

FELLOWSHIP



RURAL GENERALIST CURRICULUM

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



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Rural Generalist

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.

PDF VERSION

[Click here to download the Rural Generalist curriculum](#)

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. test

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

Domain 1. Provide expert medical care in all rural contexts

1.1 Establish a doctor-patient relationship

Beginning

- 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

Progressing

- Effectively builds rapport with patients and families
- Starts to pick up on patient non-verbal cues
- Engages patient in shared decision making
- Matches modality of communication to patient needs, health literacy and context

Achieved

- Connects with patients and families in a manner that fosters respect and understanding, including the ability to manage conflict
- Picks up on and is responsive to patient nonverbal cues
- Effectively communicates difficult information, such as end of life discussions, delivery of bad news, and acknowledgement of errors

1.2 Use a patient centred approach to care

Beginning

- Incorporates patient treatment and management preferences when appropriate

Progressing

- Develops with the patient effective diagnostic and managements plans and communicates these to appropriate health care providers

Achieved

- Evaluates the provision of holistic and patient-centred care in the practice

1.3 Diagnose and manage common and important conditions in rural primary, secondary and emergency settings

Beginning

- 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

Progressing

- Refines diagnostic skills, fewer diagnostic dilemmas, differential diagnoses are risk stratified, differential list is better prioritised and defended

- Implements and evaluates a management plan in concert with patient or carer

Achieved

- 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

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

Beginning

- Takes a history of the presenting complaint with an appropriate review of systems, using biopsychosocial model

Progressing

- Takes a relevant, focused history of the presenting complaint with an appropriate review of systems, using biopsychosocial model

Achieved

- Integrates comprehensive but focused history of presenting problem into consultation

1.5 Perform an appropriate physical examination, across all age groups, elicit clinical signs and interpret physical findings

Beginning

- Conducts an appropriate physical examination
- Identifies when physical examination signs are inconsistent with the history

Progressing

- Conducts a relevant and focussed physical examination, using clinical tools and correct technique

Achieved

- 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

Beginning

- Selects, requests and can justify investigations in the context of a patient presentation
- Follows facility protocols to communicate test results to patient

Progressing

- 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

Achieved

- Judiciously orders investigations with the risks and benefits of investigations explained to the patient
- Able to explain 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

1.7 Ensure safe and appropriate prescribing of medications and non-pharmacological treatment options

Beginning

- Identifies key factors to consider when choosing most effective treatment

Progressing

- Identifies and utilises quality and unbiased resources to assist in appropriate prescribing of treatments

Achieved

- 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

Beginning

- Works with supervisor to arrange referrals

Progressing

- Knows referral networks and how to arrange referrals

Achieved

- 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

Beginning

- Understands the roles of team members and participates as a respectful and effective team member
- Provides appropriate handover

Progressing

- 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

Achieved

- 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

Domain 2. Provide primary care

2.1 Apply diagnostic reasoning to undifferentiated health problems in an un-referred patient population

Beginning

Progressing

- Develops management plans that support the early identification of evolving conditions
- Considers key conditions that are important to exclude

- Communicates uncertainties to the patient
- Ensures safety netting is in place through provision of patient information and ongoing review of patient outcomes

Achieved

- Demonstrates comfort with developing a management plan for patients with long-term undifferentiated signs, symptoms or health concerns
- Demonstrates clinical decision making around choices of investigations and management that balances the potential risks against the benefits

2.2 Provide patient care across the lifespan from birth through to end of life

Beginning

- Gains skills in working with patients of different ages

Progressing

- Manages common conditions in all age groups

Achieved

- 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

Beginning

- 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

Progressing

- Proficient in managing the most common presentations and conditions in primary care
- Building skills in managing the less common presentations and conditions in primary care
- Consults with and refers to specialist medical services as appropriate

Achieved

- Proficient in managing common and less common presentations and conditions in primary care
- Knows when and where to seek further help or to refer when additional, secondary and/or tertiary care is required

2.4 Provide longitudinal care, managing individual's diverse range of problems across extended time periods

Beginning

- Understands the difference between episodic and longitudinal care
- Identifies the role of the primary care doctor in managing the patient's life journey

Progressing

- Develops longitudinal care plans for important conditions
- Develops confidence in managing whole patient life outcomes

Achieved

- Provides longitudinal care that is holistic, dynamic and integrated
- Demonstrates clear understanding and takes leadership roles in delivering health care to patients across their lifespan

