, paediatric, hypotension
- CG.K.10 Discuss the continuum of hypnosis from sedation to general anaesthesia
- CG.K.11 Describe the major effects of anaesthesia and analgesia on cardiovascular and respiratory physiology and cognitive/neurological functioning
- CG.K.12 Consider how the effects of anaesthesia and analgesia interact with common medical conditions
- CG.K.13 Explain the management of common post-operative problems including pain, nausea, vomiting, hypotension, hypertension, tachycardia, damage to teeth, sore throat, laryngeal damage, nerve injuries, backache, headache, mild allergic reaction mild
- CG.K.14 Describe the basic structural anatomy of the upper airway including the larynx
- CG.K.15 Identify the features of history and examinations that may identify a potentially difficult airway
- CG.K.16 Apply the requirements for safe practice of procedural sedation contained in ANZCA resource: Safe procedural sedation competencies
- CG.K.17 Discuss potential advantages and adverse consequences of the use of combinations of drugs for procedural sedation
- CG.K.18 Identify causes, symptoms, and signs of impending cardiac or respiratory arrest
- CG.K.19 Describe the clinical features and initial management of life threatening post-operative conditions, including anaphylaxis, respiratory depression, myocardial ischaemia, cardiovascular collapse, aspiration pneumonitis, hypothermia, delirium, hypoxic brain damage, pulmonary embolism
- CG.K.20 Describe indications for use of humidified high flow nasal oxygen

CG.K.21 Explain the principles and indicators for mechanical ventilation, the pharmacological management and appropriate monitoring of ventilated patients

CG.K.22 Discuss the principles of transport of a patient with invasive ventilation

### **Skills**

CG.S.1 Undertake pre-operative assessment and risk identification

CG.S.2 Manage the pre-anaesthetic care including fasting requirements for management of patients having surgery or other procedures

CG.S.3 Provide post-operative care for patients who have received anaesthesia

CG.S.4 Perform conscious procedural sedation in appropriately selected patients

CG.S.5 Undertake a pain assessment

CG.S.6 Provide pain management for acute and chronic pain

CG.S.7 Competently perform the following skills:

- undertake oxygen saturation monitoring
- deliver oxygen therapy
- use oxygen concentrators
- reduce tension pneumothorax
- deliver blood transfusion

CG.S.8 Administer the following local and regional nerve blocks in appropriately selected patients: regional, digital, intercostal, biers, femoral and fascia iliac

CG.S.9 Perform the following emergency procedures:

- face mask ventilation
- Hudson mask with reservoir bag
- initiation of humidified high flow nasal oxygen
- basic airway opening manoeuvres including adjuncts and suction
- bag and mask ventilation with one and two operator technique using self-inflating bag and anaesthesia circuit
- application of positive end-expiratory pressure (PEEP), continuous positive airway pressure (CPAP) or Bilevel positive airway pressure (BiPAP) / Pressure support using anaesthesia machine or ventilator
- insertion of laryngeal mask airway (LMA) and endotracheal tube (ETT)
- endotracheal intubation, including manoeuvres to improve view of larynx during direct laryngoscopy and use of endotracheal tube inducer or stylet
- rapid sequence induction, including preoxygenation and appropriate pharmacology

CG.S.10 Can't Intubate – Can't Oxygenate (CI-CO) procedures including consideration of front of neck access procedures

CG.S.11 use of emergency department or transport mechanical ventilator for invasive ventilation and non-invasive ventilation

- intra-osseous access
- peripheral venous and arterial line, including Seldinger technique
- insertion and management of peripheral arterial cannula
- external cardiac massage

- Advanced Life Support including cardiopulmonary resuscitation (CPR) and defibrillation
- synchronised direct current (DC) cardioversion
- administer nitrous oxide (as analgesia)

### Attributes

At.1 Accountability

At.17 Resourcefulness

At.19 Self-reliance

## ADVANCED SPECIALISED (BASED ON JCCA CURRICULUM)

### Knowledge

- AS.K.1 Describe the principles of common or important operations requiring anaesthesia and their appropriateness in Rural Generalist anaesthesia practice
- AS.K.2 Identify current ANZCA standards for anaesthesia practice
- AS.K.3 Detail equipment for general anaesthesia and monitoring:
- range, function, clinical use and hazards of equipment
  - safety issues in the use and maintenance of equipment
  - choosing, assembling and using equipment, eg systematic check of anaesthetic machine
  - balancing benefits of using items, eg endotracheal tubes, against potential complications
  - requirements of, and skills for, equipment maintenance
  - use of pulse oximetry, capnography, volatile agent monitoring, ECG monitor and non-invasive blood pressure monitors
  - use and hazards of diathermy
- AS.K.4 Detail staff and patient hazards and plans to avoid, including hazards of:
- the operating theatre
  - infection, (eg HIV, hepatitis B, C, or other blood borne infections)
  - physical injury, electric shock, radiation, surgical and anaesthetic equipment and environmental pollution
  - cross infection, patient posture, and immobility
- AS.K.5 Describe principles of common or important operations requiring anaesthesia:
- the effect on the patient
  - the conduct of anaesthesia
  - problems associated with specific procedures and methods to overcome them
  - the appropriateness for Rural Generalist anaesthesia
- AS.K.6 Detail the respiratory system, including:
- basic respiratory physiology
  - control and function of the respiratory system

- common respiratory problems and their management
  - symptoms and signs of respiratory failure
  - interpretation of radiography and lung function testing
  - mechanisms of changes in blood gases and capnographs
- AS.K.7 Explain oxygen therapy, including:
- pathophysiology of hypoxaemia
  - indications for oxygen therapy
  - indications for hyperbaric oxygen therapy
  - hazards in respiratory failure and prematurity
- AS.K.8 Detail ventilator use including:
- the principles and practice of respiratory support and ventilation
  - indications for mechanical ventilation
  - safety features
  - methods of monitoring
  - use and choice of ventilators in patients with varying degrees of resistance and compliance
  - use of ventilators in theatre, intensive care and awaiting or during transport
- AS.K.9 Discuss artificial airway
- indications
  - advantages and disadvantages of each airway type
  - insertion of pharyngeal airways, laryngeal masks, oral and nasal tracheal tubes and tracheostomy
  - management of immediate and delayed complications of an artificial airway, eg laryngeal spasm
- AS.K.10 Discuss physiology and anatomy relevant to local, topical and conduction anaesthesia
- AS.K.11 Discuss pharmacology, including:
- pharmacology of local anaesthetic drugs
  - indications for different drugs
  - management of overdose or abnormal response
- AS.K.12 Detail narcosis and analgesia, including:
- induction of unconsciousness and sensory blockade
  - theory of mechanisms involved in narcosis, anaesthesia and sensory blockage
  - pharmacology of drugs used to modify consciousness, opioid drugs, sedatives, neuroleptics agents and tranquillisers as well as those used to provide sensory and reflex blockage
  - choice and administration of suitable drugs to induce and maintain unconsciousness and provide intra operative analgesia
  - factors involved in choice of agents for induction and maintenance of anaesthesia
  - physical and mental states which may influence conduct of anaesthesia
  - patients' emotional response to induction

- venepuncture, airway maintenance and tracheal intubation, including cricoid pressure and rapid sequence induction, and indications for the relevant techniques
- failed intubation drill, particularly for obstetric anaesthesia
- use of 'difficult airway' equipment, eg bougies, alternative laryngoscopes or any other suitable equipment for unexpected difficult intubations

AS.K.13 Detail muscle relaxation, including:

- the mechanisms of muscle tone
- the pharmacology of muscle relaxants
- safe provision and reversal of muscle relaxation
- physiology of muscle relaxation
- indications and complications
- provision of satisfactory relaxation
- plan for management of inappropriate response
- understanding of the principles, and use of a nerve stimulator

AS.K.14 Discuss the pre-requisites for day only surgery, including:

- principles for selection of patients
- surgical procedures that are suitable
- social/domestic pre-requisites

AS.K.15 Discuss factors relating to pre-operative medication, including:

- pharmacology principles
- administration objectives
- the emotional impact of patients undergoing surgery
- informed consent

AS.K.16 Detail the practice of local, topical and regional anaesthesia, including:

- techniques, effects, complications and their management
- techniques of subarachnoid anaesthesia and commonly used nerve blocks, eg axillary and ischaemic arm blocks
- physiological responses to subarachnoid and epidural blockade
- monitoring techniques for use in local and conduction anaesthesia management of immediate and delayed complications
- use of sedative and neuroleptic drugs in conjunction with local and conduction anaesthesia
- implications of general anaesthesia in conjunction with local and conduction anaesthesia

AS.K.17 Discuss the considerations associated with the primary (surgical) condition, including:

- effect of surgical illnesses and injuries on anaesthesia, operative and post-operative management
- aetiology, natural history and effect of surgical illness relevant to rural anaesthesia practice
- the effects of anaesthesia on the patient's condition and incidence of post-operative complications
- urgency of surgery, preparation of patient, and suitability for transportation

- preparation of patient for surgery with emphasis on resuscitation
  - the effect and treatment of surgical diseases on body systems
- AS.K.18 Discuss the anaesthesia considerations associated with patient's medications, including:
- physiological response to anaesthesia
  - principles of drug interactions
  - interactions between anaesthesia drugs, and drugs used in the treatment of disease
  - modification of existing drug therapy for anaesthesia and surgery
  - drug therapy modification, eg stopping anticoagulation with the treating surgeon
- AS.K.19 Discuss the considerations for anaesthesia and intercurrent disease, including:
- local and general effects of relevant medical diseases
  - its relevance to case selection for rural GP anaesthesia
  - principles of management
  - effect of anaesthesia and surgery on intercurrent disease
  - effect on anaesthesia
  - consultation with specialist anaesthetist in pre-operative preparations
- AS.K.20 Discuss the relevance of medical, surgical and previous anaesthetic events such as failed intubation, anaphylaxis, family and genetic disorders, oesophageal reflux, obese patients, cognitive impaired patients, previous cardiac stents, diabetic patients, obstructive sleep apnoea, spinal conditions
- AS.K.21 Detail the principles and considerations of paediatric anaesthesia, including modification required of apparatus and technique
- AS.K.22 Discuss the considerations of anaesthesia in the elderly
- AS.K.23 Discuss the considerations in obstetric anaesthesia and analgesia, including:
- important physical and emotional changes in pregnant women, relevant to anaesthesia
  - analgesic and anaesthetic factors which influence foetal wellbeing
  - analgesic techniques in obstetrics
  - neonatal resuscitation
- AS.K.24 Discuss signs of raised pressure and anaesthesia techniques which minimise untoward changes if emergency neurosurgery is required to control intracranial pressure
- AS.K.25 Discuss how to control secretions and air leak if emergency thoracic surgery is required
- AS.K.26 Describe the natural history of post-anaesthesia recovery, including the:
- emotional impact of recovery phase
  - causes of post-operative discomfort (including pain)
  - criteria for discharge from recovery room
- AS.K.27 Discuss post-operative pain management, including:
- effective pain management in modifying surgical stress response
  - inter-patient variability in analgesic requirement



- opioid and non-opioid agents which modify pain conduction
- patient controlled infusion devices,
- supplementation of analgesia with regional techniques eg: epidural analgesia, nerve block

AS.K.28 Discuss the management of chronic non cancer pain, including:

- influence of emotional, psychological and social factors on an individual's pain response
- visual analogue scores for quantifying pain
- effect of psychosocial issues
- management of chronic pain using non-opioid medication
- pain clinic services

AS.K.29 Discuss the management of chronic cancer pain, including:

- anatomical and pathological mechanisms
- psychological effects
- therapeutic needs
- assessment for pain clinic referral
- common methods of treating pain, drugs used, mode of administration, eg subcutaneous infusion
- empathy and communication skills with patients and family

## **Skills**

AS.S.1 Establish and utilise a comprehensive professional referral network

AS.S.2 Administer anaesthesia services in accordance with knowledge, skills and subject to local infrastructure and jurisdictional credentialing

AS.S.3 Assess the risk of anaesthesia and surgery in consultation with a specialist anaesthetist if necessary, with consideration of

- clinical services capability
- urgency of the surgery in relation to the risk of anaesthesia, eg a higher anaesthesia risk may be accepted if surgery is life saving
- prediction of pre-operative, intra-operative and post-operative anaesthesia risks
- age, health, body mass index of patient

AS.S.4 Undertake a pre-operative assessment including:

- physical and mental state
- family history
- patient history including previous medical, surgical and anaesthetic events
- clinical examination and investigations
- primary (surgical) condition
- medications/treatments
- intercurrent disease
- post-operative pain relief

- AS.S.5 Identify significant symptoms and signs requiring further investigation:
- relevant history, eg chest pain suggestive of ischaemic heart disease
  - physical signs, eg prediction of difficult intubation
  - recent food and fluid ingestion
  - laboratory and radiological investigations
  - conditions requiring post-operative intensive care, eg respiratory failure
- AS.S.6 Identify features of the pre-operative assessment which will require specialist anaesthesia services and refer appropriately
- AS.S.7 Operate and maintain general anaesthesia equipment
- AS.S.8 Administer anaesthesia services, including:
- local, topical and regional anaesthesia
  - epidural anaesthesia
  - general anaesthesia
  - intra-operative analgesia
  - reverse muscle relaxation
  - intravenous fluids during operations
  - suction to clear respiratory secretions
  - humidification
- AS.S.9 Provide post-anaesthesia care, including:
- management of unconscious patient, especially maintaining an unobstructed airway
  - management of disturbances of physiology, especially airway
  - maintenance of respiration and circulation
  - pain relief
  - physiotherapy
- AS.S.10 Identify and manage complications of anaesthesia, including:
- CI-CO
  - adult cardiac/ respiratory arrest
  - anaphylaxis
  - massive haemorrhage
  - malignant hyperthermia
  - laryngospasm
  - Manage pain
  - acute pain and chronic pain
  - cancer and non-cancer pain

### **Attributes**

At.18 Self-knowledge

At.17 Resourceful

At. 4 Clinical courage

# 15. Chronic Disease (CHRON)

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## CORE GENERALIST

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### Knowledge

- CG.K.1 Compare the differences between acute and chronic disease
- CG.K.2 Describe the relevant anatomy, physiology, pathology of chronic conditions
- CG.K.3 Discuss the principles of diagnosis, management and monitoring of chronic diseases and comorbidities and how these may relate to the disease course over time
- CG.K.4 Describe the natural history, prognosis, treatment and management of chronic conditions commonly encountered in general practice
- CG.K.5 Explain the environmental, social, cultural and economic factors which contribute to the development and persistence and prognosis (or progression) of chronic conditions
- CG.K.6 Describe how the presence of comorbidities can affect disease prognosis and management
- CG.K.7 Discuss the current best evidence for their management and the potential harms of pharmacological and nonpharmacological forms of treatment
- CG.K.8 Identify relevant risk factors for future health events in the context of chronic disease, including adverse effects of medications and other medical interventions used to manage chronic disease
- CG.K.9 Identify currently funded programs to assist in the management of chronic conditions

### Skills

- CG.S.1 Use screening procedures to identify asymptomatic individuals at risk for common chronic diseases
- CG.S.2 Manage common chronic conditions including ischaemic heart disease, stroke, lung cancer, colorectal cancer, depression, type 2 diabetes, arthritis, osteoporosis, asthma, chronic obstructive pulmonary disease and chronic kidney disease
- CG.S.3 Manage co-occurring mental health sequelae of chronic physical health conditions in the developing child/adolescent
- CG.S.4 Use current evidence-based guidelines for chronic disease management
- CG.S.5 Evaluate the physical, psychological and social levels of function and disability
- CG.S.6 Implement practical and pragmatic approaches to managing chronic diseases and comorbidity
- CG.S.7 Work with patient and family and allied health providers to develop a chronic care plan that includes self-management (health care plans, ie GP management plan and team care arrangements, mandate the involvement of allied health providers)
- CG.S.8 Utilise techniques that support and maintain healthy lifestyle changes, including motivational interviewing, appropriate referral to other healthcare and specialist providers
- CG.S.9 Be responsive and empathetic to fluctuations in the physical and mental state of patients with chronic diseases
- CG.S.10 Assess the patient's understanding of their condition and provide education
- CG.S.11 Involves the patient in management decisions

- CG.S.12 Assist patients to contact others with similar conditions and/or relevant support organisations
- CG.S.13 Use systematic approaches to case management, care co-ordination and advocacy, including effective follow up and review processes for chronically ill patients
- CG.S.14 Embrace new technologies that have been demonstrated to improve health outcomes
- CG.S.15 Understands Chronic Disease Management Medicare item numbers indications and requirements and their role in patient care to enhance chronic disease outcomes
- CG.S.16 Provide support to patients and their families throughout the illness, and especially at times of crisis and change in the disease or treatment
- CG.S.17 Use medical record systems appropriate to the care of patients with chronic conditions, including effective long term follow up, tracking and prompted systematic periodic review
- CG.S.18 Utilise computer records and eHealth measures in disease management and prevention, including the use of electronic communication between other healthcare providers and for quality improvement audits
- CG.S.19 Have strategies for time management, taking into consideration heavy demands on time and effort when managing complex medical problems and chronically ill patients

#### **Attributes**

- At.6 Compassion
- At.13 Pragmatism
- At.17 Resourcefulness

# 16. Dermatology (DERM)

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## CORE GENERALIST

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### Knowledge

- CG.K.1 Describe the basic structure of skin in health and disease
- CG.K.2 Describe a lesion, rash, ulcer, skin nail or mucous membrane change using conventional dermatological nomenclature including colour, exudates, pattern, size, shape, change in sensation, inflammation, location, distribution, symmetry, tenderness, consistency, temperature, moisture, texture, turgor, and fragility
- CG.K.3 Identify and be able to distinguish between:
- Non-melanocytic
    - benign: seborrheic keratosis, skin tags, haemangioma, dermatofibroma, pyogenic granuloma, naevi
    - premalignant: solar keratosis
    - malignant: basal cell carcinoma, squamous cell carcinoma, Bowen's disease, keratoacanthoma
  - Melanocytic: melanocytic naevi, malignant melanoma
- CG.K.4 Identify sun damaged skin and distinguish between benign non-actinic lesions and:
- ephelides
  - solar lentigines
  - solar elastosis
  - solar keratoses
  - sun related skin malignancies
- CG.K.5 Discuss indications and contraindications for treatment of dermatological conditions using common pharmacological agents, including;
- topical corticosteroids
  - moisturisers and emollients
  - antibacterials
  - antifungals
  - antivirals
  - antipsoriatic agents
  - acne therapies
  - immune stimulant
  - topical cytotoxic

### Skills

- CG.S.1 Undertake a relevant dermatological history, including;
- history of the presenting complaint including time course, distribution, associated symptoms such as pain, itch or fever, possible triggers and response to previous therapies

- medications: current and previous, including topical and complementary therapies
- past medical history, including previous skin conditions and cancers
- family history, particularly of skin conditions and cancers
- domestic and international travel in the last year
- occupation
- hobbies for example gardening, crafts
- skin, nail and hair care routines including frequency and temperature of showers and baths, types of cosmetics, soaps, oils, and products used
- clothing and jewellery
- lifetime and current sun exposure
- hair and nail care products and routines
- tattoos
- skin slashing, cutting

**CG.S.2** Perform a dermatological examination, including:

- mucous membranes: eyelids, nose, mouth, buccal, pharyngeal, sub-lingual, tongue
- hair: texture, colour, quantity, distribution, brittleness, hair loss including pattern, facial hair distribution, quantity, texture, hirsutism in females
- scalp: scales, crusts, or lesions
- nails: length, colour, configuration, symmetry, hygiene, thickness, deformities, hyperpigmented bands, pitting, and splinter haemorrhages
- skin of the head, face, neck, arms, hands, chest and abdomen, legs, back, back of legs, feet, including soles and between the toes, buttocks, and genital area

**CG.S.3** Undertake the following procedures to assist in diagnosis:

- specialised equipment for further examination of the skin, including magnifying lamp, Woods light
- examine skin lesions with a dermoscope
- collect skin scrapings and clippings for mycology
- skin biopsy: excision, shave, curettage, punch and incisional
- use telederm to seek assistance with diagnosis and treatment

