



The Royal New Zealand
College of General Practitioners

CURRICULUM

for the General Practice

Education Programme (GPEP)





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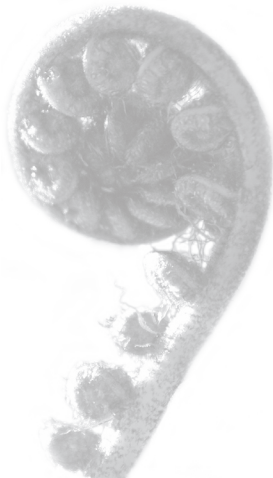
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Mihi

E nga mana, e nga reo, e nga karangatanga maha mai nga topito o te motu tena koutou katoa. Tena koutou i o tatou tini mate kua wheturangitia. No reira nga mate haere. He kaupapa tino whakahirahira tenei mo tatou nga rata a whānau o Aotearoa tuakana teina ranei ahakoa no whea, ahakoa ko wai, ahakoa ko tehea tikanga. Mehemea ka whakapakari nga pukenga me te matauranga hoki ka puawai te hua hei oranga mo tatou te tangata, a ka whakamana te kaupapa e whai ake nei. Heoi ano e iti, e te rahi, tena tatou huri noa.

Greetings to all of us, and to those who have passed on we greet and acknowledge you also. The new curriculum is very important for all general practitioners to ensure we have the appropriate skills and knowledge base to provide optimum health care to patients in our diverse communities. Once again greetings and best wishes.



Foreword



This second edition of the curriculum for the general practice education programme has been developed to meet the needs of a profession which is growing and changing, with primary care now an important focus for the delivery of health care to New Zealanders.

It builds on the work completed in 1998 in the development of the first curriculum for general practice education in New Zealand. This first curriculum was described as a “dynamic, working document” for those teaching and learning in general practice. This revised curriculum is also a dynamic, working document aimed at those who are training in general practice and also for those who are experienced general practitioners maintaining their competencies. The kaupapa or spirit of this document reflects the cultural diversity of New Zealand. The curriculum recognises the broad skills and knowledge that general practitioners need to possess and will assist both learners and educators in focusing their learning.

The curriculum will underpin the delivery of general practice vocational education across the RNZCGP vocational education pathway and form the basis for syllabi for different levels of vocational education.

Acknowledgements

A working group known as the Pathway Working Party developed this curriculum. The members of this group were:

Dr Sue Hancock (Chair BOS)

Dr Clem Le Lièvre (Chair PDC)

Dr Cath Becker (Te Akoranga a Maui representative)

Dr Pamela Hyde (Consultant)

Jane Dancer (National Director, Education)

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Professional Development Committee (PDC)

General Practice Education Programme 1 Committee (GPEP1)

Advanced Vocational Education Committee (AVE)

Intensive Clinical Training Programme (ICTP) teachers

RNZCGP Geographical Faculties

Te Akorangi a Maui (Māori Faculty)

University Departments of General Practice (Otago, Christchurch, Auckland, Wellington)

Board of Studies (BOS)

PD Doctor (PDD)

PD Practice (PDP)

AVE Assessors

AVE Facilitators

Dr Ian St George

Dr Paratene Ngata

Regional Directors

Local Coordinators

Part 1: Context of the curriculum

The overall goal of the Royal New Zealand College of General Practitioners (the College) is to improve the health of all New Zealanders through high quality general practice care. The College recognises the status of the Treaty of Waitangi and accepts its principles of partnership, participation and active protection.

The College sets standards and provides vocational education to postgraduate doctors who wish to train in general practice. It delivers a rural general practice rotation for junior doctors and a two-stage programme for doctors who wish to gain Fellowship of the College and eligibility to apply for vocational registration with the Medical Council of New Zealand.

The College also provides the framework for the maintenance of competencies in the vocational scope of general practice and assists in preparing the future workforce for the changing nature of health care in New Zealand.

In 1998 the College published a curriculum for general practice education in New Zealand. This curriculum was based on the three key concepts of patient-centred care, the generalism of general practice and evidence-based medicine. It covered the period from graduation to vocational registration.

In 2000 a syllabus was developed for the Stage 1 general practice education programme (GPEP) and was revised in 2005. In 2002 a prescription was developed for the postgraduate rural general practice education programme.

A review of the curriculum commenced in 2005 with the objectives of:

- developing a coherent, accessible framework for vertical integration for the College's vocational education pathway
- reviewing the curriculum domains for their relevance to current general practice
- defining core competencies and standards for general practice education.