2.5 Perform primary care diagnostic and therapeutic procedures

Beginning

- Identifies procedures required in primary care
- Seeks experience in providing treatments under supervision

Progressing

- Managing most typical diagnostic and therapeutic procedures independently and seeks help when required

Achieved

- Managing all diagnostic and therapeutic procedures safely, and effectively

2.6 Effectively manage time pressure and decision fatigue during general practice consultations

Beginning

- Knows a model for GP consultations
- Recognises the contributing factors to time pressure
- Identifies the signs of decision fatigue

Progressing

- Implements a model for GP consultations
- Manages a patient consultation in an effective and time efficient manner
- Recognises the signs of decision fatigue in own practice

Achieved

- Evaluates and adapts a model for GP consultation to consider time pressures
- Able to manage varying degrees of patient needs in a highly efficient manner
- Takes steps to mitigate the impact of decision fatigue in own practice

2.7 Provide continuous, consistent and coordinated chronic disease management for individuals with chronic conditions

Beginning

- Recognises chronic conditions
- Follows established management plans and contributes to shared health summaries

Progressing

- Applies appropriate clinical guidelines for chronic conditions
- Develops individualised management plans for patients with chronic conditions in consultation with patient
- Ensures shared records are maintained

Achieved

- Develops and implements a management plan for patients with multiple chronic conditions in consultation with patient
- Facilitates patient's and family's self-management of their chronic conditions
- 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

Beginning

- Describes protocols for screening and immunisation
- Collects family, social and behavioural history
- Identifies health education resources

Progressing

- 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

Achieved

- 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

Beginning

- 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

Progressing

- 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

Achieved

- 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

Beginning

- Describes where to find information on requirements for medical assessments

Progressing

- Undertakes medical assessments according to the requirements
- Maintains up-to-date knowledge on requirements

Achieved

- 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

Domain 3. Provide secondary medical care

3.1 Manage common conditions requiring inpatient care, in appropriate settings

Beginning

- Participates in the secondary care of patients

Progressing

- Develops and implements secondary care management plans for patients with common conditions

Achieved

- 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

Beginning

- Monitors fluid and electrolytes
- Modifies orders in consultation

Progressing

- Monitors and adjusts fluid and electrolyte orders
- Consults with colleagues

Achieved

- 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

Beginning

- Performs diagnostic and therapeutic procedures under supervision
- Orders appropriate procedures

Progressing

- Performs most diagnostic and therapeutic procedures independently
- Seeks assistance when required
- Orders appropriate procedures taking into consideration what is available locally

Achieved

- Performs all essential diagnostic and therapeutic procedures in the logbook independently

3.4 Recognise and respond early to the deteriorating patient

Beginning

- Recognises the key signs and symptoms of a deteriorating patient
- Seeks assistance early

Progressing

- Identifies patients at risk of deterioration and escalates level of observation
- Consults with colleagues to adjust treatment, if time permits

Achieved

- Anticipates and identifies patients at risk of deterioration early and escalates level of observation and treatment accordingly

3.5 Communicate effectively with the healthcare team, including effective handover

Beginning

- Documents effective handover plans

Progressing

- Describes the key elements required for effective clinical handover

Achieved

- 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

Beginning

- Assists in the preparation and transfer of patients

Progressing

- Identifies patients who require transfer
- Works with colleagues to arrange transfer and prepare patients

Achieved

- 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

Beginning

- Implements discharge arrangements as directed

Progressing

- Participates in multidisciplinary discharge planning

Achieved

- Coordinates multidisciplinary discharge planning

Domain 4. Respond to medical emergencies

4.1 Recognise severe, acute and life-threatening conditions and provide initial resuscitation and stabilisation

Beginning

- Recognises and effectively assesses acutely ill, deteriorating or dying patients
- Supports a colleague to stabilise emergency presentations

Progressing

- Consistently recognises situations requiring urgent medical care
- Stabilises emergency presentations with support of an experienced colleague onsite

Achieved

- 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

Beginning

- Gathers essential information, generates differential diagnosis, and seeks assistance
- Follows clinical guidelines and facility protocols

Progressing

- Gathers essential information, generates differential diagnosis, and follows clinical guidelines and facility protocols

Achieved

- 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

Beginning

- 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

Progressing

- 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.

