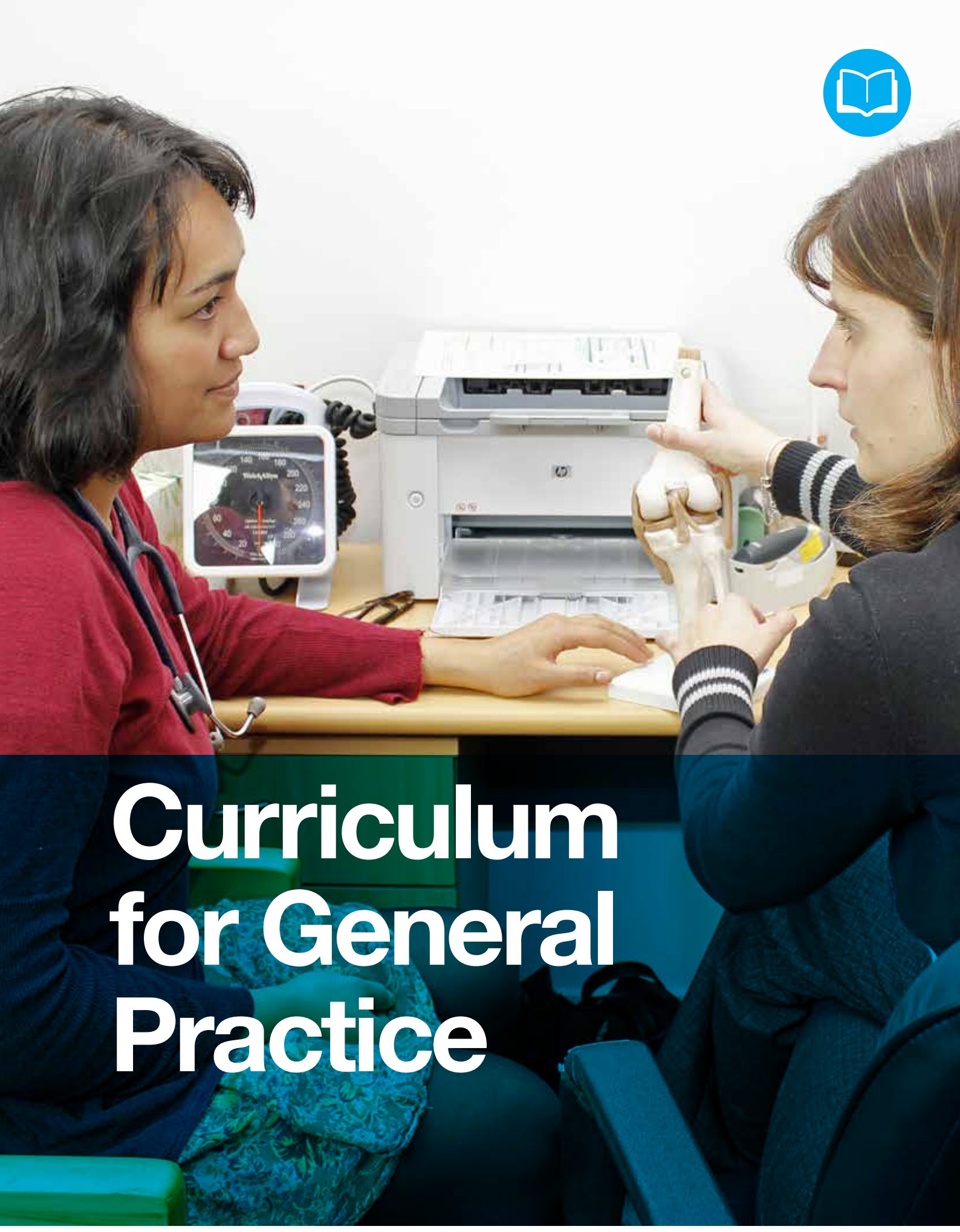


Curriculum for General Practice

The Royal New Zealand College of General Practitioners

www.rnzcgp.org.nz

What's inside:

E ngā mana, e ngā reo, e ngā karangatanga maha mai ngā tōpito o te motu, tēnā koutou katoa. Tēnā koutou i ō tātou tini mate kua whetūrangitia. Nō reira, ngā mate, haere. He kaupapa tino whakahirahira tē nei mō tātou ngā rata ā-whānau o Aotearoa, tuakana teina rānei, ahakoa nō whea, ahakoa ko wai, ahakoa ko tēhea tikanga. Mehemea ka whakapakari ngā pū kenga me te mātauranga hoki ka puāwai te hua hei oranga mō tātou te tangata, ā, ka whakamana te kaupapa e whai ake nei. Heoi anō e te iti, e te rahi, tēnā tātou 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

The Royal New Zealand College of General Practitioners' Curriculum for General Practice has been updated and expanded to ensure our training programme equips general practitioners to practise successfully in New Zealand's rapidly evolving health environment.

Since 2010, the College has been working in partnership with Health Workforce New Zealand (HWNZ) and the Medical Council (MCNZ) to review how general practitioners are trained. We have jointly identified the requirement for general practitioners to provide more complex care and the need for stronger relationships to be formed between primary and secondary services.

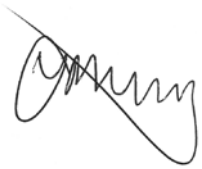
The curriculum was considerably enhanced in 2012, building on the significant work completed on the curriculum since 2008 and expanding existing syllabuses to meet the changing needs of the New Zealand population and our primary care environment. Minor updates have been made in 2014 to ensure that the curriculum remains current, coherent and relevant to general practice.

It is a dynamic, working document designed not only for those who are training in general practice but also for experienced general practitioners maintaining their competencies.

The RNZCGP Curriculum for General Practice 2012 (2014 edition) is divided into six domains and 31 curriculum statements and outlines the competencies related to the wide range of patient populations and processes in general practice in New Zealand.

The kaupapa/spirit of this document reflects the cultural diversity of New Zealand society and the need for general practitioners to work with patients, family/whānau and general practice teams to achieve good health outcomes.