The pathway working party completed their work on the new curriculum in late 2006. The document was refined throughout 2007 and 2008 after further consultation and piloting.



Part 2: Curriculum framework



Introduction to the curriculum

General practice is gazetted by the Medical Council of New Zealand as:

an academic and scientific discipline with its own philosophy, educational content, research, evidence base and clinical activity, and is a clinical specialty orientated to primary care. It is personal, family and community oriented comprehensive primary care that includes diagnosis, is continuous over time, and is anticipatory as well as responsive.

The College expands this definition to state that general practice is an academic and scientific discipline with its own educational content, research, evidence base and clinical activity. It is a clinical specialty orientated to primary health care. It is a first level service that requires improving, maintaining, restoring and coordinating people's health. It focuses on patients' needs and enhancing the network among local communities, other health and non-health agencies.

General practice:

1. is personal, family and community oriented, comprehensive primary care that continues over time, is anticipatory as well as responsive, and is not limited by the age, gender, race, religion or social circumstances of the patient nor by their physical or mental states
2. is normally the point of first medical contact within the health system, providing open and unlimited access to its users, dealing with all health problems regardless of the age, gender, culture or any other characteristic of the person concerned
3. makes efficient use of the health care resources through coordination of care, working with other health professionals in the primary health setting,

managing the interface with other specialties, and taking an advocacy role for the patient when needed

4. develops a person-centred approach, orientated to the individual, as well as an approach that is responsive to the needs of the family/whānau and their community
5. has a unique consultation process that establishes a relationship over time, through effective communication between clinician and patient
6. is responsible for the provision of longitudinal continuity of care as determined by the needs of the patient
7. has a specific decision-making process determined by the needs of the patient
8. diagnoses and manages simultaneously both acute and chronic health problems of individual patients
9. diagnoses and manages illness which presents in an undifferentiated way at an early stage of its development, which may require urgent intervention
10. promotes health and well-being through appropriate and effective intervention
11. has a specific responsibility for health in the community
12. deals with health problems in the physical, psychological, social and cultural dimensions.

The curriculum defines the knowledge, skills and attitudes required for general practice from postgraduate years to beyond Fellowship. It will assist registrars to achieve and demonstrate the required competencies. It is a resource for general practice educators to assist in facilitating the learning of registrars and for assessors in developing valid and reliable assessment of competencies.

The curriculum guides the continuing professional development of vocationally registered general practitioners to ensure that their skills, knowledge and attitudes continue to reflect contemporary practice.

Key principles and concepts underpinning the curriculum

The goal of the Royal New Zealand College of General Practitioners

The overall goal of the College is to improve the health of all New Zealanders through high quality general practice care.

Treaty of Waitangi

The College recognises the status of the Treaty of Waitangi and accepts its principles of partnership, participation and active protection derived from the Treaty, as the guide to relationships between Māori and the Crown.

Culturally competent practice

The College recognises the importance of effective communication with Māori patients to establish trust and to provide the best health care. There is a need to understand the importance of whānau, hapu, iwi and the effect that social structures have on Māori health. Cultural competence requires an understanding of one's own cultural background and how this affects the doctor-patient relationship. The principles of culturally competent practice extend to all cultural groups.¹

Equity and health disparities

The College is committed to understanding the determinants of health and reducing Māori and non-Māori disparities in health outcomes, and ensuring equitable access to health services for all New Zealanders.

Ethical practice

Traditionally, the code of ethics for the medical profession in New Zealand is that of the New Zealand Medical Association and the College has endorsed this code with respect to general practice.

1 Drs Tony Ruakere, Mason Durie, Iain Hague and Irihapeti Ramsden

Continuous quality improvement

General practice requires a commitment to continuous quality improvement to monitor, evaluate and improve systems and performance to provide the best possible health outcomes.

Patient-centred care

Patient-centred care explores the patient's values and concerns, recognises their need for information and seeks to understand their world. It involves finding common ground with the patient about the nature of the issues for which they have sought help and the reaching of a mutually agreed management plan. The consultation enhances the ongoing relationship between the general practitioner and the patient. In doing so the general practitioner balances the needs of individuals and communities with available resources.

The generalism of general practice

General practitioners have their own body of knowledge relevant to their role in primary care. They manage acute, chronic and complex health problems in individuals as well as applying health promotion and disease prevention strategies appropriate to the communities they work within. General practitioners coordinate care with other health professionals and take an advocacy position on behalf of individuals and communities when appropriate.

Evidence-based medical practice

Evidence-based medical practice is the conscientious, explicit and judicious application of current best evidence to patient care (Sackett et al, 1996).²

2 Sackett D, Rosenberg W, Muir Gray J, Haynes B, Scott Richardson W. Evidence Based Medicine: What it is and what it isn't. *British Medical Journal*. 1996; 312; 71–72.