Achieved

- 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

4.5 Interpret common pathology, imaging and other diagnostic modalities relevant to emergency management

Beginning

- Reads and interprets ECG, pathology and imaging reports
- Activate or support emergency patient retrieval, transport or evacuation when needed

Progressing

- Can identify normal pathology and imaging

- Beginning to identify common injury and pathological conditions on diagnostic test abnormalities

Achieved

- Recognises important features of common injuries and pathological conditions on ECG, pathology, radiology
- Recognises the need for transfer for higher level and diagnostics

4.6 Provide inter-professional team leadership in emergency care that includes resource allocation, risk management assessment, quality assurance, team debriefing and self-care

Beginning

- Implements basic life support

Progressing

- Participates in an inter-professional team to implement advanced life support for children and adults

Achieved

- Effectively evaluate the role of colleague support in managing patient outcomes
- Awareness of own skills/knowledge limitations and local resources

4.7 Utilise assistance and/or guidance from other specialist practitioners and services as required

Beginning

- Understands the need to gain assistance from colleagues and other service providers

Progressing

- Describes the process required to gain assistance from colleagues and other health care providers to assist patient management

Achieved

- Leads an inter-professional team to implement advanced life support for children and adults

Domain 5. Apply a population health approach

5.1 Analyse the social, environmental, economic and occupational determinants of health that affect the community

Beginning

- Identifies information sources to assist in understanding the local community

Progressing

- Investigates the key social, environmental, economic and occupational determinants of health that affect the community

Achieved

- Analyses 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

Beginning

- Identify local and regional sources of community profile data

Progressing

- Collate and synthesise appropriate data to describe the local community profile

Achieved

- Present and explain the implications of the local community profile
- Monitor population health trends and recognise 'red flags' that require action

5.3 Apply a population health approach that is relevant to the community profile

Beginning

- Advocates for healthy lifestyles and explains environmental & lifestyle risks to health

Progressing

- 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

Achieved

- 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 maintenance activities into practise at a population level**Beginning**

- Evaluates the positive and negative aspects of health screening and prevention when making healthcare decisions

Progressing

- Implements individual and national population-based screening activities in the consultation; motivates patients to participate

Achieved

- Integrates 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**Beginning**

- Is aware of individual and systemic reporting requirements in relation to statutory notification

Progressing

- Understands and implements processes to fulfil reporting requirements in relation to statutory notification of health conditions

Achieved

- 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**Beginning**

- Is aware of disaster plans in the region

Progressing

- Is prepared to act according to disaster plan if required

Achieved

- 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

6.1 Understand diverse local health practices and their benefits for communities

Beginning

- Knowledge of health practices of Aboriginal and Torres Strait Islander peoples and other cultural groups

Progressing

- Growing knowledges of health practices and their benefits

Achieved

- Sound knowledge of health practices and benefits for communities

6.2 Apply principles of partnership, community ownership, consultation, capacity building, reciprocity and respect to health care delivery, health surveillance and research

Beginning

- 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

Progressing

- Learns about the community and its resources, strengths and vulnerabilities

- Participates in activities to improve outcomes of care

Achieved

- 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

Beginning

- 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

Progressing

- 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

Achieved

- 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

7.1 Work within relevant national and state legislation and professional and ethical guidelines

Beginning

- 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

Progressing

- Makes ethical decisions and accepts responsibility for decisions made
- Understands certification; WorkCover, Centrelink, care plans, billing rules, notification requirements, involuntary admission legislation

Achieved

- Can make difficult decisions
- Understands when Medical Defence Organisation advice is required
- Provides accurate and appropriate certification; WorkCover, Centrelink, care plans, billing rules, notification requirements, involuntary admission legislation

7.2 Keep clinical documentation in accordance with legal and professional standards

Beginning

- Knows how to use practice management software
- Uses a structure to ensure that consultation notes are clear and complete

Progressing

- Uses practice management software efficiently
- Timely entry of consultation notes.
- Records concise, with enough information on a patient consult to allow others to follow.

