## Style Guide

You can write content using GitHub-flavored Markdown syntax.

## Markdown Syntax

To serve as an example page when styling markdown based Docusaurus sites.

## Headers

# H1 - Create the best documentation

## H2 - Create the best documentation

#### H3 - Create the best documentation

H4 - Create the best documentation

H5 - Create the best documentation

H6 - Create the best documentation

## **Emphasis**

Emphasis, aka italics, with asterisks or underscores.

Strong emphasis, aka bold, with asterisks or underscores.

Combined emphasis with asterisks and underscores.

Strikethrough uses two tildes. Scratch this.

## Lists

- 1. First ordered list item
- 2. Another item
  - Unordered sub-list.
- 3. Actual numbers don't matter, just that it's a number
  - i. Ordered sub-list
- 4. And another item.
- Unordered list can use asterisks
- Or minuses
- Or pluses

## Links

I'm an inline-style link

I'm an inline-style link with title

I'm a reference-style link

I'm a relative reference to a repository file

You can use numbers for reference-style link definitions

Or leave it empty and use the link text itself.

URLs and URLs in angle brackets will automatically get turned into links.

<a href="http://www.example.com/">http://www.example.com/</a> and sometimes example.com

[but not on GitHub, for example].

Some text to show that the reference links can follow later.

## **Images**

Here's our logo (hover to see the title text):

Inline-style:

Reference-style:



## Code

```
var s = 'JavaScript syntax highlighting';
alert(s);
```

```
s = "Python syntax highlighting"
print(s)
```

```
No language indicated, so no syntax highlighting.
But let's throw in a <b>tag</b>.
```

```
function highlightMe() {
  console.log('This line can be highlighted!');
}
```

## **Tables**

Colons can be used to align columns.

Tables	Are	Cool
col 3 is	right-aligned	\$1600
col 2 is	centered	\$12

Tables	Are	Cool
zebra stripes	are neat	\$1

There must be at least 3 dashes separating each header cell. The outer pipes (|) are optional, and you don't need to make the raw Markdown line up prettily. You can also use inline Markdown.

Markdown	Less	Pretty
Still	renders	nicely
1	2	3

## Blockquotes

Blockquotes are very handy in email to emulate reply text. This line is part of the same quote.

Quote break.

This is a very long line that will still be quoted properly when it wraps. Oh boy let's keep writing to make sure this is long enough to actually wrap for everyone. Oh, you can *put* **Markdown** into a blockquote.

## Inline HTML

Definition list

Is something people use sometimes.

Markdown in HTML

Does  $\mbox{*not}\$  work  $\mbox{*very}\$  well. Use HTML tags.

## Line Breaks

Here's a line for us to start with.

This line is separated from the one above by two newlines, so it will be a *separate* paragraph.

This line is also a separate paragraph, but... This line is only separated by a single newline, so it's a separate line in the *same paragraph*.

## **Admonitions**



This is a note



This is a tip

(!) IMPORTANT

This is important



This is a caution



This is a warning

# Fellowship ACRRM

The curriculum consists of the Core Generalist and Advanced Specialised components.
---

## Introduction

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 Prospectus1, and a Position Paper2, 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.

## **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.

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# 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.

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

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

Beginning 🚱

Progressing 

Achieved 

☆

- 1. Establish a doctor-patient relationship
  - Creates a non-judgemental, safe environment to actively engage with patients and families to share information and their perspectives

- · Identifies the ideas, concerns and expectations of the patient through verbal cues
- Identifies physical, cultural, psychological, and social barriers to communication
- 2. Use a patient centred approach to care
  - Incorporates patient treatment and management preferences when appropriate
- 3. Diagnose and manage common and important conditions in rural primary, secondary and emergency settings
  - Synthesises clinical information to generate a ranked problem list containing appropriate provisional diagnosis
  - Implements and evaluates a management plan relevant to the patient for common problems and conditions
- 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
  - Takes a history of the presenting complaint with an appropriate review of systems, using biopsychosocial model
- 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
- 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
- 7. Ensure safe and appropriate prescribing of medications and non-pharmacological treatment options
  - Identifies key factors to consider when choosing most effective treatment
- 8. Formulate an appropriate management plan, incorporate specialist practitioner's advice or referral where applicable
  - Works with supervisor to arrange referrals
- 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