On behalf of the College I want to thank the Curriculum Review Committee which has created and developed an outcomes-based curriculum that meets these needs and better reflects the broad scope of general practice.



Tim Malloy
President

Acknowledgements

A working group known as the **Curriculum Review Committee** developed this revised and enhanced curriculum. The members of this group were:

- Dr Samantha Murton – **Curriculum Development Lead** - National Clinical Leader GPEP1
- Dr Liza Lack – National Clinical Leader GPEP2
- Dr Kerryn Lum – GPEP Medical Educator
- Dr Struan Clark – PGGP, GPEP Medical Educator
- Dr Peter Fleischl – RNZCGP Censor
- Dr Rawiri Keenan – Registrar Representative
- Sue Domanski – Education Advisor Training & Evaluation
- Rhett Emery – Manager Vocational Training

Contributing members

- Dr Ralph Wiles – Censor in Chief
  Emeritus Professor Dr Campbell Murdoch – GPEP Medical Educator
- Dr Keri Ratima – Tumūaki Māori

The **Curriculum Review Committee** thanks all the College members who have responded to the consultation process through the following groups:

- GPEP medical educators
- GPEP teachers
- College Faculties
- Te Akorangi a Maui (Māori Faculty)
- University Departments of General Practice (Otago, Christchurch, Auckland, Wellington)
- Primex examiners
- Fellowship assessors
- College censors

The **Curriculum Review Committee** is also grateful to the many individuals from the wider medical community who made specific comment during the review process.

Part 1
Curriculum development

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 36-month training 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 maintaining competencies in the vocational scope of general practice and helps prepare 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 person-centred care, the generalism of general practice and evidence-based medicine. It covered the period from graduation to vocational registration.

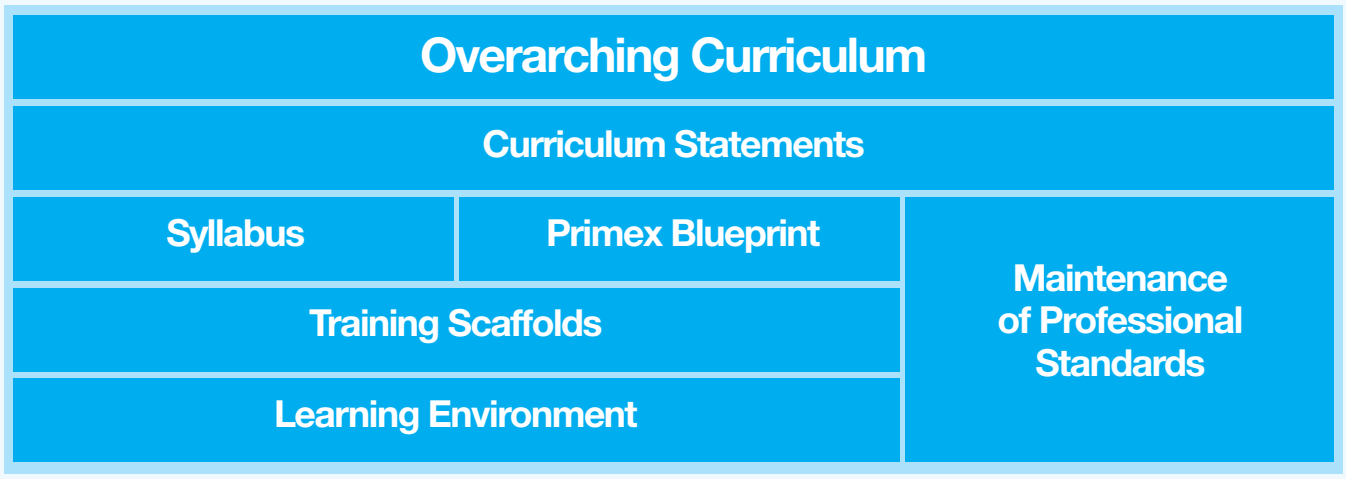
In 2000 a syllabus was developed for the Stage 1 General Practice Education Programme (GPEP) and was revised in 2005. In 2002 a prescription was developed for the postgraduate rural general practice education programme.

A review of the curriculum started 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.

From 2009 onward the training programme became more centralised and all regions were supported and guided by an expanded syllabus in the form of Training Scaffolds ensuring consistency in the delivery of education. Thirty-six Training Scaffolds were developed to integrate seminar and in-practice teaching. Using the domains of practice they supported the seminar days and included reading resources, scholarship activities, online assessment, in-practice teaching and skills training. The Training Scaffolds helped registrars focus on what to learn and allowed space for repetition of newly acquired skills in seminars and teaching practices so that the learning could be consolidated.

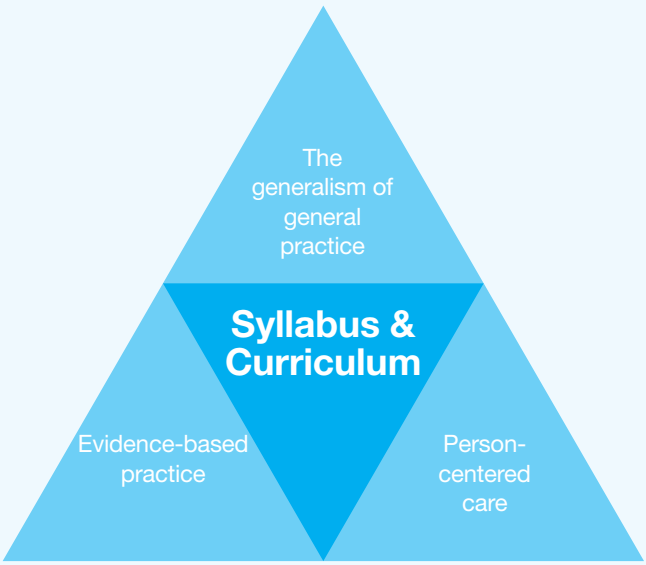


In May 2010 the College signed a memorandum of understanding with Health Workforce New Zealand and the Medical Council of New Zealand to review general practice training and implement changes to the current programme to meet emerging health workforce requirements. The three partners recognised that how we trained general practitioners needed to evolve to better meet the needs of New Zealand's aging population, the requirement for more complex care to be provided by general practitioners and the need for stronger relationships to be formed between primary and secondary services.