Achieved

- Ensures that health summary information is complete and up dated regularly
- Records are comprehensive and accurate
- Undertakes record audits

7.3 Provide cost effective patient care through judicious use of resources by balancing own duty to individual patients with own duty to society

Beginning

- Knows and considers costs and risks/benefits of different treatment options in common conditions

Progressing

- Coordinates individual patient care in a way that is sensitive to resource use, efficiency and effectiveness

Achieved

- Works in consultation with patient to consistently use resources efficiently and cost effectively including complex situations

7.4 Manage, appraise and assess own performance in the provision of medical care for patients

Beginning

- Consults with colleagues about ethical concerns and accepts responsibility for ethical decisions

Progressing

- Demonstrates an understanding of patient competency and shared decision making

Achieved

- Checks with patient in order to check they fully understand responsibilities and how condition and treatment may impact on this.
- Appreciates the legalities of caring for patients who cannot consent

7.5 Participate in quality and safety improvement and risk management activities

Beginning

- 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

Progressing

Achieved

- 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

7.6 Teach and clinically supervise health students, junior doctors and other health professionals

Beginning

- Conducts teaching sessions for peers and juniors
- Coaches junior doctors around basic clinical tasks

Progressing

- Recognises, documents and manages adverse events and near misses
- Participates in quality improvement activities
- Participates in institutional quality and safety improvement and risk management activities

Achieved

- 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

7.7 Recognise unprofessional behaviour and signs of the practitioner in difficulty among colleagues and respond according to ethical guidelines and statutory requirements

Beginning

- Identifies appropriate channels to report unprofessional behaviour

Progressing

- Reports unprofessional behaviour using appropriate reporting procedures

Achieved

- 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 Contribute to the management of human and financial resources within a health service

Beginning

- Follows rules and obligations as determined by employer

Progressing

- Participates in facility/team meetings to contribute to effective management of service

Achieved

- Assists with staff rostering, employment and budget management as appropriate

7.9 Provide leadership in professional practice

Beginning

- Identifies key qualities of positive leadership in professional practice

Progressing

- Reflects and develops own ability to provide leadership in professional practice

Achieved

- Provides positive leadership in professional practice

7.10 Engage in continuous learning and professional development

Beginning

- Acknowledges and seeks to address gaps in knowledge and expertise

Progressing

- Seeks feedback from others to improve learning and performance

Achieved

- 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 appraise and apply relevant research

Beginning

- Describes basic epidemiology, biostatistics and clinical reasoning
- Participates in research and quality improvement activities

Progressing

- 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

Achieved

- Incorporates evidence-based decision making into clinical practice
- Plans and leads small research and quality improvement activities

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

8.1 Demonstrate resourcefulness, independence and self-reliance while working effectively in geographic and professional isolation

Beginning

- Participates in the provision of care away from other medical services

Progressing

- Learning resourcefulness when working with others in a rural or remote setting

Achieved

- Independently provides effective clinical care when distant from medical services

8.2 Develop and apply strategies for self-care, personal support and caring for family

Beginning

- Has own GP and family has own GP

Progressing

- Recognises the value of taking timely leave

- Maintains a healthy lifestyle,

Achieved

- 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

Beginning

- 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

Progressing

- 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

Achieved

- 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 Establish, maintain and utilise professional networks to assist with safe, optimum patient care

Beginning

- Seeks support and information from supervisors and colleagues

Progressing

- Starts to identify a support network outside the training program

Achieved

- Has developed an ongoing support network

- Maintains regular contact with network through face to face and virtual means

8.5 Provide safe, effective clinical care when away from ready access to specialist medical, diagnostic and allied health services

Beginning

- 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.

Progressing

- 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

Achieved

- 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 Use information and communication technology to assist in diagnosis, monitoring and provision of medical care or to facilitate access to specialised care for patients

Beginning

- Knows how to use the information and communication technology

Progressing

- Collaborates with colleagues to use information and communication technology to provide medical care or to facilitate access to specialised care for patients{" "}

Achieved

- 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

Beginning

- Commits to acquisition of knowledge required to care for the local community

Progressing

- Developing skills and knowledge in response to community needs

Achieved

- Has developed skills and knowledge in response to community needs

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

Aboriginal and Torres Strait Islander Health

Core Generalist

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.5

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.6

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.7

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.8

Describe the barriers to access and understanding of traditional and western health services

CG.K.9

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.10

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.11

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.12

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.13

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.14

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

Advanced Specialised

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
- understand 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

Academic Practice

Advanced Specialised

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 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

Addictive Behaviours

Core Generalist

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

Adult Internal Medicine

Core Generalist

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

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 formulation 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

Aged Care

Core Generalist

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

Anaesthetics

Core Generalist

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 and

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

Chronic Disease

Core Generalist

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

Collaborator

Core Generalist

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

Communicator

Core Generalist

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

Dermatology

Core Generalist

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
- meningococcemia
- 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

Diagnostic Imaging

Core Generalist

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

Differential Diagnosis

Core Generalist

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

CG.S.1

Interpret and integrate data, collect additional relevant data using hypothesis-directed inquiry strategies, and reformulate and refine working hypotheses