## 2. Provide primary care



- 1. Apply diagnostic reasoning to undifferentiated health problems in an un-referred patient population
  - Describes the risks of managing patients with undifferentiated health problems
  - Knows when to seek help from supervisor
- 2. Provide patient care across the lifespan from birth through to end of life
  - o Gains skills in working with patients of different ages
- 3. Manage common presentations and conditions in primary care
  - Developing skills in managing the most common presentations and conditions in primary care
  - Seeks help when required
  - Developing a collection of resources to assist with managing common presentations
- 4. Provide longitudinal care, managing individual's diverse range of problems across extended time periods
  - Understands the difference between episodic and longitudinal care
  - Identifies the role of the primary care doctor in managing the patient's life journey
- 5. Perform primary care diagnostic and therapeutic procedures
  - o Identifies procedures required in primary care
  - Seeks experience in providing treatments under supervision
- 6. Effectively manage time pressure and decision fatigue during general practice consultations
  - Knows a model for GP consultations
  - Recognises the contributing factors to time pressure
  - Identifies the signs of decision fatigue
- 7. Provide continuous, consistent and coordinated chronic disease management for individuals with chronic conditions
  - Recognises chronic conditions
  - Follows established management plans and contributes to shared health summaries
- 8. Undertake preventive activities such as screening, immunisation and health education in opportunistic and programmatic ways
  - o Describes protocols for screening and immunisation
  - Collects family, social and behavioural history
  - Identifies health education resources
- 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
- 10. Provide general and specific health checks, medical assessments and travel medicine consultations
  - Describes where to find information on requirements for medical assessments

## 3. Provide secondary medical care



- 1. Manage common conditions requiring inpatient care, in appropriate settings
  - Participates in the secondary care of patients
- 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
- 3. Perform secondary care diagnostic and therapeutic procedures
  - Performs diagnostic and therapeutic procedures under supervision
  - Orders appropriate procedures
- 4. Recognise and respond early to the deteriorating patient
  - Recognises the key signs and symptoms of a deteriorating patient
  - Seeks assistance early
- 5. Communicate effectively with the healthcare team, including effective handover
  - Documents effective handover plans
- 6. Anticipate and judiciously arrange safe patient transfer to other facilities
  - Assists in the preparation and transfer of patients
- 7. Undertake early discharge planning, involving the multi-disciplinary team
  - Implements discharge arrangements as directed

## 4. Respond to medical emergencies





- 1. Recognise severe, acute and life-threatening conditions and provide initial resuscitation and stabilisation
  - · Recognises and effectively assesses acutely ill, deteriorating or dying patients
  - Supports a colleague to stabilise emergency presentations

- 2. Provide definitive emergency management across the lifespan in keeping with clinical need, own capabilities, local context and resources
  - o Gathers essential information, generates differential diagnosis, and seeks assistance
  - Follows clinical quidelines and facility protocols
- 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
- 4. Interpret common pathology, imaging and other diagnostic modalities relevant to emergency management
  - Reads and interprets ECG, pathology and imaging reports
  - Activate or support emergency patient retrieval, transport or evacuation when needed
- 5. Provide inter-professional team leadership in emergency care that includes resource allocation, risk management assessment, quality assurance, team debriefing and self-care
  - Implements basic life support
- 6. Utilise assistance and/or quidance from other specialist practitioners and services as required
  - Understands the need to gain assistance from colleagues and other service providers

## 5. Apply a population health approach

Beginning ②

Progressing 

Achieved 

☆

- 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
- 2. Describe the local community profile, including health, age groups, ethnicity, occupations
  - Identify local and regional sources of community profile data
- 3. Apply a population health approach that is relevant to the community profile
  - Advocates for healthy lifestyles and explains environmental & lifestyle risks to health

- 4. Integrate evidence-based prevention, early detection and health maintenance activities into practise at a population level
  - Evaluates the positive and negative aspects of health screening and prevention when making healthcare decisions
- 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
- 6. Participate in disaster planning and implementation of disaster plans, and postincident analysis and debriefing
  - Is aware of disaster plans in the region