The educational philosophy underpinning the curriculum

The curriculum is based upon an educational philosophy that recognises general practitioners are adult life-long learners who work within a constantly changing health environment. It recognises that general practitioners seek needs-based, experiential learning in which self-evaluation and critical analysis of current practice play an important part. The curriculum supports both guided and independent, self-directed learning. It recognises that adult learners want to apply what they learn and that their learning needs to be primarily situational and problem-based.

The curriculum recognises the need of adult learners for clarity and transparency in learner outcomes and recognises too the cultural and ethnic diversity of general practice registrars and their patient populations.

Vertical integration

Vertical integration underpins the curriculum ensuring that there is an educational continuum from the early postgraduate years through to vocational registration and continuing professional development. This is a tool that will be relevant to the development of undergraduate programmes. This progression allows for learning appropriate to the stage of development of the general practitioner. The curriculum identifies the competencies for general practice and the syllabi identify learning outcomes for each stage of the education pathway.

Reviewing and updating the curriculum

The College is committed to ongoing monitoring of the relevance, currency and efficacy of the curriculum and syllabi. Reviews will occur as required based upon formal research, evaluation and internal and external moderation.



Part 3: Delivering the curriculum

Learning experiences

The curriculum will be delivered through a range of diverse learning experiences. Many of these experiences will take place within a variety of general practice environments.

The registrar in Stage 1 of the general practice education programme will be supported through a one-with-one learning relationship with a College-accredited general practice teacher. This “apprentice relationship” can be described as education and service blended together for professional growth and development in a supportive general practice educational environment.

As the registrar progresses through the vocational education pathway into Stage 2 of the programme, their learning will become increasingly independent and self-directed.

The learning experiences will include:

- one-with-one learning with a vocationally registered general practitioner
- video analysis of consultations
- sitting in and observing the consultation styles of general practitioners and other health professionals
- observation by a medical educator or teacher sitting in on consultations
- case-based learning

- patient satisfaction questionnaires
- peer discussion and review
- patient record review
- use of log books to document learning
- structured peer group learning
- role played consultations
- online learning
- inter-professional learning
- opportunities for reflection
- formal structured learning such as seminars, workshops and clinics.

The learning environment

The curriculum will be delivered in a number of educational contexts depending upon the level of learning. Registrars will be placed in accredited teaching practices with support from a Stage 1 teacher, medical educators and a seminar group. Senior registrars will be based in approved general practice environments with support from a medical educator, and will have access to online learning and local learning groups. Some senior registrars may identify learning needs which are best met through further hospital-based experience and or the completion of postgraduate diplomas or certificates.



Assessment of learning

The College views assessment as an important part of the process of learning. Clinical skills, knowledge and attitudes for general practice will be assessed throughout the vocational pathway. Formative workplace assessment will underpin the delivery of the curriculum to ensure that structured feedback forms an integral part of learning. This feedback will be supported by a range of means including logbooks, role play, registrar consultations with the teacher/medical educator present, peer group learning, problem-based learning, and record review.

Summative assessments will provide formal recognition that registrars have achieved the competencies required and are 'fit for purpose' and safe for independent practice on completion of their training.



Part 4: Curriculum domains and statements

The curriculum identifies the competencies (i.e. the skills, knowledge, values and attitudes) required of a general practitioner working in primary care in New Zealand. The curriculum is organised under five domains. Curriculum statements under each domain identify the specific competencies to be achieved.

Curriculum domains

1. **Communication**
2. **Clinical Expertise**
3. **Professionalism**
4. **Scholarship**
5. **Context of General Practice**

Curriculum statements

Each curriculum statement defines the domain and core competencies to be achieved. The term 'competence' is used to describe the ability to use knowledge, understanding and practical skills to the national standard required of a vocationally registered general practitioner in New Zealand.

In domains three and four, advanced competencies have been identified. These are competencies a Fellow of the College can aspire to as they gain further experience in general practice.

A general practitioner who achieves Fellowship of the College has by definition achieved the defined standards for independent practice as a general practitioner in New Zealand.



Good communication skills enable general practitioners to develop effective patient and family/whānau centred relationships. They are able to establish and maintain rapport with patients and, where appropriate, their families/whānau, forming therapeutic partnerships in an environment characterised by trust, empathy, confidentiality and cultural competence. They are able to use skills such as motivational interviewing and counselling, when appropriate.