Thirty-one curriculum statements have been developed to reflect the scope of general practice in New Zealand. A number of themes are reflected throughout the curriculum and include:

- Māori health
- rural health
- disability
- prescribing
- multiculturalism
- integrative health care
- leadership
- education.

The curriculum statements are indicative of what is current and offer a vision for the future. They provide a base from which new concepts and structures will grow. The three key concepts of general practice have been applied – person-centeredness, generalism and evidence.



Part 1 - Curriculum development

The knowledge, skills and values identified in each of the curriculum statements are relevant to all aspects of the curriculum framework and general practitioners are encouraged to integrate key critical thinking, critical appraisal and research skills with their role as professional practitioners.

They represent the vocational pathway to Fellowship of the College and vocational registration with the Medical Council of New Zealand. They also provide guidance for experienced general practitioners maintaining their professional standards. Each curriculum statement has an associated syllabus which is a practical resource outlining the training activities to develop the skills, knowledge and attitudes required for those working in general practice.

The syllabus identifies the learning outcomes to be achieved in a particular area and the broad content to be covered over the training programme. Learning will take place in a flexible manner and not necessarily in any specific order as patients, who provide our most consistent learning, do not turn up in relation to our learning needs of the day. The syllabus has a learning structure that presents the core issues of general practice in a range of clinical, ethical, legal and sociocultural contexts throughout the training programme.

Ongoing curriculum refinement by the College will be a continuous process through the development of syllabuses, learning programmes and assessments for vocational education.

Part 2
General practice in New Zealand

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 as follows.

General practice is an academic and scientific discipline with its own educational content, research, evidence base and clinical activity. It is a clinical specialty oriented to primary health care. It is a first-level service that requires improving, maintaining, restoring and coordinating people's health. It focuses on patients' need and enhancing the network among local communities, other health and non-health agencies. General practice:

- is personal, family/whānau and community oriented, comprehensive primary care that continues over time, is anticipatory as well as responsive, and is not limited by the age, gender, ethnicity, religion or social circumstances of the patient nor by their physical or mental states
- is normally the first point of 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
- makes efficient use of health care resources through coordination of care, working with other health professionals in the primary health setting, managing the interface with other specialties, and providing an advocacy role for the patient when needed
- develops a person-centred approach, oriented to the individual, as well as an approach that is responsive to the needs of the family/whānau and their community
- has a unique consultation process that establishes a relationship over time, through effective communication between clinician and patient
- is responsible for the provision of longitudinal continuity of care as determined by the needs of the patient
- has a specific decision-making process determined by the needs of the patient
- diagnoses and manages simultaneously both acute and chronic health problems of individual patients
- diagnoses and manages illness that presents in an undifferentiated way at an early stage of its development, which may require urgent intervention
- promotes health and wellbeing through appropriate and effective intervention
- has a specific responsibility for health in the community
- deals with health problems in the physical, psychological, social and cultural dimensions.

Part 3
Curriculum framework

The curriculum defines the knowledge, skills and attitudes required for general practice from postgraduate years to beyond Fellowship. It guides and supports registrars to demonstrate and achieve the required competencies and acts as a resource for general practice educators to help them facilitate registrars' learning. It enables assessors to develop valid and reliable assessments of the required competencies.

The curriculum also guides the continuing professional development of vocationally registered general practitioners to ensure their knowledge, skills 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 principles of culturally competent practice extend to all cultural groups.[1] Cultural competence requires an understanding of one's own cultural background and how this affects the doctor–patient relationship.

The College recognises the importance of effective communication with Māori patients to establish trust and 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.

Equity and health disparities
As a principle, 'equity and health disparities' is concerned with eliminating avoidable, unfair and unjust systematic disparities in health outcomes. The concept of health equity acknowledges that different types and levels of resources may be required for equitable health outcomes to be achieved for different groups.

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.

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

Improving Māori access to primary care will be a key contribution of general practitioners towards achieving health equity. The College has developed a Māori health strategy, *He Ihu Waka, He Ihu Whenua*, to promote the achievement of health equity for Māori, and to recognise the specific rights that Māori are entitled to deriving from their status as the indigenous population of New Zealand.

The Ministry of Health's Māori health strategy, *He Korowai Oranga*, makes explicit the importance of supporting the health of Māori not only as individuals, but as whānau. Whānau ora has been identified as a preferred framework for Māori health care by Māori and is also recognised in the sector for its relevance to primary health care. The implication for general practice is that general practitioners will contribute to the generation of self-management knowledge and skills that whānau take ownership of, such that whānau are empowered to understand the cause of health problems and at the same time act to prevent or manage health issues. The transfer of knowledge and skills to whānau in a way that enables integration into routine whānau practices and that contribute to self-management is an important function of whānau ora-oriented general practice care that contributes to health equity for Māori.[2]

Ethical practice
General practitioners will often deal with challenging ethical issues when helping and caring for their patients. Some decisions can be very complex and may include end-of-life issues, consent and confidentiality. 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 for general practice. The code sets out principles of ethical behaviour for doctors and includes recommendations for ethical practice. The code enshrines the four moral principles at the heart of medical ethics: autonomy (the right of patients to make decisions for themselves), beneficence (doctors must work towards achieving the best possible outcome for a patient), non-maleficence (a duty to do no harm) and justice (equality and fair distribution of resources). It is also critical that medical practice in New Zealand give effect to the principles of the Treaty of Waitangi of partnership, participation and active protection.

Continuous quality improvement
General practice requires a commitment to continuous quality improvement (CQI) to monitor, evaluate and improve systems and performance to provide the best possible health outcomes. The principle of all quality activity is that it leads to improvement through change. Unless we learn from evidence or information, it is unlikely that we will know what, or where, to improve. CQI is a useful approach because it provides simple, systematic tools and approaches to reflect and act on the best information available. Understanding outcomes of care is an essential part of the process because it informs development of practitioner or practice-based solutions and activity to improve care for patients.

Person-centred care
Person-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 reaching 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 and enables them to provide longitudinal continuity of care as determined by the patient.