**CG.S.4** Undertake initial assessment and triage patients with acute or life-threatening dermatological conditions, including:

- staphylococcal toxic shock syndrome
- angioedema
- exfoliative erythroderma
- necrotising fasciitis
- meningococemia
- Stevens-Johnson Syndrome
- toxic epidermal necrolysis
- malignant melanoma

CG.S.5 Arrange and interpret results of patch testing, bacteriology, mycology, virology and polymerase chain reaction (PCR) nucleic acid amplification test (NAAT), including details such as transport delays and sampling errors

CG.S.6 Diagnose and manage common skin conditions

CG.S.7 Perform the following therapeutic procedures:

- cauterisation or freezing of skin lesions
- excisions of skin lesions
- select a vehicle for topical treatment
- supervise the choice and application of dressings for ulcers
- apply wet wraps/dressings for eczema

CG.S.8 Incise and drain or excise cystic structures eg carbuncle, epidermal cyst, collections, foreign bodies

CG.S.9 Perform and provide instruction for wound care

### **Attributes**

At.2 Adaptability

At.15 Reflection

At.14 Receptivity

### **Dermatology presentations and conditions**

- Skin infections
  - Viral: warts, molluscum contagiosum, herpes simplex, herpes zoster, HIV
  - Bacterial: erysipelas/cellulitis, staphylococcal infections, folliculitis, pitted keratolysis, erythrasma, syphilis, impetigo
  - Fungal: candidiasis, tinea, pityriasis versicolor
  - Insects: scabies, lice, flea bites
- Cutaneous manifestations of systemic disease, including:
  - systemic malignancy
  - metabolic diseases
  - endocrine disorders e.g. diabetes, thyroid, Cushings, Addison's
  - gastrointestinal disorders
  - Paget's disease
  - extra-mammary Paget's disease
  - autoimmune and or connective tissue diseases eg systemic lupus erythematosus, polymyositis, systemic sclerosis, CREST syndrome, sarcoid, raynauds, scleroderma, bullous pemphigoid, epidermolysis bullosa
- Rashes related to pregnancy, including:
  - pruritis gravidarum
  - prurigo of pregnancy
  - pruritic urticarial papules and plaques of pregnancy
  - pruritic folliculitis of pregnancy

- Dermatological conditions associated with hair, including:
  - hair loss – diffuse, localised
  - alopecia areata
  - alopecia totalis
  - trichotillomania
  - traction alopecia
  - scalp ringworm
  - lichen simplex
  - psoriasis
  - excessive hair growth, aetiology, differences: hirsutism, hypertrichosis
- Dermatological conditions associated with nails, including:
  - nail pitting
  - nail ridging
  - nail discolouration
  - nail plate thickening; tinea, onychogryphosis
  - other nail conditions; avulsion, ingrown, subungual haematoma
- Nail changes that occur due to:
  - psoriasis
  - dermatitis
  - paronychia
- Types of 'nappy rash', including:
  - irritant dermatitis
  - candida
  - seborrheic dermatitis
- Facial rashes, including:
  - rosacea
  - seborrheic, perioral, contact dermatitis
  - fungal infection
  - systemic and discoid lupus
  - erythematosus
  - acne
  - chloasma
- Rashes on the hands and other areas of body including:
  - contact irritant dermatitis
  - contact allergic dermatitis
  - endogenous eczema
  - fungal infection
  - psoriasis



- Mucous membrane conditions; ulcers, tumours, leukoplakia
- Chronic ulcers; venous and arterial ulcers, pressure sores
- Dermatitis conditions; atopy, eczema, contact dermatitis, venous insufficiency dermatitis, xerosis

# 17. Emergency (EM)

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## CORE GENERALIST

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### Knowledge

- CG.K.1 Describe the following;
- basic pathophysiology of cardiac arrest and the factors leading to circulatory and respiratory failure, and those factors relevant to post resuscitation care
  - basic pathophysiology of shock secondary to cardiogenic, haemorrhagic, hypovolaemic, anaphylactic, mechanical or other causes of shock
  - basic anatomy of the airway, circulatory and respiratory system in relation to life threatening conditions
  - relevant anatomical aspects of the neurological and musculoskeletal systems in relation to medical and surgical conditions
  - special considerations for facial and airway trauma
  - important age-specific differences and the anatomy and physiology of the child relevant to emergencies
  - essentials of acid-base balance and fluid and electrolyte management in emergencies
- CG.K.2 Discuss the principles of triage, prioritisation of patients for resuscitation, and resource allocation
- CG.K.3 Discuss personal safety responsibilities and limitations if attending an emergency in the community
- CG.K.4 Describe hazards identification, assessment and mitigation at a prehospital scene or incident
- CG.K.5 Identify medical capabilities and the relationship of emergency services police, fire, medical, specialist rescue and voluntary emergency services at a prehospital scene or incident
- CG.K.6 Describe the steps involved in the management of an acute emergency, proceeding logically through life support while advancing towards definitive diagnosis and management of underlying injury and disease
- CG.K.7 Discuss the principles of managing the acutely disturbed/agitated patient
- CG.K.8 Discuss the principles of retrieval, transfer and transport by road and by air
- CG.K.9 Discuss use of common chemo-therapeutic agents in emergency management particularly in relation to:
- analgesia
  - sedation
  - antibiotics
  - thrombolysis
  - anticoagulation/platelet inhibition

CG.K.10 Identify the contents and general layout of emergency and retrieval kits

CG.K.11 Explain the principles of acute forensic presentation particularly with respect to victims of sexual assault and non-accidental injury

CG.K.12 Identify the disaster response plan for the hospital and community

### **Skills**

CG.S.1 Respond and provide initial treatment to emergencies in the hospital and community

CG.S.2 Initially stabilise Australian Triage Category 1 and 2 patients with the support of an experienced colleague (which may be through distance technology) pending definitive emergency medical care

CG.S.3 Competently provide definitive emergency medical care for most Australian Triage Category 3, 4 and 5 patients and determine when additional support is required.

CG.S.4 Undertake the following:

- organise and allocate resources
- make appropriate pre-hospital arrival preparations
- give telephone advice to transporting persons
- hazard identification, assessment and mitigation
- conduct initial resuscitation following the ABC algorithm
- basic life support
- primary survey
- conduct further resuscitation as indicated
- secondary survey
- necessary investigations
- definitive treatment where indicated
- consultation as indicated
- stabilise and monitor haemodynamics, oxygenation and acid/base balance
- manage acutely disturbed/agitated/violent behaviour
- set up and supervise retrieval as indicated

CG.S.5 Ensure proper access/egress for all systems, in particular:

- airway protection
- adequate venous access
- naso/orogastric intubation
- urinary catheterisation
- spinal stabilisation
- stabilisation of injuries and fractures

CG.S.6 Assist with response to a disaster or multi-trauma

CG.S.7 Perform emergency procedures as detailed in the Procedural Skills Logbook

## Attributes

At.2 Adaptability

At.15 Reflection

At.17 Resourceful

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## ADVANCED SPECIALISED

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### Knowledge

- AS.K.1 Describe characteristics of rural and remote settings and their impact on emergency medicine that need to be considered including the differences when compared with metropolitan settings in:
- prevailing social attitudes to health, illness and health care
  - rural occupations
  - incidence and prevalence of emergency medical conditions
  - Aboriginal and Torres Strait Islander Peoples Health
  - access to physical resources including investigations, medications and treatments
  - working in a resource limited environment
  - access to specialist services
- AS.K.2 Detail selection criteria, protocols, principles, limitations and interpretation of results of the tests listed in skills section
- AS.K.3 Be aware of congenital and acquired conditions that may predispose patients to emergency presentations or complicate emergency management including congenital heart disease, congenital maxillofacial and other anatomical abnormalities, acquired anatomical abnormalities
- AS.K.4 Discuss features of common conditions difficult to diagnose and potentially obscured by patient age, body habitus, co-morbidities etc
- AS.K.5 Identify diagnostic features and initial management of "less common" conditions for example. endocrine emergencies, environmental emergencies (hypothermia, hyperthermia, barotrauma, high altitude illness etc), neuromuscular disorders (Guillain-Barre disease)
- AS.K.6 Discuss risk factors for secondary injuries in emergency patients, discuss strategies for reducing these risks, and outline appropriate management for secondary injuries if these occur: renal failure, cardiac failure, adult respiratory distress syndrome (ARDS), disorders of coagulation, cerebral hypoxia, multi-system failure, sepsis and neurovascular compromise.
- AS.K.7 Discuss anaesthetics, procedural sedation and analgesic decision-making and delivery, including factors involved in making difficult anaesthetics decisions; neonates, young children, elderly, shock, obesity, co-morbidities and burns
- AS.K.8 Describe clinical and medico-legal requirements for consent, management of physical and/or sexual assault cases, including:

- sexual assault examination and specimen collection
- recognition of non-accidental injury patterns in children and domestic partners
- understanding the coronial investigation process
- writing medico-legal reports
- giving evidence in court
- treatment of minors and persons in custody
- guardianship, advanced care directives, mentally impaired patients
- duty of care for alcohol/recreational drug affected patients

AS.K.9 Illustrate the principles of triage and their application to emergency situations

AS.K.10 Interpret the Australasian Triage Score and its application to the clinical setting

AS.K.11 Identify potential complications (including possible treatment failure) of the emergency procedures and definitive therapies

AS.K.12 Describe signs and symptoms of the following complications and outline appropriate rescue plans.

- post-procedural complications – haemorrhage, thromboembolism, vascular insufficiency, infection/sepsis, wound breakdown, perforation/obstruction, mechanical failure, pneumothorax, spinal headache, renal failure, uncontrolled pain
- complications of therapeutics, for example, adverse reaction, allergy/anaphylaxis, toxicity, drug interactions, GI bleeding, excessive sedation, dystonic reactions, neuroleptic malignant syndrome, transfusion reactions, over-hydration, over-anticoagulation, medication non-compliance and polypharmacy
- complications of dialysis.

AS.K.13 Describe the epidemiologic characteristics, prevention and control measures for infectious disease outbreaks, including:

- immunisation and post-exposure prophylaxis
- community epidemics
- nosocomial outbreaks
- tropical and exotic infections
- sexually transmitted infections
- patients requiring isolation
- personal protective equipment and safe working practices for other staff

AS.K.14 Discuss the principles for disaster prevention, preparedness, response and recovery in rural and remote communities

AS.K.15 Discuss principles of injury prevention in rural and remote contexts, including implementing an injury prevention program

AS.K.16 Discuss ethical issues around end of life presentations (either medical, surgical, oncological, geriatric based or trauma)

## Skills

- AS.S.1 Competently provide definitive emergency medical care including emergency medicine procedural interventions for individual patients across all presentations, of all age groups across all Australian Triage categories.
- AS.S.2 Undertake initial assessment and triage of patients with acute or life-threatening conditions, including:
- seriously unwell conscious patients
  - patients with undifferentiated severe acute pain
  - undifferentiated unconscious patients
  - patients with undifferentiated shock
  - patients with undifferentiated fever or infective illness
  - undifferentiated sick children
  - major or complicated trauma – multiple trauma, head trauma, pelvic fracture, ENT, maxillofacial, abdominal (blunt and penetrating) and genital trauma
  - acutely psychotic patients, other mental illness including attempted self-harm and suicide
- AS.S.3 Recognition of the seriously unwell conscious patient, appropriate prioritisation and sequencing of assessments, investigations and management tasks in emergency cases
- AS.S.4 Recognise and evaluate variations in emergency presentations among Aboriginal and Torres Strait Islander patients that differ from the non- Aboriginal and Torres Strait Islander peoples including:
- young age at presentation with acute coronary syndrome
  - stroke or acute kidney failure
  - acute rheumatic fever
  - severe pneumonia
  - crusted scabies, and
  - disseminated strongyloidiasis
- AS.S.5 Utilisation of relevant diagnostic and imaging modalities including performing bedside imaging and interpretation of Point of Care Ultrasound (POCUS) and CT imaging without immediate access to radiology reporting
- AS.S.6 Arrange with consideration of urgency, onward transfer for higher-level diagnostic services e.g. MRI, invasive cardiology, and complex endoscopic procedures
- AS.S.7 Provide high-level pain management skills including oral, intramuscular, intravenous and intranasal analgesia: topical and local infiltration analgesia: common nerve blocks, regional anaesthesia, including management of analgesia complications and adverse reactions
- AS.S.8 Competent in techniques for difficult peripheral and central intravenous or intraosseous access, including with ultrasound guided access
- AS.S.9 Competent in techniques for vital signs monitoring including invasive; intra-arterial BP measurement, ventilation monitoring, and temperature monitoring
- AS.S.10 Stabilise critically ill patients and provide primary and secondary care for emergency conditions including:
- Airway and respiratory emergencies:

- advanced airway management options and techniques
- use of portable ventilators
- use of non-invasive ventilation
- techniques for pneumothorax drainage techniques including needle thoracostomy, Seldinger guided catheters and large intercostal catheters
- Circulatory and cardiovascular emergencies:
  - application of Advanced Cardiac Life Support (ACLS) algorithms
  - defibrillation, cardioversion and external cardiac pacing
  - advanced thrombolytic therapy, including management of complications
  - platelet inhibitor and anticoagulant therapy
  - advanced hypotensive therapy
  - pericardiocentesis with on-site or distant guidance
  - advanced haemostatic therapy
  - advanced anti-arrhythmic therapy
  - competent and confident administration of inotropes
  - principles of angioplasty and stenting
  - principles of occult blood loss in trauma
  - competent and confident fluid resuscitation including minimum volume fluid resuscitation, use of blood products and Massive Transfusion Protocol
- Neurological emergencies:
  - seizure monitoring and control
  - competent lumbar puncture for diagnostic and therapeutic procedures
  - basic surgical skills to undertake decompressive cranial burr holes with distant guidance from a neurosurgeon
- Musculo-skeletal emergencies:
  - independent splinting, casting and reduction of simple fractures and dislocations
  - reduction of complex fractures/dislocations under distant or on-site guidance, including minimisation of neurovascular compromise
  - competent and confident initial management of compound wounds
  - competent and confident initial management of spinal injuries, including awareness of patterns of spinal injury without radiological abnormality
  - independent joint aspiration
- Soft tissue emergencies and burns:
  - removal of superficial foreign bodies
  - independent abscess drainage
  - independent wound management, including prophylactic antibiotic administration, local anaesthetic, tetanus injections, wound cleaning, debridement and complex wound closure techniques

- independent management of minor burns
- initial management of moderate or severe burns including special area burns e.g. face, neck, airway, hands, genitalia, circumferential burns, chemical, electrical, other associated injury with on-site or distant guidance
- management of rhabdomyolysis/acidosis
- monitoring and management of compartment pressure, including escharotomy with distant or on-site guidance
- pressure care of soft tissues at risk from ischaemia and infection
- regulation of body temperature in patients with dermatological emergencies
- Obstetric and gynaecologic emergencies:
  - competent and confident initial management of haemorrhage in early pregnancy
  - initial management of trauma in pregnancy
  - competent and confident management of miscarriage
  - timely recognition and transfer of patients requiring surgical intervention
  - competent and confident management of common labour and delivery complications
  - seizure control in eclampsia
  - management of precipitate delivery with distant guidance
  - initial management of post-partum problems
- Abdominal and genitourinary emergencies:
  - competent and confident initial management of acute renal failure
  - recognition of gastrointestinal foreign bodies requiring removal
  - urethral and suprapubic catheterisation
  - control of oesophageal varices
  - drainage of abdominal ascites for symptom control
  - reduction of paraphimosis with on-site or distant guidance
- Metabolic and endocrine emergencies:
  - competent and independent insulin infusion
  - competent and independent intravenous potassium replacement
  - competent and independent IV fluids for endocrine emergencies
- Acute infections:
  - chemotherapeutics for undifferentiated sepsis
  - be aware of and able to follow protocol for management of needle stick injury and other body fluid exposure
  - competent and confident application of infection control procedures, public health reporting procedures and management of contact persons
- Toxicologic and toxinological emergencies:
  - competent application of pressure immobilisation bandage



- competent and independent antivenom and antidote administration
  - competent use of venom detection kit (VDK) with distance guidance
  - safety and decontamination procedures for deliberate CBR incidents – for patients, staff members and in an emergency department
  - Environmental emergencies:
    - re-warming techniques
    - cooling techniques
    - temperature monitoring
    - initial management of diving injuries, including hyperbaric medicine
  - Ophthalmological emergencies:
    - competent use of slit lamp
    - competent measurement of intra-ocular pressures
    - competent removal of simple superficial corneal foreign bodies
    - refer for removal of difficult foreign bodies
    - repair onsite or referral for repair peri-ocular lacerations
  - ENT and dental emergencies:
    - tooth preservation techniques
    - infection prevention and management
    - competent and independent management of anterior and posterior epistaxis
    - removal of simple nasal and aural foreign bodies and identification difficult foreign bodies
  - Psychiatric emergencies:
    - competent and confident differentiation between an acute severe behavioural disturbance due to acute delirium (including substance intoxication and withdrawal) and psychosis
    - competent and confident risk assessment, engagement and acute counselling skill
- AS.S.11 Competent verbal de-escalation techniques in high stress and potentially violent situations
- competent and confident administration of rapid-acting antipsychotics sedatives and other medication where appropriate
  - appropriate administration of chemical restraint
  - use of relevant legislation for involuntary treatment admission
  - leadership to manage Code Black situation
- AS.S.12 Recognise and manage emergencies in all ages including the elderly, paediatric and neonatal groups and cover all emergency conditions including toxicology, obstetrics and psychiatric disease
- AS.S.13 Competent, sensitive and age-appropriate communication skills with anxious and distressed paediatric patients, parents and other carers including breaking bad news, onward referral, and engaging other support services
- AS.S.14 Competent and confident paediatric and neonatal emergency care, including:
- initiation of Advanced Life Support

- paediatric calculations – appropriate dosages and equipment size
  - estimation and administration of fluid requirements for resuscitation and ongoing maintenance
  - lumbar puncture, clean catch urine and phlebotomy in children
  - procedural sedation
  - warming techniques in children and neonates
  - paediatric pain management techniques
  - seizure management, including diagnosis of the underlying cause/s
  - airway management in children and neonates, including wound repair, foreign body removal, management of stridor, croup and epiglottitis, paediatric intubation
  - advanced intravenous access techniques – intraosseous infusion and neonatal umbilical catheterisation
  - management of acute infections in children, including neonatal infections, sepsis and meningitis
  - management of diabetic ketoacidosis (DKA) in children
  - management of serious gastro-intestinal conditions, including pyloric stenosis and intussusception
  - management of serious neonatal conditions including prematurity, sepsis, respiratory failure and congenital abnormalities
- AS.S.15 Coordinate, work with and/or provide leadership (clinical and operational) as appropriate to multidisciplinary and/or inter-professional teams encompassing emergency services (police, fire brigade, ambulance), retrieval services, emergency department staff members, inpatient services and community members
- AS.S.16 Establish and maintain appropriate emergency department systems and procedures
- trauma and priority team organisation
  - multi-casualty preparedness and response
  - co-ordination with police and other agencies
  - risk management, critical decision making and dealing with uncertainty
  - use of electronic record systems
  - quality assurance and audit policies and procedures
  - storage and handling of blood products
  - organ donation and transplantation protocols
  - pharmaceutical dispensing
  - staff management and communication skills
  - inter-professional co-operation skills
  - complaint management
  - occupational health and safety measures
- AS.S.17 Perform emergency procedures as detailed in the AST Emergency Medicine Procedural Skills Logbook