Effective communication skills enable the general practitioner to move freely between the patient's experience and clinical problem solving. This includes the ability to manage the consultation in a way that allows patients and their families/whānau time and space to express their needs, concerns, beliefs and expectations. The general practitioner needs to be able to elicit and understand the patient's perspective of their illness.

Engaging in ethical practice is a conscious component of the consultation, for example maintaining confidentiality and professional boundaries.

Skilled communication facilitates effective relationships with the patient, family/whānau, the general practice team, other health providers and community agencies. This implies an ability to concisely and accurately convey relevant information in both written and oral forms.

Core Competencies

Fellows of the Royal New Zealand College of General Practitioners are able to:

1. Communicate in ways that facilitate optimal patient care and patient satisfaction with the consultation.
2. Establish patient-centred relationships with patients and their families/whānau which are characterised by a focus on the patient's and whānau needs, concerns, beliefs and expectations.

3. Manage consultations within time constraints whilst ensuring that the patient's and whānau needs are appropriately met.
4. Use a range of interviewing and counselling skills appropriately to assist patients to maintain or change behaviours.
5. Relate effectively to patients of different life stages, cultural backgrounds, gender, socioeconomic status and beliefs.
6. Communicate effectively with other professionals in the practice team, and the wider primary care field, and with medical colleagues working in other specialties.
7. Advocate in order to improve the health of the enrolled patient population and the wider community.
8. Provide patients with relevant information regarding conditions, treatments and risk, seek informed consent and negotiate management plans.
9. Use accurate and concise writing skills to keep accurate and appropriate patient records, and write referral letters.
10. Use information management skills to manage patient data efficiently and ethically.



General practitioners integrate clinical knowledge with patient-centred skills in focused history taking, physical examination and in using investigations to reach a diagnosis or understanding of patients' health needs across the scope of general practice.

General practitioners develop a clinically appropriate management plan using a range of skills, including procedural interventions, therapeutics, pharmacotherapy and integration of care with other health providers. They take into account geographic, cultural and socioeconomic factors of the patient.

General practitioners demonstrate knowledge of cultural characteristics that impact on clinical presentation and management.

General practitioners competently manage common health needs whilst being alert to the possibility of serious illness. They recognise and respond appropriately to the needs of the significantly ill patient, engaging the skills of other health professionals as required. Evidence based medicine underpins decision-making and health management to optimise health outcomes.

Safe patient care requires general practitioners to work within the limits of their personal expertise and with an awareness of causes and incidence of adverse events including iatrogenesis. Uncertainty in diagnosis and management is handled transparently and safely.

Core Competencies

Fellows of the Royal New Zealand College of General Practitioners are able to:

1. Manage the consultation event in an ordered, responsive, and integrated manner.
2. Use diagnostic skills including history taking, physical examination skills, and investigations, as appropriate.

3. Use clinical reasoning to develop a working diagnosis and refine this diagnosis through the use of further investigations, as appropriate.
4. Acknowledge clinical uncertainty and respond appropriately to it.
5. Develop an appropriate management plan in negotiation with the patient using evidence based medicine and best practice.
6. Prescribe treatments safely and appropriately.
7. Use procedural skills safely and appropriately.
8. Use planned and opportunistic approaches to providing screening, preventative care and health promotion
9. Apply knowledge of epidemiology to all aspects of patient care.
10. Ensure continuity of care by developing timely plans for referral and follow-up where appropriate.
11. Integrate care by using the knowledge and expertise of other health professionals and support services to assist the patient.
12. Recognise and manage clinical risk in all aspects of patient care.
13. Recognise own skills and knowledge and respond appropriately to limitations.



General practitioners have respect and compassion for their patients. They are committed to developing and maintaining personal and professional behaviours and relationships which support and enhance general practice care.

General practitioners have an awareness of self and the impact of their personal values, attitudes, behaviours, limitations and circumstances on the professional role. They also have an understanding of the impact of the professional role on themselves and their own family/whānau.

They understand professional responsibility and the social contract and are accountable for personal and professional actions. They have a commitment to the acquisition and maintenance of the range of professional competencies required of general practitioners.

General practitioners manage professional obligations and boundaries ethically and manage ethical dilemmas effectively. Probity (defined as honesty, complete integrity and uprightness in all dealings) is a fundamental attribute for the general practitioner.

General practitioners have the ability to manage business, practice and employment issues relevant to general practice and to reflect on and plan their own career development.