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 are the first point of contact for all new health needs and problems. The generalism of general practice enables practitioners to deliver long-term, person-focused care and meet all the health needs of their patients except those beyond their scope for which it is impossible or unnecessary for them to maintain competence in.*[3]

General practitioners coordinate care with other health professionals and take an advocacy position on behalf of individuals and communities when appropriate.

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[2] Ministry of Health. 2002. He Korowai Oranga – Maori Health Strategy http://www.maorihealth.govt.nz

[3] Starfield B. Refocusing the system. N Engl J Med 2008;359:2087-2091

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

[5] *Evidence based patient choice Inevitable or Impossible?* Edited by Adrian Edwards and Glyn Elwyn. 2001. http://ukcatalogue.oup.com/product/9780192631947.do

Part 3 – Curriculum framework

Evidence-based medical practice
Evidence-based medicine is the conscientious, explicit and judicious use of current best evidence in making decisions about the care of individual patients. The practice of evidence-based medicine means integrating clinical expertise – the proficiency and judgment that individual clinicians acquire through clinical experience and clinical practice – with the best available external clinical evidence from systematic research.[4]

The original definition of evidence-based medicine focused on the identification and compassionate use of individual patients' predicaments, rights and preferences in making clinical decisions about their care. In recent years, there has been increased acknowledgement of the importance of such individual patient factors and of evidence-based patient choice[5] (see 'person-centered care' above).

The educational philosophy underpinning the curriculum
The curriculum is based on 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, reflection 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 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 developing undergraduate programmes. This progression allows for learning appropriate to the stage of development of the general practitioner. The curriculum identifies the core competencies for general practice and the syllabuses identify competencies 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 syllabuses. Reviews will occur as required based on formal research, evaluation and internal and external moderation.

Part 4
Delivering the curriculum

The major educational goal for the general practice registrar is the transition from a hospital-based, episodic, reductionist model of providing treatment for sickness, to a community-based, continuous, holistic model of health care. The emphasis is on health promotion and prevention or the earliest possible intervention.

Patients, as we know, do not present to general practice in isolation. They bring with them a variety of symptoms, questions and concerns, interwoven with a cultural, environmental, socioeconomic, spiritual and family background that makes each consultation unique.

Te wheke,[6] one of the Māori models of health, illustrates the reality of general practice and the far-reaching effects of health and illness. To become competent in the science and the art of general practice, general practitioners must work with patients, whānau and the general practice team to guide and support initiatives that will build on the strengths and assets of everyone and encourage positive health and wellbeing, within the framework of the community in which they belong – a little like finding the pieces of a jigsaw and fitting them together to make a whole picture.

General practice education reflects the complexity of the discipline and the curriculum addresses six domains of general practice along with some common themes. While many educators may be involved in delivering the curriculum, general practitioners of today must continue to lead the education of the general practitioners of tomorrow.

The curriculum is delivered through a range of diverse learning experiences. Many of these experiences will take place within a variety of general practice and other vocational scope environments.

In their first year the registrar is supported through a one-with-one learning relationship with a College Fellow. 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 of the programme, their learning will become increasingly independent and self-directed.

[6] http://www.health.govt.nz/our-work/populations/maori-health/maori-health-models/maori-health-models-te-wheke

The learning experiences will include:

- individual 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
- a medical educator sitting in on consultations
- case-based learning
- research
- evidence-based learning activities
- patient satisfaction questionnaires
- peer discussion and review
- patient record review
- use of log books to document learning and assist reflection
- structured peer group learning
- role-played consultations
- online learning
- inter-professional learning
- community-based experiences
- opportunities for reflection
- formal structured learning, such as seminars, workshops and clinics
- training under other vocational scopes
- academic output.

The learning environment

The curriculum will be delivered in a number of educational contexts depending on the level of learning. Registrars in their first year of training will be placed in accredited teaching practices[7] with support from a GPEP teacher and medical educators. In conjunction with the clinical placement, there are regional day-release seminars and workshops. These provide the opportunity to review and reflect on practice experiences with peers. As well as covering core topics, clinical skills and knowledge, topics for each seminar are structured using a training scaffold that links the topic to the curriculum statements and domains of general practice.

Senior registrars in their second and third years of training will be based in approved general practice environments with support from a visiting medical educator, and will have access to modular online learning and small, self-directed learning groups led by a medical educator. Senior registrars may identify learning needs that are best met through further training under other vocational scopes in either hospital-based or community environments and/or through completing 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.

Curriculum delivery will be underpinned by formative workplace assessment to ensure structured feedback forms an integral part of learning. This feedback will be informed by a range of means including logbooks, role play, registrar consultations with the teacher or medical educator present, small group learning, problem-based learning, record review and career plans.

Summative assessments will evaluate the learning and provide formal recognition that registrars have achieved the competencies required, and are 'fit for purpose' and safe for independent, unsupervised practice when they have completed their training.

[7] RNZCGP Teaching Standards 2012

Part 5
Curriculum domains

The curriculum identifies the competencies (the skills, knowledge, values and attitudes) required of a general practitioner working in primary care in New Zealand. The curriculum is organised under six domains.

Domain statements
Each domain defines the core competencies to be achieved. The term 'competency' 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 3, 4 and 6, further 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.

Domain 1
Communication

Good communication skills enable general practitioners to develop effective patient and family/whānau-centred relationships. They 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 use skills, such as motivational interviewing and extended consultation or counselling, when appropriate.

Effective communication skills enable the general practitioner to move freely between the patient's experience and clinical problem-solving. This includes managing the consultation in a way that allows patients and their families/whānau time and space to express their ideas, needs, concerns, beliefs and expectations. The general practitioner elicits and understands 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. Increasingly, this may include electronic communication.