### **Attributes**

At.2 Adaptability

At.15 Reflection

At.17 Resourceful

## Emergency presentations and conditions

- Airway and respiratory emergencies: airway obstruction difficult foreign bodies, severe asthma, respiratory distress, tension pneumothorax, compromised airways, hypoventilation, hypoxia and chest trauma
- Circulatory and cardiovascular emergencies: chest pain, acute coronary syndromes, cardiogenic shock, hypovolaemic shock, hypertensive emergencies, haemorrhagic emergencies, cardiac tamponade, acute myocardial infarction, thrombo-embolic emergencies including pulmonary embolism, gas embolism and anaphylaxis:
- Neurological emergencies: neurologic trauma, coma, stroke, cerebral ischaemia, space occupying lesions, intracranial haemorrhage, subarachnoid haemorrhage, altered mental status, acute confusional states, delirium, undifferentiated headache, Guillain-Barre Syndrome, seizures, status epilepticus, meningitis and neurogenic shock:
- Musculo-skeletal emergencies: simple and complex fractures and dislocations, crush injuries, compound wounds, spinal injuries, ischaemic limbs (including compartment syndrome), degloving injury, amputated digits, acute back pain/sciatica and maxillofacial injury:
- Soft tissue emergencies and burns: foreign bodies, abscesses, burns (thermal, chemical and electrical), frostbite, necrotising infections, bite wounds, crush injury, neurovascular injury, degloving injury and acute desquamating conditions:
- Obstetric and gynaecologic emergencies: haemorrhage in early pregnancy, trauma in pregnancy, miscarriage, precipitate delivery, common labour and delivery complications, hypertensive urgencies, hyperemesis, pre-eclampsia, eclampsia and post-partum problems including fluid embolus, uterine rupture, haemorrhage, sepsis and retained products of conception (POC):
- Abdominal and genitourinary emergencies: acute renal failure, foreign body ingestion, abdominal trauma, acute urinary retention, abdominal ascites causing significant discomfort and/or respiratory compromise, oesophageal varices and paraphimosis:
- Metabolic and endocrine emergencies: hypoglycaemia, diabetic ketoacidosis (DKA), hyperosmolar non-ketotic states, hypokalaemia, hyperkalaemia, hypocalcaemia, hypercalcaemia, hyponatraemia, Addisonian crisis, hypothermia and hyperthermia:
- Acute infections: undifferentiated sepsis, septicaemia, urosepsis, neutropenic sepsis, febrile convulsion, septic shock, exotic infectious diseases, nosocomial infections, needle stick injury and other body fluid exposure:
- Toxicologic and toxinological emergencies: drug/alcohol overdose, accidental and deliberate toxic ingestion, terrestrial and marine envenomation, deliberate chemical biological or radiological (CBR) incidents, polypharmacy overdose and delayed presentations:
- Environmental emergencies: hypothermia, hyperthermia, barotrauma, near drowning, electrical injury and smoke/gas inhalation:
- Ophthalmological emergencies: chemical and thermal trauma, blunt and penetrating trauma, hyphema, blowout fracture, ultra violet trauma, snow blindness, acute vision loss, acute chalazion, glaucoma, viral and bacterial infections, foreign bodies and peri-ocular lacerations:
- ENT and dental emergencies: dental trauma, acute infection, maxillofacial trauma, anterior and posterior epistaxis, aural and nasal foreign bodies and quinsy:
- Psychiatric emergencies: acute psychosis, suicide threat or attempt, violent self-harm

# 18. Genetics (GEN)

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## CORE GENERALIST

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### Knowledge

- CG.K.1 Identify scientific developments around genetics
- CG.K.2 Describe conditions that may have a genetic origin
- CG.K.3 Discuss the following conditions that have a genetic factor in their aetiology:
  - autosomal dominant polycystic kidney disease
  - cystic fibrosis
  - Down syndrome, and discuss pre-test counselling
  - familial cancer syndromes, including: BRCA1 and 2, hereditary non-polyposis colorectal cancer, familial adenomatous polyposis, multiple endocrine neoplasia
  - Haemochromatosis
  - Inherited cardiac diseases, such as: brugada syndrome, hypertrophic cardiomyopathy, long QT syndrome
  - Inherited neurological syndromes, such as Huntington disease
  - Klinefelter syndrome
  - Marfan syndrome
  - Muscular dystrophies including Becker muscular dystrophy, Duchenne muscular dystrophy, myotonic dystrophy •
  - Neurofibromatosis type 1 (NF1)
  - Noonan syndrome (NS)
  - Turner syndrome
  - Haemophilia, thalassaemia, Mediterranean fever
- CG.K.4 Explain the ethical, legal and social implications of common genetic tests
- CG.K.5 Discuss precision medicine and its application in patient management
- CG.K.6 Describe the importance of ethnicity in determining risk of common inherited conditions
- CG.K.7 Illustrate how privacy laws can have an impact on communication about genetic conditions within families
- CG.K.8 Explain the clinical indications for ordering common genetic tests including those on the Medicare Benefits Schedule, and discuss pre-test counselling
- CG.K.9 Describe the role of genetic testing in the assessment of people with developmental delay, developmental disability and/or dysmorphic features
- CG.K.10 Describe the diagnosis and management of genetic conditions that may be managed in general practice
- CG.K.11 Identify ethical issues including the right of access to genetic risk by family members
- CG.K.12 Explain newborn screening and which conditions are included

CG.K.13 Discuss the value and availability of pre-pregnancy counselling from a genetic perspective

**Skills**

CG.S.1 Undertake a three-generation family history to recognise patterns of inherited disease or disability

CG.S.2 Apply screening guidelines for conditions

**Attributes**

At.15 Reflection

At.20 Sensitivity

At.8 Honesty

# 19. Mental Health (MH)

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## CORE GENERALIST

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### Knowledge

- CG.K.1 Describe the epidemiology, pathophysiology, clinical presentation, differential diagnosis, investigations, detailed initial management, principles of ongoing management, potential complications of the condition and its management, plus preventive strategies, for the following mental health disorders and problems:
- Schizophrenia spectrum and other psychotic disorders
  - Bipolar and related disorders
  - Depressive disorders
  - Anxiety disorders; panic attack, generalised anxiety disorder, panic disorder
  - Self-harming
  - Obsessive-compulsive and related disorders
  - Trauma- and stressor-related disorders; acute stress disorder, post-traumatic stress disorder, adjustment disorder
  - Personality disorders
  - Feeding and eating disorders
  - Sleep-wake problems
  - Disruptive, impulse-control and conduct disorders
  - Substance-related and addictive behaviours; substance misuse, abuse, dependence, and substance induced mental disorders, gambling and other forms of addiction
  - Suicidal behaviour
  - Neurocognitive disorders; dementia, depression delirium
- CG.K.2 Describe the social, cultural, geographic and environmental characteristics of rural/remote communities that have an impact on the presentation and management of mental health problems including:
- risk factors eg socioeconomic disadvantage, firearm access
  - health patterns
  - access to health services
  - appropriateness of health services, eg lack of security, secure rooms
  - health service utilisation
  - work and living patterns, eg fly-in fly-out workers
  - Aboriginal and Torres Strait Islander considerations: traditional culture, family and kinship, connection to country, dispossession, transgenerational trauma, “stolen generation”, reconciliation
- CG.K.3 Explain pharmacokinetics, indications, contraindications and side effects of the major psychotherapeutic agents including:
- antidepressants
  - mood stabilisers

- anxiolytics/hypnotics
- antipsychotics
- prescribing for drug and alcohol indications, including methadone and buprenorphine therapy for opioid dependence
- co-prescribing of clozapine therapy, stimulants

CG.K.4 Explain recovery concepts and ideas when working with patients

CG.K.5 Identify relevant national and state legislation related to the rights of people with a mental illness and the improvement of mental health care including:

- relevant state Mental Health Act
- legislation on:
  - child protection
  - privacy
  - confidentiality
  - guardianship
  - freedom of information
  - anti-discrimination
- legislation related to informed consent for treatment
- mechanisms for involuntary treatment and care according to state or territory mental health legislation
- reporting requirements and record keeping of state legislation including:
  - child abuse
  - elder abuse
  - domestic violence
  - critical incidents

CG.K.6 Discuss the importance of multi-disciplinary teamwork and the extended role of other health professionals in developing and implementing patient management

### **Skills**

CG.S.1 Recognise the presentation of mental health disorders and problems:

- establish a provisional diagnosis and consider appropriate differentials
- plan and arrange appropriate investigations
- initiate appropriate management for uncomplicated disease
- monitor for complications
- recognise if there are complications, or if procedural intervention is required and provide initial emergency management and refer appropriately

CG.S.2 Perform a mental status examination including the following components:

- general appearance and behaviour
- psychomotor changes
- mood and affect
- speech & thought form
- thought content

- conscious state and cognition
  - insight and capacity
- CG.S.3 Perform the following assessments:
- HEADSS assessment for adolescents
  - Suicide risk assessment and safety planning
  - Mini-mental state examination
  - other cognitive bedside assessments
  - Psychiatric mental state examination
  - Alcohol withdrawal scale use
  - Application of Mental Health Act “Schedule”/referral
- CG.S.4 Distinguish between functional and organic causes of altered mental status
- CG.S.5 Apply diagnostic classification systems:
- the Diagnostic and Statistical Manual of Mental Disorders, fifth Edition (DSM-5) or
  - the International Statistical Classification of Diseases and Related Health Problems 11th Revision (ICD-11)
- CG.S.6 Consider spirituality problems as a potential differential diagnosis in a range of physical and psychological illnesses to Aboriginal and Torres Strait Islander people and seek advice from Aboriginal and Torres Strait Islander health workers when a spirituality problem is suspected
- CG.S.7 Consider the needs of those with existing co-morbidities including:
- substance misuse
  - developmental disability
  - physical disability
  - personality disorder
  - trauma
  - acquired brain injury
  - physical illness with which mental illnesses are commonly associated - e.g. Parkinson’s disease
  - mild cognitive impairment or dementia
  - hearing or sight impairment and
  - co-existing psychiatric morbidities
- CG.S.8 Apply appropriate national clinical practice guidelines to assist in determining best practice patient management strategies
- CG.S.9 Manage pharmacotherapy for the full spectrum of mental illness including monitoring and managing adverse effects of medication
- CG.S.10 Provide a range of talking treatments including:
- empathic/active listening
  - structured problem solving
  - goal setting
  - sleep hygiene and



- behavioural activation
  - brief counselling interventions
  - motivational interviewing
- CG.S.11 Arrange counselling and other psychological therapies
- CG.S.12 Support patients and families to access self-help groups and carer organisations
- CG.S.13 Apply recovery concepts and ideas when working with patients
- CG.S.14 Advise patients, families and carers on the reliability and validity of information on mental health disorders and problems obtained in the public arena
- CG.S.15 Work in partnership with patients, peer workers, families, culturally and linguistically appropriate support workers, and with other health care providers to institute a personal relapse prevention and/or recovery plan
- CG.S.16 Provide community education and mental health promotion that is informed by specific needs of local community, such as local risk behaviours and prevalence of mental disorders and mental health problems
- CG.S.17 Manage admission of patients with mental health conditions requiring hospitalisation including:
- alcohol detoxification,
  - initiation of new medications in some circumstances,
  - crisis situations
- CG.S.18 Assess patients experiencing a mental health crisis including assessment of:
- severity of psychiatric illness
  - suicide/self-harm
  - drug overdose
  - violence to others,
  - damage to property
  - availability of guns
  - impact of young or old age
- CG.S.19 Recognise the indicators for an emergency psychiatric consultation
- CG.S.20 Institute emergency management of patients with a mental illness through using:
- techniques for aggression management
  - acute situational crisis counselling
  - conflict resolution
  - violence interventions
  - debriefing, and
  - only as a last resort, the involvement of police, chemical and/or physical restraint
- CG.S.21 Apply strategies to ensure safety of patient and family, health professionals and community
- CG.S.22 Apply a plan/protocol for referring or transferring patients who require specialised care
- CG.S.23 Use the legislative framework for involuntary psychiatric care, guardianship/power of attorney and child protection where relevant

## Attributes

At.6 Compassion

At.20 Sensitivity

At.16 Resilience

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## ADVANCED SPECIALISED

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### Knowledge

- AS.K.1 Explains the history of development of psychiatry and theories of personality
- AS.K.2 Discusses national mental health priorities and their application to rural/remote medical practice
- AS.K.3 Discusses the social, cultural, ethical, geographic, and environmental characteristics of rural/remote communities that have an impact on the presentation and management of mental health problems
- AS.K.4 Defines the nature, natural history, incidence and prevalence of mental health disorders across the lifespan and current psychiatric diagnostic classification systems
- AS.K.5 Describes diagnostic systems and dual diagnosis conditions, including physical co-morbidities, patients with persistent pain, and co-morbid substance use
- AS.K.6 Explains recovery concepts and ideas, including:
- Recovery is being able to live a meaningful and satisfying life, as defined by each person, in the presence or absence of symptoms. It is about the person having control over and input into their own life.
  - Recovery does not necessarily mean 'clinical recovery' (usually defined in terms of symptoms and cure) - it does mean 'personal recovery' – building a life beyond illness without necessarily achieving the elimination of the symptoms of illness.
  - Recovery is often described as a journey, with its inevitable ups and downs, and people often describe themselves as being in Recovery rather than Recovered.
- AS.K.7 Describes the role of opioid substitution treatment and its role with respect to illicit and prescribed opioid dependence, addiction and abuse
- AS.K.8 Explains behavioural addictions for example gambling, internet and gaming
- AS.K.9 Discusses the various forms of help seeking behaviour including concepts of primary and secondary gain, and abnormal illness behaviour
- AS.K.10 Compares the major drug classes of pharmacotherapeutics for the treatment of mental health disorders
- AS.K.11 Describes principles of safe and effective pharmacotherapy, including:
- minimises or avoids polypharmacy prescribing and use
  - patient education

- patient adherence strategies and monitoring
- requirements for informed consent.

AS.K.12 Explains the principles of management for complex pharmacotherapeutic scenarios, including:

- serious adverse effects – acute and long-term
- poly-pharmacy
- treatment resistance
- prescribing for children and adolescents
- prescribing for pregnant and breastfeeding women
- prescribing in the very old

AS.K.13 Discusses the types and appropriate selection of counselling and psychosocial therapeutic techniques:

- patient education
- supportive psychotherapy/expressive supportive continuum
- bereavement counselling
- general counselling
- structured problem solving
- motivational interviewing
- cognitive behaviour therapy (CBT)
- inter-personal therapy (IPT)
- family therapy and marriage counselling

AS.K.14 Recognises the relevance of developmental stages on mental health

AS.K.15 Understands the importance of family issues/dysfunction and the broader social context.

AS.K.16 Knows appropriate strategies and techniques for teaching mental health approaches to junior doctors and other health professionals

### **Skills**

AS.S.1 Obtain a comprehensive mental health history, including effective communication with patients in a respectful, empathic and empowering manner, with effective listening skills, an appreciation of different patient decision-making processes, an ability to interpret body language and an ability to recognise hidden agendas

AS.S.2 Take a focused history in complex or difficult situations, including:

- alcohol and other drug history
- domestic violence history
- previous childhood sexual abuse – managing disclosure
- gambling
- Aboriginal or Torres Strait Islander patients – traditional culture, family and kinship, connection to country, dispossession, transgenerational trauma, “stolen generation”, reconciliation

- migrant and refugee patients
  - risk assessment – suicide, deliberate self-harm, harm to others
  - traumatic events
- AS.S.3 Recognise the signs of uncommon but serious mental health disorders, including:
- psychoses – affective psychoses, schizophrenia, schizo-affective disorder, delusional disorder, hallucinoses
  - eating disorders
  - severe somatoform disorders
  - toxic and organic brain syndromes
  - acute stress disorder and post-traumatic stress disorder (PTSD)
  - ADD/ADHD in adults
- AS.S.4 Consider mental health needs as well as existing co-morbidities, including:
- substance misuse
  - developmental disability
  - physical disability
  - personality disorder
  - trauma
  - acquired brain injury
  - physical illness with which mental illnesses are commonly associated - e.g. Parkinson's disease, hearing or sight impairment and co-existing psychiatric morbidities
- AS.S.5 Provide mental health care using a “stepped care” model which aims to identify and address problems early allowing the least intrusive level of care, prioritising community care where possible, and proximity to home where out-of-home treatment is necessary
- AS.S.6 Plan for return to the community when considering local admission or transfer to tertiary services
- AS.S.7 Manage co-morbid physical complications of substance misuse and abuse, including cardiac, renal, liver and gastrointestinal complications
- AS.S.8 Diagnose mental health problems in specific age groups, including:
- Children: ‘the difficult child’, encopresis and enuresis, school refusal, attention deficit hyperactivity disorder, aggression, organic brain disorder, oppositional defiant disorder, loss and grief reaction, recognition of sexual abuse and child abuse
  - Young people: relationship problems at home, low self-esteem, peer group imitation, separation from cultural and family demands, oppositional behaviour, somatoform disorders, conversion disorder, ADHD, confusion about gender identity, self-harm, substance misuse (alcohol, marijuana, amphetamine derivatives, solvents, sedatives and others), depression, anxiety, attachment disorders, psychoses, teen pregnancy, eating disorders, loss and grief reaction, sexual abuse.
  - Adults: substance abuse, marriage/relationship problems, family conflict/parenting issues

- Older People: depression, anxiety, adjustment disorders, grief, substance abuse, hoarding, psychoses, cognitive decline, internalised ageism, suicide
- AS.S.9 Provide counselling therapies for example:
- Psycho-education (including motivational interviewing)
  - Cognitive-behavioural therapy including behavioural interventions, behaviour modification, exposure techniques, activity scheduling, cognitive interventions, cognitive therapy
  - Relaxation strategies: progressive muscle relaxation, controlled breathing
  - Skills training; problem solving skills and training, anger management, social skills training, communication training, stress management, parent management training
  - Interpersonal therapy (especially for depression)
- AS.S.10 Manage pharmacotherapy for the full spectrum of mental illness including monitoring and managing adverse effects of medication
- antidepressants
  - mood stabilisers
  - anxiolytics/hypnotics
  - antipsychotics
  - prescribing for drug and alcohol indications, including methadone and buprenorphine therapy for opioid dependence
  - co-prescribing of clozapine therapy, stimulants
- AS.S.11 Provide follow up and long-term care for patients with mental health conditions
- providing for transition of care
  - using the recovery paradigm
  - ongoing monitoring of the patient's mental state,
  - ongoing monitoring the patient's physical state including physical comorbidities and medication
  - relapse prevention – including prevention planning, relapse detection and relapse management
  - appropriate participation in team-based care
  - patient advocacy
  - management of treatment completion
- AS.S.12 Work in collaboration with other mental health care professionals and community and government organisations
- opportunities for shared care
  - specialist services
  - aged care services
  - tele-psychiatry
  - mental health nurses or mental health practitioners
  - carer and self-help organisations
  - peer worker, advocacy services

- online services and resources
- AS.S.13 Respond to a mental health crisis or emergency, including assessment of potential risks and adverse reactions of patients, risk of damage to primary supporting relationship and/or accommodation eg parents of patient with psychosis, partner
- AS.S.14 Assess the risk of suicide/self-harm, violence to others, damage to property, drug overdose, severity of psychiatric illness, acute psychoses, toxic confusional states, acute withdrawal states, severe behaviours disturbance, availability of guns
- AS.S.15 Techniques for aggression management, acute situational crisis counselling, conflict resolution, violence interventions, debriefing
- AS.S.16 Appropriately administer emergency pharmacotherapy, including:
- understanding clinical practice guidelines
  - understanding the legal requirements for involuntary administration of emergency pharmacotherapy
  - adaptations required for comorbidities, young or old age
- AS.S.17 Demonstrate forensic mental health skills, including:
- initial response to cases of suspected abuse – including child abuse, domestic abuse and sexual assault
  - mental health assessment of offenders
  - assessment of competence to consent and fitness to plead.
- AS.S.18 Design and implement a community mental health initiative
- mental health literacy education
  - adolescent mental health programs
  - preventive programs – e.g. Beyond Blue, Headspace or GP Network mental health activities within the registrar’s community