Core Competencies

Fellows of the Royal New Zealand College of General Practitioners are able to:

1. Display appropriate professional values and attitudes including caritas, trustworthiness, accountability, respect for the dignity, privacy and rights of patients, concern for their relatives, and provision of equitable care.
2. Demonstrate culturally competent behaviours in all aspects of practice.
3. Demonstrate a commitment to maintaining professional integrity, standards and responsibility.
4. Adhere to ethical principles.

5. Observe and keep up to date with the laws and statutory codes affecting general practice.
6. Display insight and awareness of self and the impact of own attitudes values and behaviours on clinical practice and professional relationships.
7. Recognise the impact of the professional role on self and on family/whānau.
8. Recognise own limitations and use a range of strategies to evaluate, maintain and advance own professional competence within the scope of general practice.
9. Develop professional networks with peers for mutual learning and support.
10. Use leadership skills and initiate change when appropriate to maintain or enhance the quality of care to patients.
11. Adopt safe practice and methods, which conform to health and safety legislation, in the working environment relating to biological, chemical, physical and psychological hazards.

Advanced Competencies

As further experience in general practice is gained, Fellows of the Royal New Zealand College of General Practitioners are able to:

1. Apply a range of business, information, practice, and employment management strategies appropriate to the general practice context.
2. Plan own career direction and take steps to meet career needs.
3. Take on professional roles which contribute to the profession and benefit health care in New Zealand.
4. Facilitate the learning of registrars at all levels, peers, multi-professional colleagues, and the community.
5. Provide formal collegial support for peers.
6. Initiate quality accreditation processes.

Scholarship leads the development of the discipline of general practice, refining its content and approaches.

General practitioners consider and apply the most up to date evidence in delivering high quality care to patients. They use audit, peer review and other activities to continuously improve quality of care.

General practitioners are able to apply the principles of critical appraisal to medical information and contribute to the development and dissemination of new knowledge through research.

They identify and address their learning needs and facilitate learning and assessment of registrars and colleagues. General practitioners are also able to contribute to community education.

Core Competencies

Fellows of the Royal New Zealand College of General Practitioners are able to:

1. Reflect on own practice, identify own learning needs, seek ways to meet these needs and evaluate outcomes.
2. Critically appraise sources of information for evidence based clinical decision-making.
3. Undertake activities to ensure continuous quality improvement.
4. Develop skills in teaching and educational facilitation.

Advanced Competencies

As further experience in general practice is gained, Fellows of the Royal New Zealand College of General Practitioners are able to:

1. Gain additional advanced skills and knowledge in specific areas of general practice.
2. Undertake research, publish and present papers on research findings relevant to primary care.
3. Assist in the development of clinical guidelines, practice standards, and other quality resources for general practice.
4. Contribute to postgraduate medical and vocational education.
5. Undertake academic leadership roles in primary care.



General practitioners understand the history and role of the Treaty of Waitangi in New Zealand society and its relevance to health care. They are committed to reducing Māori and non-Māori disparities in health outcomes.

New Zealand is a country of diverse communities: urban, provincial, rural, isolated. The particular needs of any community provide challenges for the delivery of quality primary health care, but also provide opportunities for the development of creative community-based solutions. General practitioners understand the determinants and differences in health care status amongst diverse groups in NZ and facilitate equitable access to health services and outcomes for all New Zealanders. They engage, where appropriate, in the development of health care systems using the skills of advocacy in response to patient, their community, and broader societal needs.

General practitioners are skilled at working inter-professionally, in a practice team, and across the continuum of primary and secondary care. They are able to access and utilise resources to balance individual and population health needs and outcomes. In doing so, they understand the range of general practice models, their governance, operational systems, ethical frameworks, and other factors that influence the effectiveness and efficiency of primary health care delivery.

General practitioners are able to observe, critically analyse, synthesise, and modify their practice in response to changes and developments in health and health care systems nationally and internationally.

Core Competencies

Fellows of the Royal New Zealand College of General Practitioners are able to:

1. Understand and apply the principles of the Treaty of Waitangi to general practice.
2. Identify the societal, cultural, economic, spiritual, gender, environmental, geographic, demographic, occupational and other factors that impact on health and illness.
3. Identify a range of factors that can impact on accessing of health services and resources and develop appropriate responses.
4. Work effectively within an inter-professional practice team.
5. Acknowledge the skills and resources of others, lay and professional, in working collaboratively to deliver health care.
6. Advocate on behalf of patients and the community when appropriate.
7. Provide population-based health care as well as individual care.
8. Use resources equitably and cost effectively, balancing the needs of individuals and populations.
9. Provide effective and efficient services within a range of general practice governance and delivery models.
10. Respond appropriately to local and global changes that impact on general practice.
11. Initiate and support policy and social change in areas related to health care.