Core competencies

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

- communicate competently and sensitively and in ways that facilitate optimal patient care and patient satisfaction with the consultation
- recognise the health literacy needs of the patient and their family/whānau
- communicate effectively and appropriately in situations where there is impairment and/or language barriers
- elicit the relevant information needed to take an appropriate history
- establish person-centred relationships with patients and their families/whānau characterised by a focus on the patient's and whānau needs, concerns, beliefs and expectations
- incorporate the principles of Te Whare Tapa Wha and similar models of health into their consultations where appropriate
- manage consultations efficiently within time constraints while ensuring the patient's needs and those of their family/whānau needs appropriately met
- use a range of interviewing and counselling skills appropriately to help patients maintain or change behaviours
- relate effectively to patients of different life stages, cultural backgrounds, gender, socioeconomic status and beliefs
- communicate effectively with other professionals in the practice team, and the wider primary care field, and with medical colleagues working in other specialties
- provide patients with relevant information about conditions, treatments and risk, seek informed consent and negotiate management plans
- use accurate and concise writing skills to keep appropriate patient records and communicate with other health providers
- communicate safely and effectively by electronic media.

Domain 2
Clinical Expertise

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.

They 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 and their community.

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

They competently manage common health needs while 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 their 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.

General practitioners undertake and provide inter-professional education enabling them to both share and appreciate the expertise and breadth of the primary care team.

Core competencies

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

- manage the consultation event in an ordered, responsive, culturally competent and integrated manner
- use diagnostic skills, including history taking, physical examination skills and investigations, as appropriate
- use clinical reasoning to develop a working diagnosis and refine this diagnosis through further investigations, as appropriate
- acknowledge clinical uncertainty and respond appropriately to it
- develop an appropriate management plan in negotiation with the patient using evidence-based medicine and best practice
- prescribe treatments safely and appropriately
- use procedural skills safely and appropriately
- use planned and opportunistic approaches to provide screening, preventative care and health promotion activities
- use appropriate screening tools to identify health-related risk factors
- apply knowledge of epidemiology to all aspects of patient care
- ensure continuity of care by developing timely plans for referral and follow-up, where appropriate
- recognise and manage clinical risk in all aspects of patient care
- recognise their own skills and knowledge and respond appropriately to limitations
- promote and enable patient self-management, self-help and autonomy
- apply appropriate skills to manage emergency presentations.

Domain 3 Professionalism

General practitioners have respect and compassion for their patients. They are committed to developing and maintaining personal and professional behaviours and relationships that 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 acquiring and maintaining 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 practice now takes place not only in the consulting room but on the telephone and via the computer, and with further technological advancements will take place in other electronic forums. General practitioners need to keep abreast of advancing technology and recognise the boundary issues associated with the electronic age. It is important they practice competently and ethically – standards of first class patient care, privacy and cultural competency must be upheld wherever the consultation is taking place.

Core competencies

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

- display appropriate 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
- display insight and awareness of self and the impact of their own attitudes, values and behaviours on clinical practice and professional relationships
- demonstrate culturally competent behaviours in all aspects of practice
- use health service funding responsibly
- demonstrate a commitment to maintaining professional standards and responsibility
- recognise the impact of the professional role on self and on family/whānau and take appropriate steps to maintain self-care
- maintain professional integrity and adhere to ethical principles
- recognise their own limitations and use a range of strategies to evaluate, maintain and advance their own professional competence within the scope of general practice
- understand causes of health inequalities and promote health equity for all groups (including through the use of Māori models of health)
- share knowledge and skills with trainees and colleagues from a range of disciplines
- work appropriately with confidential information
- develop professional networks with peers for mutual learning and support
- keep adequate clinical records
- ensure that appropriate systems are in place to ensure a safe practice environment for patients, staff and all who cross the threshold
- observe and keep up to date with the laws and statutory codes affecting general practice
- advocate for the patient in dealings with the broader health system.

Domain 3 – Professionalism

Further competencies

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

- plan their own career direction and take steps to meet career needs
- take on professional roles that contribute to the profession and benefit health care in New Zealand
- facilitate the learning of trainees at all levels, peers, multi-professional colleagues and the community
- provide both formal and informal collegial support for peers
- initiate quality accreditation processes in the practice
- undertake clinical leadership roles in primary care and in the wider health sector.

Domain 4
Scholarship

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 and recognise those areas in which the evidence base is necessarily limited. They use audit, peer review and other activities to continuously improve quality of care.

General practitioners apply the principles of critical appraisal to medical information and contribute to developing and disseminating new knowledge through research.

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

Core competencies

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

- reflect on their own practice, identify their own learning needs, seek ways to meet these needs and evaluate outcomes
- develop skills in teaching and educational facilitation and contribute to postgraduate medical and vocational education and to the education of the primary care team, patients and colleagues
- maintain comprehensive and current knowledge and critically appraise sources of information for evidence-based clinical decision-making
- understand statistical terminology and competently apply it in practice
- undertake activities to ensure continuous quality improvement
- keep comprehensive notes and write appropriate referrals.

Further competencies

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

- gain additional advanced skills and knowledge in specific areas of general practice
- help develop clinical guidelines, practice standards, and other quality resources for general practice
- undertake research, publish and present papers on research findings relevant to primary care
- undertake academic leadership roles in primary care.

Domain 5
Context of General Practice

New Zealand is a country of diverse communities: socioeconomic, urban, provincial, rural, isolated. The particular needs of any community provide challenges for delivering high-quality primary health care, but also provide opportunities for developing creative, community-based solutions.

General practitioners understand the determinants and differences in health care status among diverse groups in New Zealand and facilitate equitable access to health services and outcomes for all New Zealanders. They engage, where appropriate, in developing health care systems using the skills of advocacy in response to patients, their community and broader societal needs.

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. Additionally, general practitioners support the Ministry of Health Māori Health Strategy *He Korowai Oranga*, which encourages whānau, hapū, iwi and Māori community aspirations to take ownership of their personal health and wellbeing.