### **Attributes**

- At.6 Compassion
- At.7 Empathy
- At.16 Resilience

## 20. Musculoskeletal (MSK)

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### CORE GENERALIST

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#### Knowledge

- CG.K.1 Describe basic anatomy, physiology and biomechanics relevant to musculoskeletal disorders including:
- normal functioning of the axial and appendicular skeleton and musculature
  - pathways of innervation of muscles
  - dermatome innervation and trigger point distribution
  - functional anatomy of joints surface anatomy
- CG.K.2 Illustrate the mechanisms, characteristics and patterns of pain, including:
- somatic
  - referred somatic
  - radicular
  - referred visceral
  - referred trigger point pain

#### Skills

- CG.S.1 Take an accurate and relevant musculoskeletal history including:
- a general history
  - history of the presenting complaint including:
    - mode and context of onset
    - detailed characteristics of the pain
    - effects on the patient's life and work
- CG.S.2 Perform an appropriate musculoskeletal examination, including:
- Look: inspection including surface appearance, symmetry, alignment and gait
  - Feel: palpation of surface temperature, bones, muscles, tendons, joint lines
  - Move: active, passive, resisted, relative smoothness and end point quality
  - Test function: appropriate provocation tests (special tests)
  - Measure: length or circumference
  - Look elsewhere: compare to the other side for all aspects above, assess neurovascular if appropriate
  - Image: interpret along with clinical findings
- CG.S.3 Conduct a musculoskeletal examination of the all parts of the body with functional testing that includes:
- Cervical spine glide and foraminal compression test, brachial plexus tension
  - Shoulder apprehension and specific impingement tests
  - Wrist: Tinel's and Phalen's sign
  - Spine: Waddell's test when appropriate

- Hip: Trendelenburg's sign and special tests for the hip in children: Barlow's, Ortolani's tests
  - Knee tests: Lachman's, McMurray's, Apley's, and pivot shift tests as appropriate to assess functionality
  - Active, passive and resisted movements in examination, including neurological testing by resisted movement
- CG.S.4 Order and interpret appropriate imaging, including X-ray, CT, bone scan, ultrasound scan and MRI
- CG.S.5 Use algorithms for the differentiation of visceral and somatic pain in the thorax and pain referred to the abdomen, especially for red flag conditions, such as;
- cardiac ischaemia
  - aortic dissection
  - pneumothorax
  - pulmonary neoplasm
  - spinal infections
  - neoplasia
  - painful conditions such as: herpes zoster, oesophagitis, peptic ulcer, cholelithiasis and psychogenic pain
- CG.S.6 Apply diagnostic reasoning to arrive at one or more provisional diagnoses, considering conditions affecting the musculoskeletal system, including:
- CG.S.7 Management common musculoskeletal presentations in community, primary care, including:
- osteoarthritis,
  - pain back, shoulder, knee, foot, toe
  - neck symptoms
  - muscle symptoms, not otherwise specified (NOS)
- CG.S.8 Perform the following procedures:
- soft tissue injection
  - corticosteroid injections of joints, ganglions and around tendons
  - aspirate of bursae and joints
  - soft tissue injury strapping
  - apply fibreglass and plaster casts and immobilisation of other fractures
  - stabilisation of injured spine
  - unlock a locked temporomandibular joint and knee
  - reduce joint dislocations
  - reduce simple fractures



- CG.S.9 Use a comprehensive evidence-based approach to recovery including:
- specific therapy
  - psychological support
  - self-directed activities
  - therapist conducted therapies
  - motivation
  - a supportive environment and
  - general health initiatives
- CG.S.10 Teach exercises and stretches relevant to all common musculoskeletal conditions, including techniques for self-correction of posture, use of appropriate lumbar support and improving posture whilst lying down
- CG.S.11 Refer, facilitate and coordinate access to specialised support services as required to assist patients to return to functional work and/or life
- CG.S.12 Recognise and manage abuse in its various forms including those at risk or in a situation of abuse, violence, neglect, homelessness or accidental injury

### Attributes

- At.2 Adaptability
- At.6 Compassion
- At.11 Integrity

### Musculoskeletal presentations and conditions

- Inflammatory conditions, including gout, pseudogout, osteoarthritis, rheumatoid arthritis, psoriatic arthritis, systemic lupus erythematosus, polymyalgia rheumatica, ankylosing spondylitis, Reiter's disease, inflammatory bowel (disease related), fibromyalgia syndrome
- Infections, including TB, other bacterial, herpes zoster, discitis, osteomyelitis, osteoporosis and spinal wedging, Paget's disease
- Referred pain, including referred visceral and somatic pain both serious and benign, vascular claudication, migrainous phenomena, neurological conditions including Complex Regional Pain Syndromes, depression induced spinal pain, psychogenic pain, anticoagulant intraspinal haemorrhage, Raynaud's phenomenon and other neurovascular disorders, sympathetic dystrophy (diabetics)
- Cervical spine, including vertebral stiffening - age, ankylosis, spondylitis, postural syndromes, facet joint dysfunction, disc prolapse, disruption, foraminal obstruction, radiculopathy, myelopathy, torticollis (wry neck), trauma, sprain, 'whiplash', (fractures), cervical syndromes/cervicogenic headache
- Temporomandibular conditions including dental malocclusion, stress-related tooth grinding, referred cervical (e.g. whiplash), temporomandibular joint dysfunction (TMJ) syndrome, locked jaw, sprains, arthritic conditions, trauma
- Shoulder conditions including capsulitis/frozen shoulder, subdeltoid bursitis/supraspinatus tendinitis, infraspinatus and other shoulder muscle conditions, rotator cuff syndromes, bicipital tendinitis, acromioclavicular conditions, sternoclavicular arthritis, psychogenic shoulder/arm syndromes, recurrent shoulder dislocations

- Elbow and arm conditions including lateral elbow pain, medial elbow pain, toddler's pulled elbow, biceps lesions, olecranon bursitis, entrapment neuropathies, loose bodies, overuse syndromes, industrial, psychosomatic, thoracic outlet syndromes
- Wrist and hand conditions including carpal tunnel syndrome (and pronator teres syndrome), de-Quervain's tenosynovitis, trigger finger and thumb, spindle finger, scaphoid fracture, ganglion, lunate avascular necrosis, dislocation, occult foreign body
- Thoracic spine conditions including postural syndromes including minor kyphoscoliosis and TV backache, simple thoracic spine dysfunction, sprains, costovertebral and facet joint syndromes, T4 syndrome, combined thoracic and cervical dysfunction, thoracic myofascial syndrome, Tietze's costochondritis, kyphoscoliosis (moderate to severe), Scheuermann's disorder, age changes, osteoporosis, vertebral compression
- Lower back conditions including mechanical back pain including facet/zygapophyseal and disc joint dysfunction, posture syndromes, dysfunction syndromes, sprains and 'derangements', minor and major trauma to muscle/bone, spondylosis (degenerative osteoarthritis), symptomatic spondylolysis and spondylolisthesis, acute and chronic intervertebral disc prolapse and other discogenic pain, nerve root compression, spinal stenosis, acute cauda equina syndrome
- Buttock, hip, pelvis and thigh including sacroiliac joint related pain sacroiliitis, mechanical hypermobile and hypo mobile sacroiliac syndromes, psoas bursitis, trochanteric bursitis, hip arthritis, capsulitis, loose bodies in the hip, muscle strain, irritability, referred spasm, tendinitis including psoas, glutei, piriformis, adductors (rider's sprain), quadriceps, hamstrings, coxalgia, coccydynia, referred lumbar and sacral syndromes: nerve entrapment/meralgia paraesthetica, injuries, fracture, snapping hip (iliopsoas tendinitis or dancer's hip), pregnancy related pain
- Knee including minor trauma, strain, sprain, synovitis, bursitis, tendinitis, cartilage, ligamentous injury (anterior cruciate ligament (ACL), posterior cruciate ligament (PCL), medial collateral), effusion, hemarthrosis, fracture, loose bodies, Baker's cyst (simple and leaking), osteochondritis dissecans, locking and pseudo locking, chondromalacia patella (jogger's knee), patella subluxation and dislocation, patellar tendinitis (jumper's knee), Osgood-Schlatter's, traction epiphysitis, osteoarthritis, iliotibial band syndrome
- Lower leg, ankle and foot including achilles tendinitis, bursitis, partial and complete rupture, peroneal muscle strain, tibialis posterior tendinitis, Periostitis (shin splints), compartment syndrome, common peroneal entrapment, ankle sprains and associated minor fractures, deltoid ligament sprain, loose body in ankle, plantar fasciitis, mid-tarsal sprain, metatarsalgia, stress fracture, tarsal tunnel syndrome, disparate leg length, corns, calluses, in-growing toenail, bunion, hallux rigidus and other osteoarthritis's, Morton's neuroma, fractured 5th toe or metatarsal, claw toe, hammer toe, postural problems including inversion, eversion and stumbling
- Children including congenital dislocation of hip, synovitis, Perthes disease, slipped upper femoral epiphysis, stress fracture, iliac traction apophysitis, gait problems, calf tightness, Sever's traction apophysitis, Toddler's pulled elbow, injury, sprain, bone and chondral fracture, Kohler's and Freiberg's Diseases, Infection including septic arthritis

## 21. Obstetrics and Gynaecology (O&G)

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### CORE GENERALIST

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#### Knowledge

- CG.K.1 Describe knowledge of relevant anatomy, physiology, pathology
- CG.K.2 Identify aetiology of urinary tract infections and urethral syndrome and outline appropriate management
- CG.K.3 Discuss principles in the prevention and management of incontinence
- CG.K.4 Identify indications for investigations for diseases of the breast and outline appropriate management
- CG.K.5 Detail contraception options and relative advantages and disadvantages of each option
- CG.K.6 Demonstrate an understanding of the physical and emotional issues associated with infertility and be able to outline investigations and treatment options
- CG.K.7 Discuss antenatal problems of specific high-risk groups including:
- Aboriginal and Torres Strait Islander women
  - migrant women
  - women with a disability
  - women with a drug addiction and
  - women over 35 years of age
- CG.K.8 Identify available community facilities/resources and means of access including:
- local antenatal classes
  - breastfeeding support services
  - midwife services
- CG.K.9 Describe the management of miscarriages
- CG.K.10 Describe the types of terminations available in Australia (surgical and medical) and the differences between them
- CG.K.11 Understand lactation and manage associated problems
- CG.K.12 Describe normal antenatal and postnatal care
- CG.K.13 Describe preventative health screening tests for women including mammography and cervical screening

#### Skills

- CG.S.1 Apply diagnostic reasoning to arrive at one or more provisional diagnoses, considering common gynaecological conditions including:
- urinary tract infections
  - genital tract infections

- abnormal cervical screening results
  - endometriosis
  - pelvic pain
  - pelvic inflammatory disease
  - Bartholin's cysts/abscess
  - ovarian cysts
  - uterine fibroids
  - cervical and uterine polyps and
  - pelvic organ prolapses
  - post-menopausal bleeding
- CG.S.2 Diagnose and manage common menstrual problems including:
- heavy menstrual bleeding (menorrhagia)
  - no menstrual bleeding (amenorrhea)
  - bleeding between periods (intermenstrual bleeding)
  - dysmenorrhea (painful menstrual periods)
  - premenstrual syndrome (PMS)
  - premenstrual dysphonic disorder (PMDD)
- CG.S.3 Recognise and provide advice and treatment to women experiencing menopause in relation to:
- the immediate symptoms of the menopause
  - long term risks of the menopause
  - management options, including lifestyle, hormonal and non-hormonal
  - risks and benefits of the use of hormone replacement therapy (HRT)
  - HRT options, combinations, delivery methods and appropriate investigation, if required
  - alternative options to HRT
- CG.S.4 Educate patients about choice of contraceptive methods and negotiating safe sex
- CG.S.5 Perform the following procedures:
- conduct a pelvic exam
  - insert and remove implanon
  - insert and remove contraceptive intrauterine devices
  - pregnancy testing
  - fundal height assessment
  - foetal heart sound detection using a Doppler or ultrasound
- CG.S.6 Undertake a pre-pregnancy consultation including health assessment that includes rubella immunity, consideration of cervical screening, genetic screening, determination of blood group and blood group antibodies, smoking, alcohol avoidance, listeria risk reduction and CMV, folate preconception
- CG.S.7 Provide non-directive advice and counselling for patients presenting with an unplanned pregnancy

- CG.S.8 Work within state legislation and relevant cost, availability and accessibility of services for termination of pregnancy
- CG.S.9 Undertake an initial antenatal assessment including a detailed obstetric history and antenatal examination to identify women who are at high risk of complications
- CG.S.10 Undertake routine antenatal screening including testing for anaemia, Group B streptococcus, HIV, hepatitis B, rubella, syphilis, asymptomatic bacteriuria, dating ultrasound, chromosomal testing
- CG.S.11 Order and interpret routine screening tests and other investigations as necessary including:
- ultrasound +/- first trimester screening with NT
  - Non-Invasive Prenatal Testing (NIPT)
  - amniocentesis
  - chorion villus sampling (CVS)
- CG.S.12 Identify those who should be offered genetic counselling
- CG.S.13 Recognise the signs and symptoms of patients who require multi-disciplinary care including referral to specialised antenatal care
- CG.S.14 Provide lifestyle counselling for pregnancy including alcohol use, drug use, smoking, nutrition, exercise, folate supplementation, safe sex, avoiding listeria prone foods, reducing risk of toxoplasma and CMV infections
- CG.S.15 Recognise and manage important first trimester conditions including early bleeding, miscarriage, anembryonic or "missed miscarriage", molar pregnancy and ectopic pregnancy, hyperemesis
- CG.S.16 Provide advice on the treatment of minor antenatal problems such as:
- nausea
  - vomiting
  - urinary frequency
  - cramps
  - Braxton Hicks
  - syncope
  - musculoskeletal pain
  - intercurrent infections (respiratory, urinary and vaginal)
  - recommend appropriate vaccinations in pregnancy eg influenza and pertussis
- CG.S.17 Work with parents, families and other healthcare providers to develop mutually acceptable birthing plans
- CG.S.18 Recognise and manage late trimester complications including:
- pre-eclampsia
  - eclampsia
  - foetal growth restriction
  - elevated blood pressure
  - threatened pre-term labour

- antepartum haemorrhage
  - placental complications
  - gestational diabetes
- CG.S.19 Manage normal labour and delivery under emergency circumstances in consultation with Rural Generalist or Specialist Obstetrician or retrieval as appropriate
- CG.S.20 Recognise and participate in the management of birthing complications including:
- haemorrhage
  - pre-eclampsia
  - eclampsia
  - placental complications
  - failure to progress in labour
  - analgesia requirements
  - fever
  - amnionitis
  - malpresentations such as breech, occipito-posterior (OP)
  - shoulder dystocia
- CG.S.21 Perform the following procedures in an emergency:
- Cardiotocography (CTG) interpretation
  - catheterise the urethra
  - manage shoulder dystocia
  - episiotomy
  - repair of small perineal tear and genital trauma
- CG.S.22 Recognise and respond early to the deteriorating condition of a woman or baby during labour and post-partum, including:
- inadequate uterine contractions
  - abnormal bleeding
  - high blood pressure
  - obstructed labour
- CG.S.23 Provide definitive emergency resuscitation and management of primary and secondary post-partum haemorrhage and endometritis and sepsis in keeping with clinical need, own capabilities and local context and resources
- CG.S.24 Perform routine neonatal assessment
- CG.S.25 Provide ongoing care for common neonatal problems including:
- respiratory distress, secondary apnoea
  - meconium aspiration
  - asphyxia, cyanosis
  - hypoglycaemia
  - hypothermia
  - vomiting

- failure to pass meconium
  - physiological and non-physiological jaundice
  - intrapartum and neonatal infection
  - seizures
  - maternal infection including syphilis, hepatitis B and C and HIV
  - feeding problems
  - drug withdrawal
- CG.S.26 Provide advice and support regarding conditions affecting breast feeding including:
- inverted and cracked nipples
  - mastitis
  - breast engorgement
  - misconceptions regarding lactation, supply and demand
  - decreased supply
  - drug contraindications
- CG.S.27 Provide advice and counselling on the physical and emotional issues experienced by women in their first 12 months following childbirth including:
- tone of pelvic floor and other muscles
  - mastitis
  - urinary tract infection (UTI)
  - perineal wound infections
  - sexuality after childbirth
  - stress and social demands
  - depression
  - contraceptive options while lactating
- CG.S.28 Recognise, support and manage post-natal depression
- CG.S.29 Undertake a six-week post-natal check for both mother and infant
- CG.S.30 Provide initial counselling for families experiencing:
- perinatal death, still born or neonatal death
  - child born with abnormalities
- CG.S.31 Work within National and state legislation relating to women's health including legal responsibilities regarding notification of disease, birth, death and autopsy relevant to the state concerned

### **Attributes**

- At.6 Compassion
- At.13 Pragmatism
- At.17 Resourcefulness

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## ADVANCED SPECIALISED (BASED ON DRANZCOG ADVANCED CURRICULUM)

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### Knowledge

- AS.K.1 Discuss the principles and use of regional analgesia, including the principles of management of complications of regional anaesthesia
- AS.K.2 Describe the principles of
- management of first and second trimester termination of pregnancy
  - elective breech delivery
  - twin delivery
  - 3rd and 4th degree tear repair
  - repair of torn bladder
  - repair of lacerated cervix
- AS.K.3 Discuss the principles of medical and operative management of postpartum haemorrhage, including uterine balloon tamponade, emergency hysterectomy, bilateral uterine and internal iliac artery ligation and uterine brace sutures
- AS.K.4 Describe the changes in the neonate at birth
- AS.K.5 Describe the requirements of the sick neonate prior to transfer
- AS.K.6 Discuss the principles of
- management of ectopic pregnancy
  - management of corpus luteum (CL) cyst, ruptured/torsion ovarian cyst
  - pathological conditions of the cervix
  - management of uterine contraceptive device complications
  - performing female sterilization at the time of Caesarean section

### Skills

- AS.S.1 Manage pregnancies in women with pre-existing or current medical conditions such as haematological disorders, diabetes mellitus, renal disease, cardiac disease, gastrointestinal disease or epilepsy
- AS.S.2 Diagnose and provide immediate management of pregnancy-induced disorders, including hyperemesis gravidarum, pre-eclampsia, cholestasis, fibroid complications and ovarian cysts
- AS.S.3 Diagnose and provide immediate management of obstetric complications including isoimmunisation, and multiple pregnancy
- AS.S.4 Manage first trimester miscarriage, including ERPOC
- AS.S.5 Perform marsupialisation of Bartholin's cyst/abscess
- AS.S.6 Diagnose and manage women with hyperemesis gravidarum
- AS.S.7 Manage antepartum haemorrhage



- AS.S.8 Manage women with pre-eclampsia
- AS.S.9 Manage women with cholestasis, fibroid complications, diet controlled gestational diabetes, abnormal foetal growth, premature rupture of membranes
- AS.S.10 Manage preterm labour, prolonged pregnancy, abnormal presentation, poor progress of labour, obstructed labour
- AS.S.11 Manage normal labour and delivery, including third stage
- AS.S.12 Assess and chart the progress of labour; manage poor progress
- AS.S.13 Counsel a woman regarding pain management in labour
- AS.S.14 Prescribe appropriate analgesia in labour
- AS.S.15 Assess fetal wellbeing in labour by electronic fetal monitoring
- AS.S.16 Manage fetal compromise during labour
- AS.S.17 Manage women with eclampsia
- AS.S.18 Manage maternal collapse
- AS.S.19 Manage retained placenta including manual removal
- AS.S.20 Perform induction and augmentation of labour
- AS.S.21 Perform episiotomy and repair and repair of perineal and vaginal tears
- AS.S.22 Manage intrapartum sepsis
- AS.S.23 Perform instrumental delivery, both vacuum and forceps
- AS.S.24 Manage shoulder dystocia
- AS.S.25 Manage undiagnosed vaginal breech delivery
- AS.S.26 Perform a Caesarean delivery, both elective and emergency
- AS.S.27 Manage postpartum haemorrhage, including operative management (eg, uterine balloon tamponade, laparotomy and uterine brace sutures)
- AS.S.28 Provide basic life support to a sick neonate
- AS.S.29 Resuscitate a neonate, including endotracheal intubation
- AS.S.30 In consultation with a specialist be able to:
  - recognise, provide immediate management, stabilise and arrange transfer as appropriate of sick neonates, including those with sepsis, respiratory distress, hypoglycaemia and failure to thrive
  - evaluate a perinatal death in accordance with PSANZ guidelines
  - perform basic grief counselling, including counselling parents after a perinatal death