CG.S.2

Formulate a concise and reasoned problem list with differential diagnoses and a management plan

CG.S.3

Prioritise the problem list, particularly in patients with multiple medical problems

CG.S.4

Prioritise urgency of individual investigations and treatments

CG.S.5

Communicate with the patient, their family and carers to develop a management plan

CG.S.6

Adapt approach to management of each disorder to take account of patient factors and co-morbidities

CG.S.7

Record history, examination findings, synthesis, and plan for investigations and management accurately and concisely

CG.S.8

Justify the diagnosis based on clinical information

CG.S.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

Digital Health

Core Generalist

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

Emergency

Core Generalist

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

Advanced Specialised

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

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

Genetics

Core Generalist

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



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

Health Advocate

Core Generalist

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

History Taking

Core Generalist

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

Investigations

Core Generalist

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/PO₄/ 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

Leader

Core Generalist

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

Mental Health

Core Generalist

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
- 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

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

Advanced Specialised

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

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.



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

AS.S.9

Provide counselling therapies for example;

AS.S.10

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

AS.S.11

Interpersonal therapy (especially for depression)

AS.S.12

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.13

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.14

Work in collaboration with other mental health care professionals and community and government organisations

- opportunities for shared care
- specialist 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.15

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.16

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.17

Techniques for aggression management, acute situational crisis counselling, conflict resolution, violence interventions, debriefing

AS.S.18

Appropriately administer emergency pharmacotherapy, including:

- understanding clinical practice guidelines
- understanding the legal requirements for involuntary administration of emergency pharmacotherapy.

AS.S.19

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.20

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

At.

Collaborative

Musculoskeletal

Core Generalist

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, ganglia 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 paraesthesia, 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 bumbling
- 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

Obstetrics and Gynaecology

Core Generalist

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 dysphoric 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 conditions
- 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

Advanced Specialised (based on DRANZCOG Advanced Curriculum)

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

Occupational Health

Core Generalist

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

Ophthalmology

Core Generalist

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, ultra violet 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

Oral Health

Core Generalist

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

Paediatrics

Core Generalist

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 manage 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

Advanced Specialised

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 intra-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
- 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.5

Discuss pervasive developmental disorders, including:

- Autistic Spectrum Disorder (ASD)
- Rett's Syndrome
- childhood disintegrative disorder
- pervasive developmental delay not otherwise specified

AS.K.6

Describe learning disabilities and the protocols for administering and interpreting the results of the Wechsler Intelligence Scale for Children (WISC)

AS.K.7

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 good 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.8

Describe when a child can consent to medical treatment on their own behalf, and without their parents' knowledge.

AS.K.9

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.10

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.11

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.12

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.13

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.14

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.15

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.16

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.17

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.18

Discuss the indications, contra-indications and techniques for an extended range of paediatric diagnostic investigations

AS.K.19

Describe formulas for paediatric resuscitation, including:

- weight
- endotracheal tube size
- fluid resuscitation
- dose of adrenaline
- joules for electrical shock

AS.K.20

Describe appropriate pain relief: oral sucrose for infants, topical amethocaine

AS.K.21

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.22

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:

AS.S.2

recognise the presentation

AS.S.3

establish a provisional diagnosis

AS.S.4

plan and arrange appropriate initial investigation

AS.S.5

initiate empiric therapy

AS.S.6

discuss broad therapeutic options

AS.S.7

refer appropriately

AS.S.8

provide ongoing management

AS.S.9

Obtain a clinical history including:

- maternal
- family – including cultural and social factors
- genetic
- birth
- neonatal
- developmental
- nutritional
- immunisation
- environmental
- past medical

AS.S.10

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.11

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.12

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.13

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.14

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.15

Identify early indicators of 'at risk' behaviours of adolescents and initiate harm minimisation strategies

AS.S.16

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.17

Prevent occurrence and recurrence of primary conditions and prevent secondary complications from primary conditions

AS.S.18

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.19

Manage acute conditions requiring inpatient admission specific to children and adolescents include:

- head injury
- hypovolaemia
- hyper and hypoglycaemia
- acidosis
- hypoxia and
- blood transfusion

AS.S.20

Estimate and administer fluid requirements for ongoing maintenance

AS.S.21

Manage neonates admitted with common neonatal medical conditions

AS.S.22

Meet mandatory reporting requirements, as relevant to state or territory

AS.S.23

Manage conditions overrepresented in Aboriginal and Torres Strait Islander children