General practitioners are skilled at working inter-professionally, in a practice team, and across the continuum of primary and secondary care. They access and use 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:

- understand and apply the principles of the Treaty of Waitangi to general practice
- identify the societal, cultural, economic, spiritual, gender, environmental, geographic, demographic, occupational and other factors that impact on health and illness
- identify a range of factors that can impact on accessing health services and resources and develop appropriate responses
- work effectively within an inter-professional practice team
- acknowledge the skills and resources of others in working collaboratively to deliver health care
- advocate on behalf of patients and the community when appropriate
- advocate to improve the health of the enrolled patient population and the wider community
- be aware of the range of integrative and complementary medicine in the community and acknowledge different attitudes and cultural norms
- engage in activities aimed at improving population health as well as providing individual care
- understand how patient situation and context may impact on health and provide appropriate patient support
- use resources equitably and cost-effectively, balancing the needs of individuals and populations
- respond appropriately to local and global changes that impact on general practice
- coordinate with other healthcare providers, organisations and agencies and allied professions including local providers
- understand the local practice population and its health issues
- coordinate patient care, taking the lead when appropriate.

Domain 6
Management

The vast majority of patient contacts in the New Zealand health system occur in general practice. The general practitioner manages a wide range of health and social problems, using a variety of skills and resources. The complex environment in which this care is delivered demands that the general practitioner takes into account the individual, local and national health priorities.

As general practitioners do not practise in isolation, managing resources involves employing, educating and motivating staff, co-ordinating the work of others, planning and monitoring the health outcomes and taking responsibility for the process.

In New Zealand, administering and contracting health services is continuously being devolved from central government to more local units of organisation. Governing, managing and co-ordinating services is increasingly being undertaken by general practitioners.

General practice is an ever-changing environment and managing change is essential for general practitioners for the future.

Core competencies

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

- develop and implement practice policies and systems for effective management of patients
- contribute to the broad management functions of health services, including human resources, employment, business and clinical governance
- use information management skills to manage patient data efficiently and ethically
- reconcile differences in access to health services according to rurality, socioeconomic and cultural determinants, as relevant
- recognise that for the best patient outcome there must be a team approach to primary care with the general practitioner in a leading role, working respectfully and co-operatively with other professionals and disciplines
- demonstrate an awareness of the advantages of full engagement of all members of the primary care team
- use every opportunity to appropriately share knowledge and skills gained through their own experience and training
- reconcile the needs of the individual general practitioner and practice with the needs of the wider health economy
- reflect on the health needs of the community in which they work and develop innovative strategies to meet these needs, recognising the integral part that primary care has to play.

Further competencies

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

- develop skills in strategic planning and use them to develop and improve health services and promote general practice
- appraise and evaluate the need for proposed changes, and develop skills to implement these
- advocate for ongoing opportunities for all team members to operate at the top of their scope while continuously extending their skill levels
- assess and lead further development of the practice as a business, meeting the needs of staff, patients and the wider community
- apply a range of business, information, practice and employment management strategies appropriate to the general practice context.

Part 6
Curriculum statements

The curriculum is a dynamic, working document for those teaching and learning in the general practice discipline, one that states and restates what people must learn if they are to become effective general practitioners. The curriculum statements are indicative of what is current and offer a vision for the future. They provide a base from which new concepts and structures will grow.

The three key concepts of general practice have been applied – person-centeredness, generalism and evidence.

The knowledge, skills and values identified in each of the curriculum statements are relevant to all aspects of the curriculum framework and general practitioners are encouraged to integrate key critical thinking, critical appraisal and research skills with their role as professional practitioners.

Each of the curriculum statements follows a similar format.

Rationale
Each statement has an explanation and justification for why it is included in the curriculum. This is based on evidence about its significance for general practice. Each statement takes into consideration the nature of general practice, national health goals and targets, and the prevalence of conditions in the context of New Zealand society.

The domains
Each domain outlines a set of broad aims connecting the key aspects of general practice with the curriculum topic. The key concept of person-centred care is kept up front and the relevant skills, knowledge and attitudes required of a general practitioner are outlined.

The generalism of general practice is apparent in the range of knowledge areas in the curriculum. Each statement contains core content and competencies, but in places exceeds that requirement to give more scope for the trainee general practitioner and a curriculum for continuing professional development.

General practitioners see diverse groups of patients. They have the key advantage of working with the patient in context, and develop a very thorough and wide-ranging understanding of the social, political, cultural and economic contexts of their patients. This knowledge informs the skills and attitudes of the general practitioner and makes their role both crucial and unique. The curriculum statements reflect this.

Ongoing curriculum refinement by the College will be a continuous process through developing syllabuses, learning programmes and assessments for each phase of vocational education.

Curriculum statements

Acute Care

Acute care is, broadly speaking, managing illness or accidents in patients who present acutely, i.e. unscheduled, in a practice or in the community. There may be considerable discordance between a doctor's view of what is an acute problem and a patient's view, and there may be many other factors affecting the manner and timing of presentation.

Managing acute presentations may be challenging, satisfying, disruptive, frustrating or even frightening, but it is part of general practice and good patient care. The immediate care of people suffering in these conditions is paramount to their long-term health outcome.

How much acute care a GP has to do will depend on the practice's location in terms of distance and time from an emergency department. Also impacting on the type and frequency of the acute care is the practice demographics. Māori, Pacific and some rural patients will tend to present with more serious and advanced illness than other New Zealanders.[1,2] The organisation of the practice may allow for acute presentations, for example it may have nurse or doctor appointments kept open for acute presentations and/or it may have an after-hours arrangement.

There are now initiatives in some urban areas of New Zealand that allow more advanced investigation, management and observation of patients in primary care urgent and after-hours centres to reduce pressure on overcrowded emergency departments. These initiatives allow general practitioners the challenge and satisfaction of managing acutely ill patients, and help to provide a more patient-centred model of care.[3]

In rural areas, acute care is a far more significant part of the general practitioner's daily work, with the rural practice and/or community hospital acting as the emergency department. The doctor on duty must be prepared to manage any patient who walks, or is carried, through the door, or who they are called to urgently. This requirement is one of the defining features of rural medicine and can seem daunting or overwhelming.

General practitioners need to cope with a variety of traumatic and medical emergencies, as well as acute minor trauma. Life-threatening emergencies will require hospital intervention and general practitioners require the knowledge and triage skills to choose the appropriate management.

[1] Craig E, McDonald G, Adams J, Reddington A, Oben G, Simpson J, Wicken A. 2012. Te Ohonga Ake 1: The Health of Māori Children and Young People with Chronic Conditions and Disabilities in New Zealand. New Zealand Child and Youth Epidemiology Service: Dunedin.