- AS.S.31 Examine a neonate, recognize abnormalities requiring paediatric review (eg congenital dislocation of the hips, oesophageal atresia, cardiac murmurs) and perform appropriate management and testing of the neonate
- AS.S.32 Manage neonatal jaundice
- AS.S.33 Manage maternal problems arising in the puerperium, including primary and secondary post-partum haemorrhage, pyrexia, thrombo-embolism, depression, perineal complications, disorders of lactation, breast complications
- AS.S.34 Provide postnatal contraception advice
- AS.S.35 Perform post-natal review of mother
- AS.S.36 Perform a pelvic laparotomy, eg for ectopic pregnancy or ovarian cyst complication
- AS.S.37 Perform a hysteroscopy
- AS.S.38 Manage first trimester termination of pregnancy and/or miscarriage
- AS.S.39 Manage and perform uterine evacuation following second trimester pregnancy loss and/or mid trimester termination
- AS.S.40 Perform basic first trimester scanning, including localization, dating, viability and plurality of pregnancy, both transvaginal and transabdominal
- AS.S.41 Perform late pregnancy scanning, including presentation of fetus, placental localization, basic fetal biometry and amniotic fluid volume

## 22. Occupational Health (OCC)

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### CORE GENERALIST

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#### Knowledge

- CG.K.1 Discuss the role of accident prevention and proactive risk management in the workplace to prevent physical and mental work-related illness and injury
- CG.K.2 Discuss conditions more likely to be encountered in occupational settings eg silicosis, black lung, decompression sickness
- CG.K.3 Be aware of the realities of the patient's workplace when making patient management plans, suitable duties, return to work, host employment and rehabilitation plans
- CG.K.4 Discuss how the differences between industries and workplaces in worker safety, availability of human resources and management skills impact on negotiating best patient outcomes
- CG.K.5 Describe the obligations of management and the role of statutory inspectors in workplace safety breaches.
- CG.K.6 Identify the relevant OH&S legislative requirements of employers and employees and work insurance agencies, and workers' compensation and industrial relations issues that impact on patient health
- CG.K.7 Be aware of the different standards for occupational and commercial compared to private eg vehicle driver fitness, aeromedical standards
- CG.K.8 Discuss how work-related health disability has a wider impact beyond the worker to the patient's family and supports, which can result in hardship and suffering, especially in people from disadvantaged socioeconomic and educational backgrounds, who are particularly vulnerable to the negative impact of unemployment, financial hardship and family breakdown
- CG.K.9 Discuss personal safety responsibilities and limitations if attending an emergency in the workplace or community
- CG.K.10 Identify medical capabilities of emergency services at scene – police, fire, medical, specialist rescue and voluntary emergency services at a prehospital scene or incident

#### Skills

- CG.S.1 Undertake and analyse an occupational and environmental history from a patient
- CG.S.2 Diagnose and manage disease and illness in relation to occupation
- CG.S.3 Communicate appropriately with the patient's employer, workplace, insurance agencies, work rehabilitation providers and a wide range of health professionals
- CG.S.4 Manage the expectations of all work-related injury management stakeholders
- CG.S.5 Perform pre-employment medicals and where relevant, onsite assessments
- CG.S.6 Undertake hazards identification, assessment and mitigation limitations when attending an emergency in the workplace or community
- CG.S.7 Perform initial patient assessment and management and activate retrieval, transport or evacuation as appropriate

#### Attributes

- At.13 Pragmatism
- At.17 Resourcefulness
- At.2 Adaptability

## 23. Ophthalmology (OPH)

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### CORE GENERALIST

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#### Knowledge

- CG.K.1 Describe the normal anatomy, physiology and ocular function of the eye
- CG.K.2 Identify presenting signs, symptoms and management of common eye presentations
- CG.K.3 Distinguish between the conditions of the eye and describe the treatment and referral criteria
- CG.K.4 Identify the role of other health care professionals, including ophthalmologists, optometrists in diagnosing and treating conditions of the eye

#### Skills

- CG.S.1 Test and evaluate visual function, including:
  - visual acuity
  - colour vision
  - visual fields
  - ocular motility
- CG.S.2 Diagnose and interpret abnormalities of the optic nerve and fundus
- CG.S.3 Independently perform the following assessments:
  - Test and evaluate visual function including eye movements and position, visual acuity, visual fields, colour vision, ocular motility and pupillary function
  - Test and evaluate abnormal eye movements and positions
  - Perform an examination of the external eye including the conjunctivae, sclera, cornea and eyelids and be able to evert the upper lid
  - Perform examinations using an ophthalmoscope, including fundoscopy
  - Measure intraocular pressure using applanation tonometry techniques and be familiar with other techniques for measuring intraocular pressure
  - Assess for strabismus including the cover test and differentiate from pseudostrabismus
  - Perform slit lamp examinations to diagnose and remove corneal foreign bodies diagnose iritis, assess corneal ulcers and assess eye trauma
- CG.S.4 Undertake initial assessment and triage patients with injuries to the eye
- CG.S.5 Recognise causes of preventable blindness and minimise deterioration of function through appropriate initial treatment and referral
- CG.S.6 Undertake initial assessment and triage patients with acute loss of vision
- CG.S.7 Independently perform the following procedures:
  - instil eye drops and ointment
  - tape lids to prevent corneal and conjunctival exposure
  - fluorescein staining of the cornea and sclera
  - dilatation of the pupils

- pressure patch an eye
- eyelid eversion
- irrigate an eye
- remove contact lenses
- shield eye
- removal of corneal foreign bodies
- removal of subtarsal foreign bodies

CG.S.8 Prescribe topical and systemic medications for eye, including:

- antibiotics, antivirals
- topical steroids
- anti-glaucoma
- mydriatics and cycloplegics
- diagnostic agents
- local anaesthetics

### **Attributes**

At.20 Sensitivity

At.1 Accountability

At.11 Integrity

### **Eye presentations and conditions**

- cataracts
- glaucoma
- macular degeneration
- strabismus and abnormal eye movements
- contact lens complications
- blocked tear duct
- amaurosis fugax
- hemianopia
- conjunctivitis viral, herpetic eye disease, bacterial, allergic, trachoma, trichiasis, conjunctival tumours
- corneal diseases keratitis, corneal ulcers, conjunctival nevus, pterygium, pinguecula
- uveitis
- drug allergy
- episcleritis/scleritis
- neonatal sticky eyes
- dry eyes
- red lids
- blepharitis
- entropion

- ectropion
- stye
- chalazion
- diabetic retinopathy, hypertensive retinopathy
- optic nerve and fundus conditions optic disc abnormalities in glaucoma, optic disc swelling, optic atrophy
- eye injuries; chemical, blunt and penetrating trauma to eye and surrounding tissues, subtarsal and corneal foreign bodies, scratches and abrasions, hyphema, blowout fracture, signs of child abuse, ultraviolet trauma, welders' flash burns, snow blindness
- acute loss of vision; vascular occlusion, giant cell arteritis, acute glaucoma, vitreous haemorrhage, retinal detachment, optic neuritis, papilloedema, proptosis

## 24. Oral Health (ORAL)

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### CORE GENERALIST

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#### Knowledge

- CG.K.1 Describe the main concepts and principles of:
- dental history taking
  - extra- and intra-oral examination
  - brief stages of dentition
  - tooth structure
  - dental treatment procedures
- CG.K.2 Explain the importance of dental hygiene and antibiotic prophylaxis for cardiac conditions and the link between poor dentition and other health problems eg malnutrition, geriatric lung disease

#### Skills

- CG.S.1 Apply diagnostic reasoning to arrive at one or more provisional diagnoses, considering oral and dental conditions, including:
- Children; oral thrush, teething, nursing or bottle caries, juvenile periodontal disease, ulcerations, oral swellings, dental caries, tooth abscess, fluorosis cleft lip and palate
  - Adults: oral cancer, gingivitis/periodontal disease, pregnancy and medication related gingivitis, ulcerations, swellings, salivary and parotid gland blockage, dental caries, dry socket, pericoronitis, tooth abscess, wisdom teeth, sensitive teeth, dry mouth, temporomandibular joint pain and bruxism, denture hygiene, candida and other oral infections
- CG.S.2 Identify potential oral complications associated with systemic conditions such as diabetes, HIV, bulimia, gastro-oesophageal reflux disease, connective tissue diseases, vasculitis, various medications and malignancy as well as prolonged use of steroids, anti-depressant medication and associated with prolonged hospitalisation and palliative care
- CG.S.3 Provide prophylactic tetanus booster when warranted and prescribe appropriate oral pain relief and antibiotic treatment as necessary
- CG.S.4 Undertake initial assessment and triage patients with traumatic dental injuries, including injuries to periodontal structures: intrusion, subluxation, concussion, intrusive luxation, extrusive luxation, lateral luxation, avulsion, trauma involving bone, jaw dislocation, jaw fracture, enamel fracture, pulpal exposure, soft tissue injuries of the oral cavity and root abscess, fractured cusp in filled tooth
- CG.S.5 Ideally perform dental emergency procedures:
- re-implantation of adult teeth
  - management of dental fractures
  - dental blocks using different techniques

#### Attributes

- At.2 Adaptability
- At.17 Resourcefulness

## 25. Paediatrics (PAED)

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### CORE GENERALIST

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#### Knowledge

- CG.K.1 Define the rights of children and adolescents including individual rights, use of chaperones, age of consent, confidentiality, and power of guardians over the rights of minors
- CG.K.2 Describe the range of normal growth and development in infants, children and adolescents
- CG.K.3 Discuss links between early childhood development and the early origins of chronic disease, including:
- providing appropriate advice and management for conditions that affect normal childhood development and education, such as otitis media, urinary tract infections, intestinal conditions, skin conditions and upper respiratory infections
  - providing nutritional advice appropriate to the child's age, food supply, family income and social situation
  - providing regular antenatal care, including intervention and follow up for common conditions of pregnancy such as urinary tract infections, hypertension, anaemia and poor weight gain
  - showing an understanding of the importance that remote Aboriginal and Torres Strait Islander mothers may place on delivering their babies on their homelands
  - identifying and following up children at risk, and
  - participating in childhood immunisation programs
- CG.K.4 Explain specific developmental issues and psychological issues of children and infants including:
- normal and abnormal growth and development
  - failure to thrive
  - growth velocities in early life
  - the parent held record
  - the inter-relationship of physical and mental well-being
  - role of achievement
  - early detection and management of vision and hearing problems
  - behaviour
  - disability
  - family development and dynamics
- CG.K.5 Describe the aetiology and pathogenesis, investigations and pharmacological and non-pharmacological treatment options for conditions in childhood and adolescence
- CG.K.6 Discuss the need to adjust the consultation style and management plan to respond to influencing factors such as:
- beliefs and expectations of the wider family which shape the presentation of the problem



- the effect on treatment compliance of parental attitudes to illness, medication, fever and alternative remedies
- pressures of work, and the necessity to maintain employment by both parents (as they affect the capacity to care for sick children)
- the quality of family and community support, ie the immediate environment in which care occurs (the same clinical situation may require home or hospital management)
- linguistic, ethnic and cultural barriers (which may exclude a parent from part of the consultation)
- anxiety, sleep deprivation and level of understanding affecting potential expectations of the consultation both in the family and the practitioner

CG.K.7 Describe specific nutritional and physical fitness issues in children of infant, toddler and school-aged years including:

- nutritional goals by age group
- flexible feeding patterns
- risk factors for deficits
- iron and calcium deficiency
- vegetarian and vegan diets
- food allergy, sensitivity
- age specific exercise
- recreation and fitness
- obesity

CG.K.8 Define problems common in adolescence including:

- acne, seborrhoea, tinea, scabies
- sporting injuries, spinal pains
- interaction of lifestyle issues
- anxiety and mood disorders
- drugs
- eating disordered behaviour
- organic weight loss
- chronic illness and disability
- learning disorders
- developmental disorders
- use of anabolic steroids

CG.K.9 Discuss common developmental issues for adolescents including individuation, sexual maturation, cognitive development and self-esteem

CG.K.10 Discuss the barriers perceived by adolescents which may limit access to effective medical care

CG.K.11 Describe a range of adolescent communication/assistance strategies including:

- emergency strategies
- engagement strategies
- family counselling

- organising support
  - resources
  - drop in centres
- CG.K.12 Describe how to plan emergencies at home and in the community including preparing an asthma action plan, use of medical alert tags and Epi-Pens®
- CG.K.13 Discuss mandatory reporting requirements for children, including child abuse and neglect

### **Skills**

- CG.S.1 For common and important conditions and presentations, with consideration of clinical services capability:
- recognise the presentation of illness
  - establish a provisional diagnosis
  - plan and arrange appropriate investigations
  - initiate appropriate medical management for uncomplicated disease
  - monitor for complications
  - recognise if there are complications, or if procedural intervention is required, provide initial emergency management and refer appropriately
- CG.S.2 Independently perform the following assessments:
- height, weight, head circumference evaluation
  - use standard growth charts
  - physical and functional clinical assessment
  - growth and developmental assessment
  - home, education, activities/employment, drugs, suicidality, sex, eating and safety (HEADSSS) assessment for adolescents
  - suicide risk assessment
  - paediatric neurological assessment
  - hearing assessment
- CG.S.3 Independently perform the following procedures on children and adolescents:
- use medication delivery devices
  - use spacer devices
  - nebulisation therapy
  - nasogastric tube insertion
  - local anaesthesia administration
  - superficial skin lacerations repair
  - subcutaneous foreign body removal
  - urethral catheterisation
  - suprapubic aspiration
  - venous blood sampling
- CG.S.4 Assist with performing the following procedures on children and adolescents:
- child sedation

- fracture reduction
- dislocated joint reduction
- thoracentesis
- intercostal catheter insertion

CG.S.5 Perform emergency procedures specific to children and adolescents including

- endotracheal intubation (child and neonate)
- resuscitation (child and neonate)
- external cardiac massage
- bag/mask ventilation
- oropharyngeal airway
- defibrillation
- synchronised direct current (DC) cardioversion
- intravenous access
- umbilical catheter (neonate)
- intraosseous access

### Attributes

At.1 Accountability

At.11 Integrity

At.7 Empathy

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## ADVANCED SPECIALISED

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### Knowledge

- AS.K.1 Describe the physiological differences between a neonate, child and adolescent
- AS.K.2 Discuss the principles and issues relating to patterns of inheritance, newborn screening and counselling
- AS.K.3 Describe early attachment theory
- AS.K.4 Demonstrate knowledge and understanding of the causes of inter-uterine conditions likely to cause developmental delay, including:
  - anomalies of the central nervous system
  - low birth weight – especially less than 1000 grams
  - chromosomal abnormalities – including fragile X syndrome
  - congenital infections
  - cerebral palsy
  - disorders of the sense organs
  - inborn errors of metabolism
  - neuromuscular disorders
  - foetal alcohol spectrum disorder (FASD) and maternal drug ingestion

- orthopaedic abnormalities
  - poverty and maternal malnutrition
- AS.K.5 Demonstrate advanced understanding of the five domains of developmental disability:
- speech and language delay
  - gross motor delay
  - fine motor delay
  - personal and social delay
  - global delay
- AS.K.6 Discuss pervasive developmental disorders, including:
- Autistic Spectrum Disorder (ASD)
  - Rett's Syndrome
  - childhood disintegrative disorder
  - pervasive developmental delay not otherwise specified
- AS.K.7 Describe learning disabilities and the protocols for administering and interpreting the results of the Wechsler Intelligence Scale for Children (WISC)
- AS.K.8 Explain aspects relating to nutrition, including
- causes and implications of low birth weight, prematurity and intrauterine growth retardation
  - the principles and issues associated with nutritional goals by age group including flexible feeding patterns, risk factors for deficiencies, as well as food allergy and sensitivity.
  - the application of knowledge to age-specific exercise, recreation and fitness programs and reducing the risk of obesity and other related diseases
- AS.K.9 Describe when a child can consent to medical treatment on their own behalf, and without their parents' knowledge.
- AS.K.10 Discuss issues relating to adolescents, including:
- rights of children and adolescents including individual rights, use of chaperones, age of consent, confidentiality, and power of guardians over the rights of minors, in everyday patient care
  - normal striving for independence and the issues of concern to young people as they progress through adolescence
  - barriers perceived by adolescents which may limit access to effective medical care and how best to address these
  - effect of peer pressure, school, mass media and employment prospects on the attitude and behaviour of adolescents
  - common developmental issues for adolescents including individuation, sexual maturation, cognitive development and self-esteem
  - strategies to manage problems that can arise during adolescence including peer issues, and problems with body image, support/alienation from family/school/peers, oppositional behaviour, school dysfunction and self-harm
  - strategies to manage psycho-social issues in adolescents including effects of homelessness, unemployment and their health impact, risk-taking behaviour

including substance misuse (normal, experimentation, at risk, out of control), suicidal intention or self-harm, dysfunctional families, eating disorders

- financial and compliance issues when prescribing for adolescents
- family development and dynamics affecting children including parental substance use, the effects of smoking, childhood caffeine use and high-risk families

AS.K.11 Discuss issues relating to Aboriginal and Torres Strait Islander children, including:

- knowledge of the diseases over-represented in Aboriginal children,
- understanding the impact of poor living conditions and over-crowding
- management of acute episodes of disease
- long-term management of chronic conditions
- population health initiatives for disease prevention and management
- understanding Cultural Safety
- understanding Guardianship within communities
- understanding barriers to effective prevention, treatment, and compliance with advised care

AS.K.12 Discuss sexual health issues, including:

- knowledge of child protection including knowing the relevant laws in their state or territory
- knowing the role of chlamydia testing and screening in teenagers
- knowing when to take a more detailed sexual history
- having information and resources available regarding common sexually transmitted diseases
- know the local resources
- know local treatment protocols

AS.K.13 Describe toxicology, poisoning and envenomation, including:

- know the venomous animals etc in their area of work and the principles of treatment – local spiders, snakes, marine animals
- know the treatment of common childhood poisons and overdoses and be competent in their treatment
- be familiar with the Poisons Information Centre including the phone numbers

AS.K.14 Discuss palliative care in childhood, including:

- principles of palliative care in the paediatric setting
- knowledge of local resources and referral protocols
- knowledge of local support services and other patient resources
- understanding the importance of supporting the child and family in a culturally appropriate manner
- pain management

AS.K.15 Discuss vaccine preventable infectious diseases:

- advanced knowledge of the immunisation schedule
- ability to describe the complications of immunisations
- ability to discuss the myths of immunisations

- knowledge of the immunisation preventable diseases
- AS.K.16 Discuss growth and nutrition including:
- growth faltering/failure to thrive,
  - overweight/obesity,
  - specific nutritional deficiencies including iron deficiency,
  - vitamin D deficiency outside of the neonatal period
- AS.K.17 Discuss diagnostic testing in children, including:
- understanding of the indications, contra-indications and techniques for an extended range of paediatric diagnostic investigations
  - how to arrange a wide range of paediatric tests and interpret their results, taking into consideration age variation and findings relevant to different age groups
  - explaining to parents and caregivers the relevance of the results
- AS.K.18 Discuss principles and practices for pharmaceutical prescribing in children, including differences between paediatric and adult prescribing, including but not limited to:
- thrombolytic therapy
  - treatment of bleeding disorders
  - inotropic therapy
  - disease modifying anti-rheumatic drugs
  - insulin therapy
  - chemotherapy
  - advanced palliative care
  - anticoagulation
  - mental health conditions
- AS.K.19 Discuss the indications, contra-indications and techniques for an extended range of paediatric diagnostic investigations
- AS.K.20 Describe formulas for paediatric resuscitation, including:
- weight
  - endotracheal tube size
  - fluid resuscitation
  - dose of adrenaline
  - joules for electrical shock
- AS.K.21 Describe appropriate pain relief: oral sucrose for infants, topical amethocaine
- AS.K.22 Discuss characteristics of rural and remote settings and their implications for child and adolescent health practice, including:
- types of conditions likely to be encountered
  - impact of rural and remote attitudes
  - impact of distance – including delays in transport/referrals
  - impact of limited resource availability