AS.S.24

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

Palliative Care

Core Generalist

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

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

Advanced Specialised

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

Pharmaceuticals

Core Generalist

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

Physical Examination

Core Generalist

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

Population Health

Advanced Specialised

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 people 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

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

Procedural Skills

Core Generalist

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 logbook Minimum standard required for certification Essential/Important Adult Internal Medicine rebreathing mask A Essential spirometry and peak flow measurement A nebulisation therapy A pleural tap/drainage C orogastric tube insertion A intercostal catheter C thrombolytic therapy C lumbar puncture C arterial blood sampling A proctoscopy C nasogastric tube insertion A suprapubic catheterisation C Glasgow coma scale A urethral catheterisation on male A oxygen concentrators C Important sigmoidoscopy C venom detection kit C ascitic tap C pericardiocentesis B Anaesthetics intravenous access A Essential interosseous access B peripheral line seldinger B blood transfusion A oxygen saturation monitoring A oropharyngeal airway B nasopharyngeal airway B laryngeal mask B endotracheal intubation B mouth to mouth/mask ventilation B bag/mask ventilation B CPAP/BIPAP C jet insufflation B cricothyroidotomy: emergency access B external cardiac massage B rapid sequence induction C Can't intubate, can't ventilate drill B defibrillation B synchronised DC cardioversion B emergency use of mechanical ventilators D reduce tension pneumothorax B administer nitrous oxide (as analgesia) A digital nerve block A adult sedation B topical wound anaesthesia A intercostal nerve block C Important biers block A femoral nerve block A Child and Adolescent endotracheal intubation B Essential intubation (neonate) B resuscitation (neonate) B umbilical catheter (neonate) B synchronised DC cardioversion B intravenous access B use of respiratory medication delivery devices A use of spacer devices A nebulisation therapy A intercostal catheter C thoracentesis C nasogastric tube insertion A local anaesthesia A reduction of fracture C reduction of joint dislocation C repair of superficial skin lacerations A removal of subcutaneous foreign body A venous blood sampling A sedation C urethral catheterisation A Important suprapubic aspiration C Dermatology dermatoscopy A Essential punch biopsy of skin lesion A shave biopsy of skin lesion A excisional biopsy A curettage biopsy A incisional biopsy A Musculoskeletal medicine soft tissue injury strapping A Essential soft tissue injection A joint (ganglions and around tendons) injection A joint and bursae aspiration A fracture splinting A fracture plaster cast A reduction of fracture (adult) C stabilisation of injured spine A spinal mobilisation C reduction of joint dislocation C unlocking temporomandibular joint C Important unlocking knee C Obstetrics & Women's Health urethral catheterisation on female A Essential perform urine pregnancy testing A perform foetal heart sound detection A perform CTG interpretation B manage shoulder dystocia B manage normal delivery B episiotomy C insert implanon A fundal height assessment A perform perineal repair C Important Ophthalmology visual acuity and field assessment A Essential use ophthalmoscope A use slit lamp A topical anaesthesia of cornea A staining cornea with fluorescein A eyelid eversion A irrigation of eye A removal of corneal foreign body A removal of subtarsal foreign body A measurement of intra-ocular pressure A Radiology obstetric ultrasound D Essential focussed assessment with sonography for trauma D Surgery insertion wick into external ear canal A Essential central vein cannulation D cryotherapy A ingrown toenail surgery C incision and drainage of abscess A drainage of subungual haematoma A drainage of thrombosed pile C packing of nasal cavity A cauterise nasal bleeding A hearing assessment A ear toilet A removal of

foreign body from external auditory meatus A repair of skin lacerations A curettage of skin lesions
A wound debridement A wound dressing A removal of subcutaneous foreign body A drainage
perianal abscess A Important flap repairs C skin graft repair C

Description of competency levels

Performed the procedure to the standard of a:
A. Practitioner operating independently – demonstrated on a real patient
B. Pass in an accredited course or certified satisfactory by a supervisor – demonstrated on a simulated patient
C. Practitioner under supervision – demonstrated on a real patient
D. Practitioner assisting an independent practitioner – demonstrated on a real patient

Professional

Core Generalist

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

Rehabilitation

Core Generalist

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

Remote Medicine

Advanced Specialised

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

Scholar

Core Generalist

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

Sexual Health

Core Generalist

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

Surgery

Core Generalist

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

Advanced Specialised

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