[2] Baker MG, Barnard LT, Kvalsvig A, Verrall A, Zhang J, Keall M, Wilson N, Wall T, Howden-Chapman P. 2012. Increasing incidence of serious infectious diseases and inequalities in New Zealand: a national epidemiological study. Lancet; 379:1112-9.

[3] Ardagh M. 2010. How to achieve New Zealand's shorter stays in emergency departments health target. Journal of the NZ Medical Association.

Communication

The GP will demonstrate the ability to:

- effectively assess acute illness in a telephone consultation, eliciting appropriate details and history, and give appropriate advice for home care or need for further assessment
- communicate with and ask advice from colleagues in the primary care team, including nursing staff and specialist colleagues
- take a relevant and focused history appropriate to a general practice environment from a patient presenting acutely
- ensure systems are in place to inform other medical practitioners involved in patient care of relevant information to provide seamless continuity of care.
- understand the importance of communicating with patients and family/whānau when obtaining informed consent for management options, plans and treatments

Clinical Expertise

The basics
The GP will demonstrate:

- proficiency in resuscitation skills to a minimum of Level 5 of the New Zealand Resuscitation Council standards, plus further training in acute care as appropriate to location, for example APLS, PRIME
- awareness of their limitations and an ability to seek advice (when in doubt).
- a clear, robust and systematic approach to acute care that ensures safe practice for themselves, the patient and their staff

Cardiovascular
The GP will demonstrate the ability to:

- assess and manage cardiovascular presentations including but not limited to chest pain (including differentiation, initial or definitive treatment, and referral with or without pre-hospital treatment appropriate to the practice location); acute arrhythmias; an acute cerebrovascular event; possible deep vein thrombosis including knowledge of diagnostic pathways, local protocols and initial management in the community; and acute peripheral arterial insufficiency

Cardiorespiratory
The GP will demonstrate the ability to:

- assess, differentiate and manage acute breathlessness, including rational clinical decision-making for severity and the need for secondary assessment or hospitalisation versus management in the community, and secondary prevention in all age groups, including children.

Clinical Expertise

Gastrointestinal
The GP will demonstrate:

- knowledge of causes of acute abdominal pain and/or vomiting in children and adults, and differentiation and appropriate management, including pre-hospital treatment
- management of acute gastrointestinal bleed, including resuscitation and appropriate referral and transfer, knowledge of local referral and admission pathways.

Genitourinary
The GP will demonstrate the ability to:

- diagnose renal colic, initiate immediate management and have knowledge of local referral pathways for further investigation and management
- identify and manage acute ectopic pregnancy and miscarriage and other obstetric emergencies
- manage acute urinary retention, catheter insertion and management
- identify acute testicular torsion.
- identify and manage the entire spectrum of genitourinary infection

Skin
The GP will demonstrate the ability to:

- recognise, assess severity of and manage cellulitis, including rational prescribing of oral antibiotics and community intravenous antibiotics when appropriate
- identify and manage acute urticaria.

Ear, nose and throat
The GP will demonstrate the ability to:

- manage epistaxis, including patient education for physical positioning and pressure, intranasal medications, cautery and nasal packing or tamponade if needed
- identify and manage conditions that may compromise the airway, for example quinsy, foreign body in the airway.

Eyes
The GP will demonstrate:

- confident assessment and management of the acute red or painful eye
- competent examination for and removal of a simple foreign body on the surface of the eye or under the upper lid.
- appropriate assessment and management of a patient with sudden visual loss

Clinical Expertise

Neurology
The GP will demonstrate the ability to:

- assess acute headache, including red flags
- assess and manage patients post traumatic head injury and advise appropriate follow-up.
- manage acute seizures in children and adults, including immediate management, management of status epilepticus, and appropriate transfer or referral

Infection
The GP will demonstrate the ability to:

- diagnose and appropriately treat community-acquired pneumonia in adults
- recognise sepsis and be able to initiate the appropriate pre-hospital antibiotic treatment for children and adults.

Trauma
The GP will demonstrate the ability to:

- manage a variety of wounds
- assess and manage fractures
- assess and immediately manage burns appropriately
- manage dislocations where appropriate.

Metabolic
The GP will demonstrate the ability to identify and manage acute metabolic emergency conditions:

- Anaphylaxis
- Hyper/hypokalaemia
- Angioedema
- Hyper/hypocalcaemia
- Diabetic keto-acidosis

A Acute Care

Professionalism

The GP will demonstrate the ability to:

- maintain the skills needed for acute care appropriate to the practice type and location
- place patient safety as the priority, recognising their limitations and seeking help or advice appropriately
- have their patients' welfare and safety as their first priority (apply the litmus test of 'What would I want to happen if this was a member of my family?')
- show willingness and have the ability to lead and work as part of a team to provide the best overall patient care
- maintain staff, equipment and premises suitable to provide acute care
- negotiate with funders (health board, local trust etc), as necessary
- facilitate training opportunities for the primary care team
- ensure they have an appropriate support network in place for their own self-care
- realise it is an ethical obligation to provide emergency first aid care in any situation, whether on or off duty until necessary help services arrive
- participate in acute care provision and/or ensure this is in place for patients enrolled in their care.

Scholarship

The GP will demonstrate the ability to:

- maintain the necessary skills needed for acute care appropriate to the practice type and location
- show a willingness to teach and support the primary care team in acute care
- audit significant events and deal with them appropriately.

Context of General Practice

The GP will demonstrate the ability to:

- develop and maintain a good working relationship with local base hospital acute services, ambulance services, mental health services, police and other individuals or agencies involved in acute care, such as the fire service
- be aware of developments in IT to facilitate the best care when patient's records are not available, for example Care Insight
- delegate to other team members who might have more skills or knowledge, such as nursing colleagues, mental health staff and paramedics.

Management

The GP will demonstrate the ability to:

- manage acute care provision, especially out of hours, in such a way that the service is safe for patients and staff and sustainable, including standing orders and protocols
- involve and lead the wider primary care teams in acute care provision, for example nurse triage and assessment, local ambulance service, rural hospital staff
- understand the funding issues and the related stresses in acute care provision
- learn and make use of new technologies that facilitate acute care
- ensure systems are in place to allow for reasonable acute care requirements and 'business as usual' scheduling for the practice population.