AS.K.23 Utilisation of technology where useful, including video/tele conferencing, video-otoscopy, picture archiving and communication system (PACS) utilisation including USS 'quality control', and microscopy of CSF

## Skills

- AS.S.1 For the less common or more serious conditions and presentations of childhood and adolescence with consideration of clinical services capability:
- recognise the presentation
  - establish a provisional diagnosis
  - plan and arrange appropriate initial investigation
  - initiate empiric therapy
  - discuss broad therapeutic options
  - refer appropriately
  - provide ongoing management
- AS.S.2 Obtain a clinical history including:
- maternal
  - family – including cultural and social factors
  - genetic
  - birth
  - neonatal
  - developmental
  - nutritional
  - immunisation
  - environmental
  - past medical
- AS.S.3 Engage with and perform a relevant physical examination and developmental assessment including:
- elucidation of a wide range of clinical signs including subtle clinical signs indicative of dysmorphology
  - investigation for negative signs (i.e. signs that are absent)
  - assessment of developmental age and/or learning ability
  - neonatal examination
  - growth and serial measurement
  - examination and assessment of a child with a convulsion and/or altered level of consciousness
  - assessment for physical signs of nutritional and metabolic disorders including growth failure, obesity and insulin resistance
  - identify physical signs and behaviour patterns associated with neglect and abuse
  - examination of all joints for differential diagnosis
- AS.S.4 Order and/or perform diagnostic tests, including:
- full blood count – understand and advise on normal blood results

- Point of care testing and interpretation of urine, Hb, WCC, chem8, chem4, international normalized ratio (INR), brain natriuretic peptide (BNP)
- gram stain on cerebrospinal fluid (CSF)
- specialised blood tests – including arterial blood gases, renal biochemistry, liver function tests (LFTs), bacterial serology and viral serology
- chest X-ray – interpretation of chest X-rays in children and adolescents, understanding and advising on age-appropriate variations and abnormalities
- growth charts – understand the normal growth patterns in childhood, and appropriate use and interpretation of growth charts
- abdominal ultrasound
- bronchoscopy
- CT scan interpretation
- MRI interpretation
- electroencephalogram (EEG)
- electrocardiogram (ECG)
- bone marrow examination
- behavioural assessments and specialised developmental testing

AS.S.5 Manage abnormal results, including:

- screening of high-risk pregnancies – including cervical cytology
- vitamin D deficiency
- screening for Haemoglobinopathies
- varicella, cytomegalovirus and toxoplasmosis serology
- chlamydia screening
- thyroid function test
- 'triple' or 'quadruple' testing
- ultrasound for nuchal translucency
- neonatal fever and suspected neonatal sepsis
- neonatal jaundice
- neonatal hypoglycaemia
- ability to perform a heel prick test and discuss with parents the conditions it is used to test for
- reasons for administration of Vitamin K, BCG and Hepatitis B vaccine at birth
- respiratory distress in the newborn
- feeding of the newborn
- management of the infant of a diabetic mother



- AS.S.6 Assess and manage children with psychosocial issues including:
- behaviour management – including children with challenging behaviours
  - sleep difficulties
  - nocturnal enuresis
  - parenting issues
  - eating disorders
  - swearing problems
  - issues relating to the context of childhood within the family
  - children at risk of child abuse
  - grief responses
  - school performance issues
- AS.S.7 Assess and manage mental health conditions, including:
- ability to perform a mental health screen for children and adolescents
  - high prevalence anxiety and mood disorders
  - the child whose mother has depression especially post-natal depression
  - intervening in a case where a child or adolescent is at risk for suicide
  - early psychosis with appropriate support or referral
- AS.S.8 Identify early indicators of 'at risk' behaviours of adolescents and initiate harm minimisation strategies
- AS.S.9 Use range of adolescent communication/assistance strategies including:
- emergency strategies
  - confidential history taking
  - minimising anxiety
  - encouraging compliance
  - direct family counselling and
  - assist in coping with imprisonment
- AS.S.10 Prevent occurrence and recurrence of primary conditions and prevent secondary complications from primary conditions
- AS.S.11 Recognise conditions in childhood that may only show their consequences in adulthood e.g. obesity, bone health, rapid weight gain in growth retarded infants
- AS.S.12 Manage acute conditions requiring inpatient admission specific to children and adolescents including:
- head injury
  - hypovolaemia
  - hyper and hypoglycaemia
  - acidosis
  - hypoxia and
  - blood transfusion
- AS.S.13 Estimate and administer fluid requirements for ongoing maintenance
- AS.S.14 Manage neonates admitted with common neonatal medical conditions

- AS.S.15 Meet mandatory reporting requirements, as relevant to state or territory
- AS.S.16 Manage conditions overrepresented in Aboriginal and Torres Strait Islander children
- AS.S.17 Competent, confident and independent performance of the child and adolescent procedural logbook skills

### Attributes

- At.1 Accountability
- At.11 Integrity
- At.7 Empathy

### Paediatric presentations and conditions

- Upper respiratory, mouth, eye and ear, including recurrent viral infections, croup (acute, recurrent), stridor, laryngomalacia, rhinitis, sinusitis, nasal septal haematoma, epistaxis, sleep apnoea, hearing loss, otitis media, chronic suppurative otitis media, otitis externa, cholesteatoma, stomatitis, thrush, herpes, coxsackie virus, teething, caries prevention, tonsillitis, epiglottitis, cervical adenopathy, congenital glaucoma, cataract, blocked tear duct, conjunctivitis: infectious & allergic, unilateral red eye, retinoblastoma, amblyopia, squint, periorbital cellulitis
- Lower respiratory, including recurrent bronchitis, bronchiolitis, asthma, wheezy cough under three years, cough, psychogenic cough, pneumonia, atypical pneumonia, pertussis, cystic fibrosis, tuberculosis, bronchiectasis
- Cardiac, including murmurs (innocent and pathological), coarctation of the aorta, supraventricular tachycardia, abnormal blood pressure, subacute bacterial endocarditis prophylaxis
- Gastrointestinal, including abdominal pain, acute abdomen, headache, vomiting, diarrhoea, acute and chronic, dehydration as a factor in acute illness, rehydration techniques, gastro-oesophageal reflux disease, pyloric stenosis, coeliac disease, appendicitis, hernia, abdominal mass, intussusception, constipation, encopresis, rectal bleeding, jaundice, hepatitis
- Genitourinary, including abnormal/ambiguous genitalia, fluid - electrolyte imbalance, hydrocoele, undescended testis (early, late), inguinal hernia, urinary tract infection, vesicoureteral reflux, congenital abnormality urinary tract, acute urinary obstruction, glomerulonephritis, nephrotic syndrome, enuresis, vulvitis, labial adhesions, phimosis, paraphimosis, torsion of testis, circumcision, tumours
- Dermatological, including normal skin variation, aboriginal skin problems, birth marks, viral exanthems (specific and non-specific), solar pathology/prevention, napkin rash, thrush, tinea, kerion, eczema, psoriasis, seborrheic dermatitis, scabies, lice, molluscum contagiosum, orf, pityriasis, perianal streptococcus, infections, impetigo, urticaria, drug/food rashes, septicaemia, meningococcus
- Musculoskeletal, including limp, Perthes' disease, hip dysplasia, lower limb problems, patello-femoral syndromes, epiphysitis, apophysitis, soft tissue trauma, minor dislocations, progressive muscular weakness, sepsis, bone/joint infections
- Infections, including measles, mumps, rubella, Epstein-Barr virus, herpes simplex, haemophilus influenza B, meningococcus, varicella zoster, streptococcus, staphylococcus, chronic viral, HIV, hepatitis, tropical infestations, congenital (rubella, cytomegalovirus, hepatitis)
- Haematological, immunological, and rheumatological, including normal age haematology, anaemia, lymphoma, leukaemia, inherited conditions, purpura, haemophilia, thalassaemia, sickle cell disease, allergies (general concepts and fads), vasculitides, angioedema, Kawasaki syndrome, autoimmune disease, general arthralgia,

systemic lupus erythematosus, rheumatoid arthritis, immunodeficiency, human immunodeficiency virus (HIV), acquired immunodeficiency syndrome (AIDS)

- Endocrine, including diabetes, thyroid disorder/s, short stature, abnormal puberty
- Neonatal, including respiratory distress, asphyxia, cyanosis, hypoglycaemia, hypothermia, vomiting, failure to pass meconium, physiological jaundice, non-physiological jaundice, intraterm and neonatal infection, seizures, maternal syphilis, hepatitis B & C, HIV
- General issues, including neonatal checks, Well/Normal baby/child checks, Growth problems, failure to thrive, obesity, behavioural issues, (normal versus 'problem'), the social context, developmental delay, disruptive children, attention deficit hyperactivity disorder (ADHD), autism spectrum disorder, sleep disorder, the crying baby, oppositional behaviour and alienation, disability, (learning: specific/general), intellectual disability (sub normality), physical disability, language disability, sudden infant death syndrome (SIDS) prevention and management
- Over represented in Aboriginal and Torres Strait Islander children, diarrhoeal disease, chronic, malnutrition, Type II diabetes and insulin resistance, failure to thrive, urinary tract infections and renal stones, chronic suppurative otitis media and associated hearing loss, chronic suppurative lung disease/bronchiectasis, trachoma, iron deficiency, scabies, parasitic infestations, impetigo, rheumatic fever, post strep glomerulonephritis, and other infectious diseases such as parasitic diseases

## 26. Palliative Care (PALL)

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### CORE GENERALIST

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#### Knowledge

- CG.K.1 Discuss the aims of Palliative Care
- CG.K.2 Describe the range of terminal illnesses where a palliative approach is appropriate, including malignancy, neurodegenerative disease, organ failure, frailty, dementia, HIV/AIDS
- CG.K.3 Identify patients at risk of dying in the next 12 months who may benefit from a Palliative Care approach
- CG.K.4 Identify Medicare benefit schedule items to sustainably practise equitable palliative care
- CG.K.5 Identify features of a patient who is actively dying at the end-of-life
- CG.K.6 Know how to access specialist palliative care support for patients
- CG.K.7 Identify bereavement support organisations, within their community, the role of specialist, psychological services and indicators for their referral.
- CG.K.8 Explain definitions, physiology and concepts of pain and pain management
- CG.K.9 Discuss Wills, Advanced Care Directives, Power of Attorney financial/medical, Enduring Guardian
- CG.K.10 Identify the legal requirements for the certification of death, including burial, cremation and reporting of death to the Coroner
- CG.K.11 Identify the legal (and ethical) provision of terminal care at end of life, including the 'doctrine of double effect', the illegal status of euthanasia, and the status of voluntary assisted dying (legal status differs in different States/Territories)

#### Skills

- CG.S.1 Use appropriate tools to identify patients who may benefit from palliative care ('surprise question', indicators of decline, SPICT, GSF-PIG, RADPAC)
- CG.S.2 Anticipate and minimise potential problems caused by either the disease or treatments
- CG.S.3 Undertake a comprehensive pain assessment including assessment of types of pain: nociceptive, non-nociceptive, acute, chronic; and the impact of psychological factors on the pain experience
- CG.S.4 Manage pain in palliative care patients, appropriately utilising:
  - pharmacological options:
    - non-opioid analgesics
    - opioids
    - adjuvants
    - NSAIDS
    - antidepressants
    - local anaesthetic agents
    - corticosteroids
    - antispasmodics

- anticonvulsants
  - antiarrhythmics
  - anxiolytics
  - nerve-blocking procedures, epidural/spinal injections
  - non-pharmacological options
    - physical therapies (eg massage, heat and cold therapy, transcutaneous electrical nerve stimulation [TENS], physiotherapy)
    - mind-based techniques (eg relaxation, meditation, mindfulness, psychologist)
    - optimising environment (positioning, aromatherapy, music therapy, occupational therapy, diversional therapy)
    - radiotherapy
- CG.S.5 Use opioid conversion guidelines when changing opioid drug therapy
- CG.S.6 Recognise and provide support for the psychosocial and spiritual needs of patients and their family
- CG.S.7 Assist patients with establishing Advanced Care Directives
- CG.S.8 Determine the cause of, and manage common problems experienced by palliative care patients
- CG.S.9 Perform the following:
- CPAP/BIPAP
  - Spirometry and peak flow measurement
  - Nebulisation therapy
  - Supplemental oxygen delivery devices
  - Oxygen concentrators
- CG.S.10 Continue to be responsible for the patient after death and be an advocate for the family and friends during their time of grief

### Attributes

- At.6 Compassion
- At.7 Empathy
- At.5 Commitment

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## ADVANCED SPECIALISED

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### Knowledge

- AS.K.1 Discuss indicators of disease progression
- AS.K.2 Discuss implications of hepatic and renal impairment
- AS.K.3 Identify potential treatment interactions
- AS.K.4 Discuss dose adjustment and de-prescribing principles for commonly used medications with frail, elderly, children, altered metabolism, organ failure, end of life

- AS.K.5 Describe commonly used palliative care medications: routes of administration, absorption, excretion, metabolism, half-life, usual frequency of administration, toxicity and adverse effects and their management, use in syringe drivers, interactions with other medications, possibility of tolerance, dependence, addiction and discontinuation syndromes
- AS.K.6 Discuss the prevention and management of overdose
- AS.K.7 Compare pain types, including somatic, visceral, neuropathic and incident
- AS.K.8 Discuss pain syndromes including plexopathies, central sensitisation
- AS.K.9 Explain principles of spinal analgesia and use of epidural and intrathecal catheters and infusion pumps
- AS.K.10 Describe common nerve blocks and neurosurgical procedures
- AS.K.11 Discuss emotional issues involved in pain management
- AS.K.12 Discuss Palliative Surgery/ Radiotherapy/ Chemotherapy
- AS.K.13 Describe the management of biochemical abnormalities in the terminally ill
- AS.K.14 Describe management of the emergencies that occur in the palliative care setting: severe pain/pain 'crisis', acute dyspnoea, airway obstruction, acute anxiety, acutely suicidal patient, cardiac tamponade, massive haemorrhage, superior vena caval obstruction, spinal cord/cauda equina compression, fractures, sepsis, seizures, brain herniation/coning, acute dystonia, substance overdose, opioid toxicity, acute withdrawal syndromes, Addisonian crisis, carer's crisis – unable to cope
- AS.K.15 Discuss the signs of approaching death
- AS.K.16 Identify the needs of patients and families in regards illness, death and bereavement
- AS.K.17 Detail therapeutic interventions in minimising psychological distress including counselling, behavioural therapy, group activities, relaxation/meditation, imagery/visualisation and creative therapies

### **Skills**

- AS.S.1 Integrate a supportive component into all aspects of providing palliative care
- AS.S.2 Communicate the benefits and burdens from investigations, interventions and non-intervention to patient and carers
- AS.S.3 Order and/or perform diagnostic tests where required to confirm disease progression, monitor medical care and/or exclude treatable conditions
- AS.S.4 Respect the need for maintenance of autonomy by giving the patient and family a central role in determining treatment
- AS.S.5 Formulate a management plan for symptom management in concert with the patient and/or carer, judiciously applying best evidence and the advice of expert colleagues
- AS.S.6 Respond appropriately to any negative outcomes of terminal illness on patients and carers, including the loss of independence, role, appearance, sexuality and perceived self-worth
- AS.S.7 Use validated assessment tools for symptoms and pain
- AS.S.8 Set realistic pain management goals in consultation with the patient and their family
- AS.S.9 Ensure safe and appropriate prescribing of pharmacological and non-pharmacological treatment options in the palliative care context
- AS.S.10 Respond to and explore emotional cues/concerns with patients and their families, including fear, anger, guilt, uncertainty, sadness and despair

- AS.S.11 Respect the patient's and carer's beliefs, needs and wishes regarding the end of life care
- AS.S.12 Maintain a plan of food and fluids relevant to patient condition and patient and family wishes
- AS.S.13 Manage stomas, tracheostomies, gastrostomies, nasogastric tubes, urinary and suprapubic catheters, implanted ports, PICC and central venous lines
- AS.S.14 Recognise and respond early to the deteriorating patient to ensure patient and carer's end of life wishes may be accommodated
- AS.S.15 Interpret the complete clinical picture to estimate prognosis
- AS.S.16 Stabilise critically ill patients and provide primary and secondary care if consistent with Advanced Care Directives
- AS.S.17 Develop and apply strategies for self-care, to manage the challenges of dealing with death and grief

### **Attributes**

- At.6 Compassion
- At.7 Empathy
- At.5 Commitment

### **Common problems experienced by palliative care patients**

- Gastrointestinal tract problems:
  - oesophageal problems
  - dyspepsia
  - ascites
  - nausea and vomiting
  - constipation
  - bowel obstruction
  - diarrhoea
  - stomas
  - rectal discharge
  - squashed stomach syndrome
  - oral candidiasis
  - dry mouth
  - dysphagia
  - cachexia
- Respiratory system problems:
  - cough
  - dyspnoea
  - superior vena cava obstruction
  - death rattles
  - choking
  - tracheostomy

- hiccoughs
- Genitourinary system problems:
  - dysuria
  - haematuria
  - urinary tract infection
  - incontinence
  - fistulae
  - uraemia
  - contraception
  - decreased urine output
  - vaginal bleeding and discharge
  - bladder innervation
  - urinary frequency and urgency
  - bladder spasms
- Neurological disturbances:
  - convulsions
  - spinal cord compression
  - twitching
  - confusion
  - delirium
  - hypercalcaemia
- Psychological disturbances:
  - anxiety/panic attacks
  - insomnia
  - depression
  - suicide risk
  - terminal restlessness
- Musculoskeletal system and skin problems:
  - deep vein thromboses
  - pathological fractures
  - wounds and pressure areas
  - pressure areas
  - pruritus
  - dry skin
  - lymphoedema



## 27. Population Health (POP)

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### ADVANCED SPECIALISED

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#### Knowledge

- AS.K.1 Discuss national public health priorities, targets and campaigns and discuss their relevance, impact and application to local rural and remote communities, including:
- cardiovascular disease
  - cancer
  - mental health
  - injury
  - diabetes
  - asthma
  - immunisation
  - drug and alcohol
- AS.K.2 Illustrate an understanding of epidemiology, including:
- study design to a research situation
  - ability to read and understand epidemiological publications critically
  - fundamental understanding of the principles of epidemiology, and
  - sound understanding of the pros and cons of the main study designs
- AS.K.3 Discuss barriers to health care and services for Aboriginal and Torres Strait Islander people's in the community, such as:
- difficulty accessing services
  - culturally inappropriate health services, policies and procedures
  - health impact of dispossession, and
  - administrative issues such as entitlement cards and transport policies.
- AS.K.4 Describe the links between historic and social factors and the health of Aboriginal and Torres Strait Islander people's populations including:
- the psychological impact of colonisation, disempowerment, removal from family and country, institutionalisation, marginalisation and discrimination
  - health consequences of poverty, inadequate education, lack of economic opportunity, poor food access and childhood nutrition, poor housing availability and maintenance, and inadequate community infrastructure
  - the complex background and impact of issues such as substance misuse, domestic violence, child abuse and neglect
  - the importance and health impact of family relationships, social support, access to transport, and a sense of control over one's life.
- AS.K.5 Describe the specific and differing profile of over-represented conditions among Aboriginal and Torres Strait Islander peoples and demonstrate an understanding of how population health strategies can be used to address these issues.
- AS.K.6 Detail the characteristics of rural and remote settings and their impact on population health, including:

- types of conditions likely to be encountered
  - impact of rural and remote attitudes and the historical events leading to these attitudes
  - impact of current and previous health professionals
  - distance
  - limited resource availability
  - rural/remote environmental factors
  - unique agricultural health and medical issues impacting upon workers and their families, and
  - unique mining health issues in rural and remote areas.
- AS.K.7 Discuss population health principles and practice relating to infection control in primary, secondary and tertiary care settings, including:
- personal hygiene
  - protective equipment
  - management of sharps
  - sterilisation procedures, and
  - hazardous waste disposal.
- AS.K.8 Explain legislation regarding confidentiality, consent and disease notification, including:
- the principles of public health acts
  - privacy legislation
  - tobacco and liquor legislation.
- AS.K.9 Discuss population health principles in crisis situations, such as:
- climate variation and change impacting upon rural industry and families
  - natural disaster management
  - major trauma planning and response, and
  - pandemic or epidemic response.