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



Progressing 

Achieved 

☆

- 1. Understand diverse local health practices and their benefits for communities
  - Knowledge of health practices of Aboriginal and Torres Strait Islander peoples and other cultural groups
- 2. Apply 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
- 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

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

Beginning 🚱

Progressing \( \text{P} \)

Achieved ☆

- 1. Work within relevant national and state legislation and professional and ethical quidelines
  - $\circ~$  Behaves in a way that acknowledges the ethical complexity of practice & follows professional & ethical codes
  - Understands requirements for public health notifications
  - Is familiar with the Medical Board of Australia's Good Medical Practice code of conduct.
  - Has awareness of ACRRM Academic Code of Conduct
- 2. Keep clinical documentation in accordance with legal and professional standards
  - Knows how to use practice management software
  - Uses a structure to ensure that consultation notes are clear and complete
- 3. Provide cost effective patient care through judicious use of resources by balancing own duty to individual patients with own duty to society
  - Knows and considers costs and risks/benefits of different treatment options in common conditions
- 4. Manage, appraise and assess own performance in the provision of medical care for patients
  - Consults with colleagues about ethical concerns and accepts responsibility for ethical decisions
- 5. Participate in quality and safety improvement and risk management activities
  - Follows procedures and protocols
  - Acknowledges that errors occur in health care
  - Reports errors if they occur
  - Attends institutional quality and safety improvement and risk management meetings
- 6. Teach and clinically supervise health students, junior doctors and other health professionals
  - o Conducts teaching sessions for peers and juniors
  - · Coaches junior doctors around basic clinical tasks
- 7. Recognise unprofessional behaviour and signs of the practitioner in difficulty among colleagues and respond according to ethical quidelines and statutory requirements
  - Identifies appropriate channels to report unprofessional behaviour
- 8. Contribute to the management of human and financial resources within a health service

- Follows rules and obligations as determined by employer
- 9. Provide leadership in professional practice
  - Identifies key qualities of positive leadership in professional practice
- 10. Engage in continuous learning and professional development
  - Acknowledges and seeks to address gaps in knowledge and expertise
- 11. Critically appraise and apply relevant research
  - o Describes basic epidemiology, biostatistics and clinical reasoning
  - Participates in research and quality improvement activities

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

Beginning 🔡

Progressing \( \text{P} \)

Achieved ☆

- 1. Demonstrate resourcefulness, independence and self-reliance while working effectively in geographic and professional isolation
  - o Participates in the provision of care away from other medical services
- 2. Develop and apply strategies for self-care, personal support and caring for family
  - Has own GP and family has own GP
- 3. Establish 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
- 4. Establish, maintain and utilise professional networks to assist with safe, optimum patient care
  - Seeks support and information from supervisors and colleagues
- 5. Provide 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.
- 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
  - Knows how to use the information and communication technology
- 7. Identify and acquire extended knowledge and skills as may be required to meet health care needs of the local population

# **Learning Areas**

- 1. History Taking
- 2. Physical Examination
- 3. Differential Diagnosis
- 4. Investigations
- 5. Procedural Skills
- 6. Diagnostic Imaging
- 7. Pharmaceuticals
- 8. Digital Health
- 9. Aboriginal and Torres Strait Islander Health
- 10. Academic Practice
- 11. Addictive Behaviours
- 12. Adult Internal Medicine
- 13. Aged Care
- 14. Anaesthetics
- 15. Chronic Disease
- 16. Dermatology
- 17. Emergency
- 18. Genetics
- 19. Mental Health
- 20. Musculoskeletal
- 21. Obstetrics and Gynaecology
- 22. Occupational Health
- 23. Ophthalmology
- 24. Oral Health
- 25. Paediatrics
- 26. Palliative Care
- 27. Population Health
- 28. Rehabilitation
- 29. Remote Medicine
- 30. Sexual Health
- 31. Surgery
- 32. Communicator
- 33. Collaborator

- 34. Leader
- 35. Health Advocate
- 36. Scholar
- 37. Professional