### **Skills**

- AS.S.1 Design and implement evidence-based prevention, early detection and health maintenance activities into practice at a systems level, including:
- screening and early detection
  - health checks
  - preventive measures
  - patient education and counselling
  - brief interventions
  - chronic disease management based on national and state strategies
  - recall and reminder systems
  - developing risk factor and disease registers
  - utilising available web-based registers
- AS.S.2 Identify and critically appraise resources of public health information, including:

- conducting effective literature reviews
  - identifying a range of appropriate sources including websites, journals, databases, clinical practice guidelines, government departments and other agencies
  - using data to describe the health of populations
  - critically appraising evidence
  - using evidence-based management guidelines to inform clinical decisions.
- AS.S.3 Take a leadership role in population health research, including:
- appraising research proposals
  - building partnerships
  - ensuring research priorities are aligned with community needs
  - ensuring appropriate trial design
  - ensuring compliance with legislative and ethical requirements
- AS.S.4 Coordinate development and implementation of extended population health initiatives, including:
- screening programs
  - immunisation
  - outbreak management, including outbreaks in health care facilities
  - chronic disease management
  - health promotion events or programs
  - mental health promotion
  - disease prevention
  - injury prevention
- AS.S.5 Conduct a community health status assessment, including:
- monitoring of health trends
  - disease burden
  - identifying disease and injury patterns
  - assessing environmental, occupational, behavioural, social and economic factors
- AS.S.6 Design and implement a community health strategy in response to community need, including:
- identifying the health issue
  - identifying current services
  - identifying health professional, patient and stakeholder needs
  - identifying areas for collaboration
- AS.S.7 Complete a funding application for and implement socially, culturally and economically appropriate local population health programs, eg:
- health promotion and community development
  - screening and early detection
  - disease, mental illness and injury prevention
  - holistic care and integrated models of care.

- AS.S.8 Conduct a population health program evaluation, including:
- negotiating with key stakeholders and consumers
  - selecting appropriate evaluation methods
  - using formative, process, outcome and impact evaluation methods
  - using quantitative and qualitative techniques, such as clinical audits and surveys
  - collecting and analysing health outcome and quality of care data
  - communicating findings meaningfully to a range of audiences, including official reports to funding bodies and presentations to communities and other stakeholders
- AS.S.9 Act as a medical advocate in the design, implementation and evaluation of interventions that address determinants of population health, including:
- understanding the links between social and economic factors and health outcomes in the local community
  - communicating these links to various audiences, as appropriate
  - being aware of the political context in which they are working
  - working with government agencies and making submissions as appropriate
  - working with local community leaders and different cultural groups
  - being aware of local community history, sensitivities and priorities
  - being multi-skilled and flexible

### **Attributes**

At.3 Agency

At.17 Resourcefulness

At.5 Commitment

## 28. Rehabilitation (REH)

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### CORE GENERALIST

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#### Knowledge

- CG.K.1 Describe the principles of rehabilitation
- CG.K.2 Discuss rehabilitation treatment, including:
- patient conducted techniques including:
    - general exercise
    - nutrition
    - specific exercises and stretches, post isometric exercises, allied to breathing techniques
    - correct posture
    - application of cold and heat
    - relaxation and meditation techniques
    - relevant lifestyle interventions including weight loss, stress reduction, recreational substance reduction and sleep improvement
    - orthotics and prosthetics
  - therapist conducted techniques including:
    - speech therapy
    - psychology
    - occupational therapy
    - physiotherapy
    - social worker
    - hydrotherapy
    - massage
    - biofeedback
    - joint mobilisation
    - joint manipulation
- CG.K.3 Describe a broad understanding of current evidence-based mainstream and alternative rehabilitative treatments commonly used in Australia

#### Skills

- CG.S.1 Recognise and manage common rehabilitative care presentations and conditions
- CG.S.2 Elicit a patient history including chief complaint, present illness, functional history, aids used: past medical history, review of systems, psychological profile, social and cultural aspects, carers involved, agencies involved, education, training, work and finance history, and the patient/carer's expectations and goals
- CG.S.3 Undertake an assessment of functional capacities and rehabilitative needs of patients, including 'activities of daily living' (ADL), level of functioning, assistance required and limiting factors
- CG.S.4 Perform an evaluation of pain, including:

- site of pain
  - radiation of pain
  - quality of pain
  - duration and intensity
  - exacerbating and relieving factors
  - temporal onset
  - exact onset
  - associated symptoms and signs
  - interference with activities of daily living
  - impact on psychological state
  - response to previous interventions or therapies
  - current and previous analgesic therapies
- CG.S.5 Undertake an evaluation of cognition, including language and speech, reading ability, listening comprehension, communication capability, memory, concentration, emotional state
- CG.S.6 Perform a gait analysis, classify gait style and identify aids to assist
- CG.S.7 Undertake an assessment of the patient's functional capacity and determine achievable rehabilitation goals with the patient/carer
- CG.S.8 Implement a therapeutic process designed to: restore with minimum delay optimum physical, psychological, social and vocational function of the patient and prevent secondary complications of disability
- CG.S.9 Guide patients in a comprehensive approach to recovery including:
- specific therapy including surgery
  - psychological support
  - self-directed activities
  - motivation
  - a supportive environment
  - general health initiatives
- CG.S.10 Arrange assessment of home and modifications required
- CG.S.11 Develop, implement and maintain a rehabilitation management plan for hospitalised patients in concert with the patients and families and the multidisciplinary rehabilitation team
- CG.S.12 Demonstrate a commitment to co-ordination of care including:
- referral to other health providers when not able to solely provide optimal care
  - ongoing monitoring
  - shared care
  - further strategic interventions where necessary
- CG.S.13 Competently perform the following skills:

- provide management plan for prosthesis and stump care
- write a medico-legal report
- complete the relevant Centrelink, Medicare, NDIS, workers compensation, insurance and superannuation forms

### **Attributes**

At.12 Patience

At.17 Resourcefulness

At.5 Commitment

### **Rehabilitation presentations and conditions**

Common rehabilitative care presentations:

- stroke
- traumatic brain injury (TBI)
- spinal injuries
- amputations
- arthritis, osteoarthritis
- osteoporosis
- cardiac disease
- respiratory
- sensory loss
- chronic pain
- cerebral palsy
- chronic degenerative conditions
- neurogenic bladder and bowel conditions
- skin conditions including burns, scars and keloids

## 29. Remote Medicine (RM)

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### ADVANCED SPECIALISED

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#### Knowledge

- AS.K.1 Discuss public health issues relevant to remote communities, including:
- infrastructure, public health surveillance and procedures
  - disease control initiatives, environmental health issues
  - water supply, sewerage systems, water testing
  - power supply and generator maintenance, and
  - triage and the mortuary
  - requirements for post mortems for forensic and Coroners cases
- AS.K.2 Describe occupation and personal health and safety issues relevant to remote communities, including:
- occupational medicine issues, and
  - personal safety issues and security
- AS.K.3 Identify links between social factors and health outcomes in a community, including:
- the impact of poverty, nutrition, housing, education and employment opportunities, family relationships, social support, transport, and control over one's life
  - the Barker hypothesis and health outcomes in adulthood
  - Principles of ethical practice in a remote community, including:
    - respecting different cultural frameworks for determining ethical behaviour
    - understanding the ethical principles underlying the care of chronically ill patients in remote practice – informed consent, confidentiality, autonomy and issues associated with dying
    - respecting a patient's right to refuse, or vary treatment, and
    - understanding local issues that might impact upon the decision to treat a person locally or refer
- AS.K.4 Discuss the nature of remote communities, and of medical practice in these environments, including:
- sociology of remote communities
  - treating self, family, pets and those you know and work with
  - having a greater responsibility of care
  - using different protocols appropriately
  - management skills and professional networks, and
  - strategies for reducing professional and personal isolation and burnout.
- AS.K.5 Detail protocols for establishing a donor panel to use in an emergency, including managing a walk-in blood bank to take blood by donation.
- AS.K.1 Identify how to arrange for locum cover for planned leave and emergencies



## Skills

- AS.S.1 Provide primary, secondary, emergency care for a remote community
- AS.S.2 Provide effective clinical care when away from ready access to specialist medical, diagnostic and allied health services
- AS.S.3 Identify community health needs and develop additional skills required to meet these
- AS.S.4 Diagnose and manage a remotely located patient over the telephone or radio, including:
- assessing the capabilities of the person with the patient and ascertaining their understanding of the problems and the logistics
  - taking a comprehensive history including where language may be a communication barrier
  - giving appropriate instructions to nurses, Aboriginal health workers, other healthcare workers, and people with no medical training, including administration of medication and other treatments eg from Royal Flying Doctors or ships' medical chest
  - assessing the logistics and resources involved in managing, or stabilising and transporting the patient if required
  - referring the patient appropriately as per protocols
- AS.S.5 Stabilise, prepare, evacuate or retrieve patients, including:
- familiarisation with local procedures and key contacts for aeromedical transfers
  - performing acute management and triage
  - ability to maintain the patient during retrieval, including understanding of altitude physiology and stabilisation
  - improvisation and novel methods of medical care
  - conducting a risk management assessment
  - managing logistical and resource considerations
  - accessing a specialist network and environment
  - lighting an airstrip at night and checking the airstrip
  - understanding daylight and weather reports and providing these to retrievers
- AS.S.6 Advocate on behalf of remote communities, including:
- understanding of its cultural, social, political and familial contexts
  - talking to government and making submissions to government agencies
  - administration and health care planning
  - adopting a direct advocacy role where appropriate
  - participating in relevant working parties and committees
  - being multi-skilled and community-aware
  - undertaking an educational role, ie empowering your community and training staff and support colleagues to encourage their continued service.
- AS.S.7 Maintain a personal and professional balance in a remote context including;
- dealing with boundary issues, especially when caring for patients who might also be friends, family, or colleagues
  - showing an ability to fill multiple roles, such as professional colleague, friend, confidant, manager, parent, administrator, doctor

- being critically self-reflective, with a demonstrated capacity to learn from mistakes through reflection and feedback
- undertaking critical incident debriefing as required
- dealing with ethical dilemmas of isolation and community enmeshment, especially following a traumatic incident or natural disaster
- plan breaks for recreational and professional development leave
- seeking professional assistance and support when required

AS.S.8 Competent and independent performance of the procedural skills listed in the Procedural Skills Logbook and those skills specific to individual remote community or type of health service

### **Attributes**

At.4 Clinical courage

At.2 Adaptability

At.17 Resourcefulness

## 30. Sexual Health (SEXH)

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### CORE GENERALIST

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#### Knowledge

- CG.K.1 Describe and identify normal genital anatomy
- CG.K.2 Describe the range, epidemiology and prevalence of common sexually transmitted infections (STIs) and those important to identify in the local context
- CG.K.1 Discuss developmental sexuality including physical, emotional and social changes in puberty
- CG.K.2 Explain the psychology relating to sexuality, and management of sexual abuse and violence
- CG.K.3 Describe the basic microbiology and signs and symptoms of STIs including bacterial, viral, fungal and protozoal infections
- CG.K.4 Explain STI pathology testing, results and interpretation
- CG.K.5 Identify and comply with legal requirements around treatment of minors, age of consent and notification of young people at risk, termination of pregnancy, STIs and sexual assault
- CG.K.6 Describe the role of General Practitioners in contact tracing and the management of partners with STIs
- CG.K.7 Discuss treatment options for common STIs
- CG.K.8 Describe tests of cure and re-infection
- CG.K.9 Explain genital dermatology and common gynaecological/urological problems

#### Skills

- CG.S.1 Incorporate sexual history taking into general medical history taking
- CG.S.2 Counsel on sexual health issues including:
  - normal sexual activity
  - gender and gender dysphoria
  - negotiating safe sex
  - sexual rights
  - contraception
  - sexual aging
  - sexual dysfunction
- CG.S.3 Diagnose and manage sexually transmitted infections including:
  - Syphilis
  - Gonorrhoea
  - Chlamydia
  - Trichomoniasis
  - Human Papillomavirus (HPV) and Genital Warts
  - Herpes Simplex

- HIV/AIDS

CG.S.4 Provide opportunistic STI testing to patients at risk:

- provide pre-test counselling and education for STIs
- perform examinations in a sensitive manner

CG.S.5 Perform basic procedures for the diagnosis of STIs:

- specimen collection for screening test/s
- conducting an examination for STIs

CG.S.6 Provide in sexual assault cases:

- evidence collecting
- prophylactic treatment such as antiretrovirals
- psychological safety
- emergency contraception

### **Attributes**

At.8 Honesty

At.20 Sensitivity

At.1 Accountability

## 31. Surgery (SURG)

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### CORE GENERALIST

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#### Knowledge

- CG.K.1 Discuss the diagnosis and initial/non-surgical management for conditions that require surgical treatment
- CG.K.2 Describe standard precautions and sterile technique
- CG.K.3 Identify infection control practices
- CG.K.4 Illustrate knowledge of anatomy, physiology and pathology for common surgical conditions
- CG.K.5 Discuss common surgical procedures and techniques

#### Skills

- CG.S.1 Demonstrate elementary surgical skills, including:
  - scrub, gown and glove
  - standard precautions
  - instrumentation
  - using sutures, surgical knots, needles
  - surgical wounds and tissue handling
  - insertion and care of wounds and drains
  - splinting and immobilisation
  - local anaesthetic
- CG.S.2 Competently perform a range of minor surgical procedures and investigations and provide post-operative management:
  - suture and repair of lacerations
  - curettage of skin lesions
  - removal of palpable and foreign bodies
  - incision and drainage of cutaneous abscess
  - wound management including debridement and dressings
  - cauterisation or freezing of skin lesions
  - incision biopsy of skin lesions
  - punch biopsy of skin lesions
  - toenail ablation
  - wedge excision of toenail bed
  - removal of a toenail
  - drain a perianal haematoma/abscess
  - drain a thrombosed pile
  - removal of foreign body from auditory canal
  - syringe external auditory canal

- aural toilet
- insert wicks into ear canal
- examine the nares with a speculum and distinguish between anterior and posterior bleeding
- manage epistaxis
- remove foreign body from nose
- management of a surgical drain, including vacuum assisted
- removal of skin staples
- nasogastric drainage
- intercostal underwater seal drain insertion
- pleural tap

CG.S.3 Diagnose and determine appropriate management plans for hospital in-patients with surgical conditions, depending on the condition and local clinical services capabilities:

- local management
- local management with consultation
- further investigations
- undertake conservative measures as appropriate
- undertake operative measures as appropriate
- arrange for referral and transfer

CG.S.4 Perform the following skills:

- primary and secondary trauma survey
- cannulation
- fluid replacement
- electrolyte balance assessment and replacement
- blood transfusion
- blood gas analysis

CG.S.5 Manage the pre and post-operative care for a patient undergoing surgery locally

CG.S.6 Recognise, stabilise and, as appropriate, arrange transfer and evacuation of patients with surgical emergencies and severe trauma

### **Attributes**

At.1 Accountability

At.11 Integrity

At.15 Reflection

### Knowledge

- AS.K.1 Detail anatomy and physiology relevant to domains of surgical practice in the curriculum.
- AS.K.2 Discuss selection criteria, protocols, principles and limitations of the diagnostic procedures tests and interpret their results.
- AS.K.3 Describe basic principles for:
- emergency ultrasound
  - procedural sedation
  - endoscopy
  - surgical technique
  - laparoscopy
  - laparotomy
- AS.K.4 Identify potential surgical complications including possible failure of the surgical procedures listed in this curriculum, describe the signs and symptoms of these complications and outline appropriate rescue plans
- AS.K.5 Discuss management plans and algorithms for common potential variations for common procedures eg when an ovarian pathology or bowel cancer is found for a case that was thought to be appendicitis

### Skills

- AS.S.1 Provide general management of surgical illnesses and complications:
- fluid and electrolyte balance
  - standard ABCDE prioritisations
  - nutrition
  - management of shock
  - wound management and wound healing
  - pain management – pre-emptive, operative, post-operative and emergency
  - fracture/dislocation management including principles of fixation
  - recovery and mobilisation planning.
  - maintain or re-establish basic bodily functions
- AS.S.2 Order or perform a range of diagnostic procedures:
- basic blood tests
  - Focused Assessment with Sonography for Trauma (FAST) ultrasound of abdomen
  - plain x-rays – interpretation for emergency purposes pending definitive reporting, including adult and paediatric chest, spine, abdomen and extremities
  - CT scans – interpretation to help guide emergency treatment pending a definitive report (considerations around emergency use of contrast)
  - ultrasound examination of the pregnant uterus and pelvis, including diagnosis of acute emergency events such as ectopic pregnancy and ruptured viscera

- lumbar puncture
  - endoscopy
- AS.S.3 Undertake a judicious pre-surgical assessment that considers both surgical and non-surgical factors, including:
- age, weight and health of patient
  - degree of urgency
  - local clinical services capabilities
  - own skill set
  - if surgical intervention is required
  - possible alternative diagnoses or pathologies
  - whether to refer or manage locally
  - whether to liaise with specialist surgeon regarding management options
  - retrieval services available and likely time to definitive care, should a retrieval be considered
- AS.S.4 Consider alternative diagnoses and their implications for care in current medical setting
- AS.S.5 Perform appraisal of whether surgical care should be undertaken and if this should be non-definitive (intermediate) or definitive surgical care
- AS.S.6 Perform damage control techniques to control haemorrhage, prevention of contamination and protection from further injury, for presentations where surgical intervention is not safe, eg in the following presentations:
- intra-abdominal haemorrhage
  - appendicitis
  - open fracture
- AS.S.7 Consider the appropriate mode of anaesthetic for the case, consulting with the Anaesthetist as required
- AS.S.8 Recognise and implement a management plan for surgical complications, including:
- management of post-operative haemorrhage and infection
  - management of incision wound infection/abscess
  - management of wound dehiscence
  - identification and management of vascular insufficiency or deep vein thrombosis, including appropriate preventative strategies
  - management for complications such as pulmonary embolus
  - perforation/obstruction, pneumothorax, spinal headache, pressure sores
  - medical complications following surgery – respiratory (eg infective pneumonia, aspiration), cardiac (eg arrhythmias, MI) renal (eg ARF, hyper and hypo kalemia), neurological (eg CVA, delirium), GI (eg ileus, constipation)
  - complications of therapeutics – allergy/anaphylaxis, toxicity, drug interactions, GI bleeding, dystonic reactions, neuroleptic malignant syndrome, transfusion reactions, under or over-hydration, over-anticoagulation.



- AS.S.9 Demonstrate basic skills:
- emergency ultrasound
  - procedural sedation
  - gastroscopy & colonoscopy - required to fulfil requirements of the Conjoint Committee for Recognition of Training in Gastrointestinal Endoscopy (CCRTGE)
  - surgical technique
  - laparoscopy
  - laparotomy
  - surgical audit
  - risk assessment
- AS.S.10 Manage abdominal presentations:
- Abdominal wall mass or pain: hernia repair
  - Acute right and left lower quadrant pain: appendicitis, adnexal/ovarian disease, diverticular disease, constipation
  - Gastrointestinal bleeding (upper and lower)
  - Gastrointestinal screening and surveillance (upper and lower)
  - Perianal presentations: haemorrhoids, infections, warts, pilonidal sinuses, anal fissures
- AS.S.11 Manage non-abdominal presentations:
- Integumentary lesions: skin, nail, subcutaneous lesions, ganglia, lipoma, digital amputation, burns cellulitis, skin flap and skin graft closure
    - Wounds: dressings, excision and suture, drainage and debridement, drainage and packing
    - Fertility: vasectomy
    - Genitourinary disease: acute testicular torsion, epididymitis, phimosis, circumcision
    - Breast lump: triple assessment and referral
    - Hand/limb: carpal tunnel release, hand trauma/infection, extensor tendon repair, compartment syndrome upper and lower limb
- AS.S.12 Consider also undertaking DRANZCOG advanced training during or after Fellowship training to be able to manage complications of pregnancy, including:
- Complications of labour and delivery: operative vaginal delivery, caesarean section, perineal trauma, uterine inversion, postpartum haemorrhage, retained placenta, advanced labour and risk management, neonatal resuscitation
  - First trimester pain and bleeding: uterine bleeding: dilation, curettage and hysteroscopy (pregnant and non-pregnant), ectopic pregnancy, and
  - Tubal ligation
- AS.S.13 Obtain specific approval and training from supervisor before undertaking new procedures
- AS.S.14 Undertake special training or accreditation as required to perform additional skills to address community needs

## Attributes

At.1 Accountability

At.19 Self-reliance

At.11 Integrity

## Conditions requiring surgical treatment

- Skin: benign and malignant skin lesions, skin infections (impetigo, cellulitis, abscesses, boils, haematomata)
- Acute abdomen: appendicitis, biliary colic, cholelithiasis cholangitis, pancreatitis, oesophagitis/G.U./D.U., inflammatory bowel disease, renal causes, aortic/vascular aneurysm disease, diverticulitis/ischaemic colitis, acute infective diarrhoeal illness, perforate viscus, strangulated hernia, visceral perforation and peritonitis
- Anorectal: perianal haematoma, perianal abscess, tumours of the colon
- Respiratory: pneumothorax, upper and lower airway obstruction, pleural effusion and haemothorax, pericardial effusion, perforated oesophagus/Boerhaave's syndrome, rib fractures
- Urinary: acute urinary retention, renal tract tumour, renal tract calculus, renal trauma, urinary tract infections, torsion of testis
- Neurosurgical: closed head injury, acute and chronic subdural haematoma, tumours of the central nervous system (CNS), vascular disasters of the CNS, berry aneurysm, arteriovenous malfunction, trauma to the spinal cord and peripheral nerves, intracranial haemorrhage
- Ophthalmological: sudden loss of vision, non-penetrating ocular trauma, corneal foreign bodies, corneal abrasion, hyphema, lens dislocation, retinal detachment, penetrating eye wounds, eyelid and skin tumours, trauma and infections
- Vascular: acute peripheral vascular occlusive disease/threatened limb, deep vein thrombosis, varicose veins, abdominal aortic aneurysm, venous ulceration and deep venous incompetence
- ENT: tympanic perforation, aural foreign bodies, otitis externa, tumours of the ear, nasal foreign bodies, nasal polyps and tumours, sinusitis, maxillary, and other sinuses, medical nasal conditions, throat and pharynx conditions, uvular oedema, tonsillitis/quinsy, glottic and pharyngeal foreign bodies, epiglottitis, acute and chronic sinusitis
- Fractures: skull, cervical spine, orbit, zygoma, face, jaw, thoracic and lumbar spine, clavicle, ribs, pelvis, neck of humerus, supracondylar humerus, head of radius, mid forearm, distal forearm including Colles', Smith's, metacarpals especially scaphoid, digits, femur, tibia, Potts fracture, calcaneus, metatarsals
- Crush injuries: systemic complications (fat embolism), compartment syndrome
- Dislocations: jaw (temporomandibular joint), shoulder - anterior/posterior, patella, interphalangeal joints, lunate, femur, ankle

## 32. Communicator (COM)

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### CORE GENERALIST

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#### Knowledge

- CG.K.1 Describe the components of good communication
- CG.K.2 Identify barriers to communication
- CG.K.3 Define health literacy and how it impacts on the exchange of information in the clinical setting
- CG.K.4 Describe the impact of cultural and linguistic differences on effective communication and patient outcomes
- CG.K.5 Describe how to access an interpreter
- CG.K.6 Discuss the safe use of social media

#### Skills

- CG.S.1 Apply the following skills in communication with patients and carers:
  - establish a doctor-patient relationship
  - use a patient-centred approach to care
  - provide a clear structure for and manage the flow of patient consultation
  - use enabling language
  - identify and explore patient's issues and concerns
  - allow enough time
  - respond to a patient's non-verbal behaviours to enhance communication
  - respect silence and take time to respond
  - recognise that direct eye contact may not always be appropriate
  - recognise when the values, biases, or perspectives of patients, physicians, or other health care professionals may have an impact on the quality of care, and modify the approach to the patient accordingly
  - obtain a clinical history that reflects contextual issues including presenting problems, epidemiology, culture and geographic location
  - seek and synthesize relevant information from other sources, including the patient's family, with the patient's consent
  - use interpreters effectively
  - communicate findings of clinical assessment effectively and sensitively to the patient and/or carer
  - share information and explanations that are clear, accurate, and timely, while checking for patient and family understanding
  - assist patients and their families to identify, access, and make use of information and communication technologies to support their care and manage their health
  - recognise and respect the differing needs of patients for a variety of levels of information and degrees of participation in management decisions
  - know who is required to be present to give consent for your patient
  - manage disagreements and emotionally charged conversations

- formulate a management plan in concert with the patient and/or carer
- document clinical encounters in an accurate, complete, timely, and accessible manner, in compliance with regulatory and legal requirements
- share information with patients and others in a manner that respects patient privacy and confidentiality and enhances understanding

CG.S.2 Apply the following communication skills with health professionals:

- work in partnership
- communicate effectively with the health care team
- present the patient's problems succinctly and accurately to colleagues, listen to other health professionals' opinions and contribute to consensus decisions
- seek advice from clinical colleagues where their expertise may contribute to a better outcome
- communicate effectively at a distance with consulting or receiving clinical personnel
- communicate effectively and in a culturally safe manner, using interpreters, key community contacts and networks as appropriate
- use information and communication technology to provide medical care or facilitate access to specialised care for patients
- use information and communication technology to network and exchange information with distant colleagues
- ensure medical records are accurate and up to date

CG.S.3 Apply communication skills with the following groups:

- community groups
- other professions for example teachers and police
- the media

### **Attributes**

At.7 Empathy

At.15 Reflection

At.2 Adaptability

## 33. Collaborator (COL)

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### CORE GENERALIST

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#### Knowledge

- CG.K.1 Discuss principles of risk management in rural and remote environment
- CG.K.2 Discuss the roles and responsibilities of health care team members
- CG.K.3 Describe an approach to conflict management
- CG.K.4 Identify referral networks

#### Skills

- CG.K.1 Identify level of risk for patient, doctor, and community, including:
  - assessment of situational analysis: complexity, socio-economic factors, cultural and psychological factors, public health issues
  - resources: human, advice and information, technical
  - transport
  - support: psychological, management and organisational
- CG.K.2 Establish and maintain positive relationships with colleagues, other specialists' doctors, and health care professions to support relationship-centred collaborative care
- CG.K.3 Negotiate overlapping and shared responsibilities with other health care professions in episodic and ongoing care
- CG.K.4 Engage in respectful shared decision-making with health care professions
- CG.K.5 Implement strategies to promote understanding, manage differences, and resolve conflicts in a manner that supports a collaborative culture
- CG.K.6 Determine when care should be transferred to another doctor or health care professional
- CG.K.7 Demonstrate safe handover of care, using both verbal and written communication, during a patient transition to a different health care professional, setting, or stage of care
- CG.K.8 Supervise and co-ordinate vertical integration where required eg clinical learners

#### Attributes

- At.4 Clinical courage
- At.17 Resourcefulness
- At.5 Commitment

## 34. Leader (LDR)

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### CORE GENERALIST

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#### Knowledge

- CG.K.1 Discuss the Australian health care system, including:
- structure including public and private system
  - how the healthcare system is funded and who can access
  - role of general practice
  - types of hospitals
- CG.K.2 Describe basic management principles, including:
- the difference between governance and management
  - the role and responsibilities of a Board, role and responsibilities of a chairperson, understand what is meant by "terms of reference" and how they are developed and applied to committees, committee protocol and meeting protocol
  - roles and responsibilities of management and leadership such as basic principles of quality management, leadership theory, team development and delegation
- CG.K.3 Illustrate a basic understanding of practice organisation, including:
- where to seek information on setting up or purchasing a practice
  - important elements of health facility infrastructure design
  - the practical, financial, administrative and legal implications of the range of practice and employment models including traditional solo or group practice, partnerships, associateships, employee, contractor, locum, blended private and public, corporations, government/public health positions and education/academic positions
  - how to access relief staff/locums
- CG.K.4 Discuss basic operational management, including:
- how to establish procedures for line of responsibility, communications, patient flow and scheduling, front desk duties, phone calls, handling of referrals, reports, letters, screening, recall systems, infection control, complaints and equipment maintenance
  - safe management of medical records such as storage and filing, indexing and coding, confidentiality, security, incorporating clinical results/reports/correspondence, risk management in backup (onsite and offsite) and restoration of data
  - understand practice accreditation standards and strategies to maintain compliance
  - building continuous quality improvement strategies into health care services
- CG.K.5 Describe basic human resource management, including:
- staff management principles
  - policies and procedures for staff such as recruitment, appraisal/productivity assessment, staff development/training, contracts/remuneration, disciplinary

guidelines and performance management of staff and holiday/sickness/sabbatical/professional development leave entitlements

- resources available through professional organisations on operation management topics and the ability to access such information as the need arises
- the relevant levels of bureaucracy both within and external to the organisation
- statutory and regulatory requirements relating to staff including, OH&S Legislation, Trade Practices Act, Equal Opportunity Legislation, Privacy Act, Health Practitioners Act, Workers Compensation, Workplace Relations Act, Superannuation, taxation and Public Liability

CG.K.6 Describe where to access basic financial management, including:

- how to develop a basic business plan
- interpret basic financial statements including profit and loss and balance sheet and to be able to understand the basis of depreciation and depreciation schedules
- effectively manage practitioner investment in the practice and returns on investment
- the types of finance available to the organisation
- day-to-day cash flow management
- patient fees and fee collection processes including debt collection
- service companies to control finance as necessary
- insurances, key person, income protection, business and premises, public liability, indemnity
- point of sale and accounting software and services eg tyro, xero, pracsoft
- contracts eg suppliers, medical services, leases, utilities, software

CG.K.7 Discuss patient service principles, including:

- methods of continuous quality improvement applied within the organisation or practice including clinical/management audit, performance appraisal benchmarked against local and national standards, practice accreditation or hospital ACHS accreditation, evaluate objectives of accreditation requirements and follow through accreditation processes deemed appropriate to the location
- opportunities to improve patient satisfaction
- basic marketing concepts

CG.K.8 Describe professional systems, including:

- the roles and responsibilities of relevant local, state and national professional and medico-political organisations including accreditation
- organisations, the Colleges and associations, PHNs, Rural Workforce Agencies, RDA, AMA and Medical Indemnity Insurers
- the role and function of academic, financial, and legal advisers including, management consultants, accountants, solicitors, financial planning consultants

## Skills

### CG.S.1 Work effectively within healthcare systems:

- deal effectively with patient feedback and complaints
- implement policies and procedures
- interpret and use the Medicare Benefits and Pharmaceutical benefits schedule
- interpret and use other fees schedules including those published by the AMA, Worker's compensation, Transport/Road Traffic Accident, insurance companies and corporations according to Federal, State and Territory expectations
- identify and use structures and financial rewards/incentive programs available to the practitioner and or practice
- meet financial, reporting and legal requirements for superannuation, income taxation, GST, worker's compensation, staff remuneration and insurance matters
- manage own time effectively in line with organisation policies whilst achieving work-life balance
- assess when it is safe and relevant to delegate
- maintain systems to ensure that emergency equipment is working and that drugs are current

### CG.S.2 Demonstrate leadership, including:

- contribute to leadership in a hospital team
- provide inter-professional team leadership in emergency care
- facilitate change in health care to enhance services and outcomes
- contribute to the development of institutional policy and procedure
- demonstrate organisational and professional meeting skills
- contribute to planning, maintaining and developing local healthcare services, and interpret the difference between governance and management issues

### CG.S.3 Actively contribute to quality improvement, including:

- contribute to a culture that promotes patient safety
- undertake clinical audit and quality improvement activities including accreditation activities and show how to respond constructively to the outcomes
- analyse near misses and adverse events to improve systems of care
- participate in institutional quality and safety improvement and risk management activities
- contribute to providing a safe working environment for all staff through the practice of injury prevention and observance of Occupational Health and Safety rules and regulations
- participate and describe the principles of disaster planning and implementation of disaster plans, and post-incident analysis and debriefing

### CG.S.4 Implement efficiency and effectiveness measures, including:

- apply evidence and management processes to achieve cost-appropriate care
- use a considered and rational approach to the use of resources including disposable items, limited/expensive resources and human resource



**Attributes**

At.1      Accountability

A.t11     Integrity

A.t3      Agency

## 35. Health Advocate (ADV)

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### CORE GENERALIST

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#### Knowledge

- CG.K.1 Analyse the social, environmental, economic and occupational determinants of health that affect the community burden of disease and access to health-related services
- CG.K.2 Discuss the impacts of climate change on communities, including severe weather events, extreme heat, air pollution, changes in vector ecology, increasing allergens, water quality and water and food supply
- CG.K.3 Describe the main occupations in the community and the risks associated with these occupations
- CG.K.4 Discuss the population health resources that are available and how to access them
- CG.K.5 Describe where to source relevant population information
- CG.K.6 Describe the epidemiology of family and domestic violence in rural communities, including Aboriginal and Torres Strait Islander communities
- CG.K.7 Describe the common indicators that patients are experiencing or perpetrating family and domestic violence
- CG.K.8 Discuss the impact on psychological and physical health and the safety of victims and their family
- CG.K.9 Discuss the common challenges for seeking and receiving help in rural and remote communities
- CG.K.10 Explain the role of the Rural Generalist in the chain of services to assist in prevention and support

#### Skills

- CG.S.1 Respond to an individual patient's health needs by advocating with the patient within and beyond the clinical environment
- CG.S.2 Participate as a medical advocate in the design, implementation and evaluation of interventions that address determinants of population health
- CG.S.3 Harness the resources available in the health care team, the local community and family to improve outcomes of care
- CG.S.4 Liaise and work with available professionals to address population health services, including police, teachers, local councils and allied health
- CG.S.5 Undertake clinical audit to compare prevalence in practice population with national data, for example for diabetes
- CG.S.6 Work with culturally diverse and disadvantaged groups to address barriers in access to health services and improve the determinants of health
- CG.S.7 Apply principles of partnership, community ownership, consultation, capacity building, reciprocity and respect to health care delivery, health surveillance and research
- CG.S.8 Integrate evidence-based prevention, early detection and health maintenance activities into practice at a systems level
- CG.S.9 Apply a population health approach that is relevant to the clinical practice profile
- CG.S.10 Integrate identification of family violence into baseline assessments

- CG.S.11 Use strategies for starting a conversation with those who may have experienced family and domestic violence
- CG.S.12 Constructively counsel and enable disclosure of family and domestic violence
- CG.S.13 Fulfil mandatory reporting requirements
- CG.S.14 Manage patients who do not choose to report family and domestic violence
- CG.S.15 Assess for other conditions associated with family and domestic violence, including mental illness, suicide, addiction and substance abuse
- CG.S.16 Work with patients experience domestic violence to develop a safety plan, including for high risk patients
- CG.S.17 Develop strategies to mitigate personal risk, including how to deal with the perpetrator of domestic violence

**Attributes**

- At.5 Commitment
- At.16 Resilience
- At.2 Adaptability

## 36. Scholar (SCH)

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### CORE GENERALIST

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#### Knowledge

- CG.K.1 Detail professional development requirements for medical registration in Australia
- CG.K.2 Discuss adult learning principles
- CG.K.3 Discuss the principles of evidence-based medicine, the limitations of evidence and the challenge of applying research in daily clinical practice
- CG.K.4 Describe where to find evidence-based information
- CG.K.5 Illustrate basic knowledge of research methodologies
- CG.K.6 Explain the concepts of relative risk reduction (RRR), absolute risk reduction (ARR), odds ratio (OR), number needed to treat (NNT), number needed to harm (NNH)
- CG.K.7 Describe how the 'average' benefits and risks of treatments as measured and reported in clinical studies are individualised in caring for specific patients
- CG.K.8 Describe methods by which patients can better understand the evidence behind different management options and assist them in choosing one option over another

#### Skills

- CG.S.1 Demonstrate lifelong learning, including:
  - engage in continuous learning and professional development
  - develop, implement, monitor, and revise a personal learning plan to enhance professional practice
  - seek and utilise feedback to enhance learning and performance
  - identify opportunities for learning and improvement by regularly reflecting on and assessing their performance using various internal and external data sources
  - engage in collaborative learning to continuously improve personal practice and contribute to collective improvements in practice
- CG.S.2 Apply teaching skills, including:
  - provide direct and remote clinical supervision and support to junior medical staff, students and nurses
  - teach health students, junior doctors and other health professionals
  - teaching patients eg how to use glucometer, puffers, administer injectable treatment, titrate their insulin
  - plan and deliver a learning activity
  - provide feedback to enhance learning and performance
- CG.S.3 Demonstrate evidence informed decision making, including:
  - identify, select, and navigate pre-appraised resources
  - critically appraise and apply relevant research
  - recognize practice uncertainty and knowledge gaps in clinical and other professional encounters and generate focused questions that address them
  - critically evaluate the integrity, reliability and applicability of health-related research and literature

- integrate evidence into decision-making in practice
- assist patients with sourcing and understanding evidence-based information

CG.S.4 Demonstrate use measures of relative risk, odd ratios and numbers needed to treat in relation to key therapies for common clinical conditions.

CG.S.5 Contribute to research projects

### **Attributes**

At.15 Reflection

At.11 Integrity

At.1 Accountability

## 37. Professional (PRO)

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### CORE GENERALIST

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#### Knowledge

- CG.K.1 Describe international, national, state/territory and local codes, principles and declarations regarding ethical conduct
- CG.K.2 Demonstrate knowledge of duty of care, patient's rights, relevant codes of conduct, legal responsibilities under the relevant Health Acts
- CG.K.3 Discuss quality use of medicines guidelines
- CG.K.4 Describe risk-management/minimisation procedures
- CG.K.5 Describe key issues in relation to professional liability and negligence
- CG.K.6 Recognise the principles and limits of patient confidentiality
- CG.K.7 Discuss the appropriate regulatory, legal and clinical standards and requirements for practicing medicine in Australia

#### Skills

- CG.S.1 Adhere to codes of conduct of Medical Board and College
- CG.S.2 Meet all appropriate regulatory and legal requirements
- CG.S.3 Manage, appraise and assess own performance in the provision of medical care for patients
- CG.S.4 Critically reflect on personal beliefs, biases and behaviours, their alignment with health care policy and impact on interaction with patients, colleagues and others
- CG.S.5 Maintain appropriate professional boundaries
- CG.S.6 Be aware of duty of care issues arising from providing health care to self, family, colleagues, patients and the community
- CG.S.7 Develop and apply strategies for self-care, personal support and caring for family
- CG.S.8 Ensure safety, privacy and confidentiality in patient care
- CG.S.9 Manage conflicts of interest
- CG.S.10 Ensure informed consent
- CG.S.11 Demonstrate a commitment to society by recognizing and responding to societal expectations in health care
- CG.S.12 Participate in physician-led regulation
- CG.S.13 Keep clinical documentation in accordance with legal and professional standards
- CG.S.14 Provide accurate and ethical certification when required for sickness, employment, social benefits and other purposes
- CG.S.15 Respond professionally and appropriately to complaints
- CG.S.16 Recognise unprofessional behaviour and signs of the practitioner in difficulty among colleagues and respond according to ethical guidelines and statutory requirements

## **Attributes**

At.8	Honesty
At.11	Integrity
At.9	Humility
At.5	Commitment
At.6	Compassion
At.3	Agency
At.1	Accountability

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