This curriculum statement links with all others in the series.

Addictions

The effects of addiction are far-reaching, and no sector of New Zealand society is exempt. Addiction has an impact on individuals, families, communities and beyond. It is linked to poverty, crime, accidental and non-accidental injury and poor health outcomes. A growing number of people who have an addiction also experience a mental illness.[1] It is an area in which most general practitioners will recognise conflicting values, and in which it is all too easy to make hasty, ill-considered judgments.

Addiction is wide-ranging and can include alcohol, tobacco, recreational and prescription drugs, other substance misuse, problem gambling and other gaming, sexual addiction, obsessive shopping, eating disorders, obesity and social networking. Some of these may be increasingly fuelled by ease of access to the internet. Harmful effects on individuals and families may be compounded by co-dependent or dysfunctionally enabling behaviour by family members and health professionals.

The general practitioner should be competent in recognising signs or symptoms of addiction, including co-dependency. Family history is becoming increasingly evident as a factor in addiction, so using whānau ora[2] principles and concepts is essential if we are to break the cycle of addiction within families.

We know almost half of all New Zealand adults aged between 16 and 64 years have used drugs for recreational purposes, and that a third of those who seek help to reduce their use of drugs seek that help from their general practitioner.[3]

Māori are twice as likely to smoke tobacco compared to non-Māori, with the highest prevalence of smoking being in Māori women.[4] Māori are also more likely to be regular cannabis smokers, and to have started smoking cannabis when aged less than 14 years. While non-Māori are more likely to consume alcohol, Māori are more likely to drink at a hazardous level.[5]

Misuse of prescription drugs is of particular concern as most are obtained from general practitioners; doctors themselves are especially at risk and should be wary of prescribing for colleagues or for patients who are unknown to them.

[1] Ministry of Health. 2005. Te Tahuhu: Improving Mental Health 2005-2015: The Second New Zealand Mental Health Plan. Ministry of Health, Wellington.
[2] Ministry of Health. 2002. He Korowai Oranga – Maori Health Strategy. http://www.maorihealth.govt.nz
[3] Ministry of Health. 2010. Drug use in New Zealand: Key results of the 2007/08 New Zealand Alcohol and Drug Use Survey
[4] Ministry of Health. 2006. Tatau kahukura: Maori health chart book.
[5] Ministry of Health. 2006. Tatau kahukura: Maori health chart book.

Communication

The GP will demonstrate the ability to:

- take a careful history, exploring problem gambling, alcohol and drug use, as well as co-morbidities
- involve family/whānau in discussions and solutions where appropriate
- identify and follow up any areas of potential concern, such as non-accidental injury, motor vehicle accidents, frequent falls or disproportionate poverty
- foster an effective relationship with the patient in the initial consultation that encourages follow-up and/or a subsequent consultation
- take a non-judgemental approach in the use of language, avoiding the temptation to get caught up in semantics
- demonstrate strategies to manage conflict within the consultation, for example dealing with drug seekers or inappropriate requests for certification.
- ensure the patient understands the limits of confidentiality versus safety

Clinical Expertise

The GP will demonstrate the ability to:

- use and interpret appropriate screening tools and be able to explain the process to patients
- develop skills to help with community detoxification
- assess the motivational stage of an addicted patient
- explain to patients and their family/whānau the nature of addictions and that they are chronic and relapsing disorders
- offer brief interventions and adeptly introduce an intervention into the consultation
- discuss with patients and their family/whānau the health, financial and psychosocial problems resulting from addictions
- recognise and manage acute conditions, such as intoxication, psychosis or withdrawal
- develop a working knowledge of the various treatments and programmes available so that appropriate care can be planned
- negotiate a plan for ongoing management and refer appropriately; this may include family support, for example children with foetal alcohol syndrome
- prescribe medications appropriately for various aspects of addiction, for example detoxification, methadone programme.
- consider relevant co-morbidities and investigate accordingly, for example blood-borne infections and/or depression

A Addictions

Professionalism

The GP will demonstrate the ability to:

- understand their practice policy and process for accessing immediate support if needed to ensure their safety and the mechanism to debrief after difficult consultations
- describe the process by which they can raise concerns about a colleague
- adhere to Medical Council guidelines when treating patients and colleagues with addictions
- be aware of the circumstances under which GP performance and competence can decrease
- reflect on ways to manage a consultation when they and the patient have conflicting values
- describe the local process for relaying information about drug-seekers to other practitioners
- recognise which prescription medicines have street value and be alert for potential misuse
- outline the medico-legal issues in relation to alcohol and drug use, for example when driving
- pay attention to their own self-care; doctors are not exempt from addictions either
- describe the legal obligations, rights and responsibilities from key legislation for confidentiality, prescribing and certification for all patients and especially for those dependent on controlled drugs.

Scholarship

The GP will demonstrate the ability to:

- document all discussions accurately and carefully
- use opportunities to up-skill and maintain awareness of the issues surrounding addiction.
- evaluate prescribing of potentially misused prescription drugs and compare with colleagues

Context of General Practice

The GP will demonstrate the ability to:

- familiarise themselves with local agencies who treat and support patients and their family/whānau living with addictions, recognising the particular challenges in small or rural communities
- use the principles of Te Whare Tapa Whā, exploring the impact of addiction on patient, family/whānau, workplace and community
- consider the role of culture in addiction
- consider the relationship between addictions and socioeconomic factors and how each affects the other.

Management

The GP will demonstrate the ability to:

- collaborate with the primary care team to ensure a co-ordinated and consistent approach to patient care
- develop and/or review practice policies for safe prescribing, including e-prescribing.

This curriculum statement links with:

- Acute Care - Page 28
- Long-term Conditions - Page 85
- Mental Health - Page 97

Adolescent/Rangatahi/Youth Health

Adolescence is a dynamic developmental period that does not always happen continuously, and with no measurable endpoint. It is a period of intense change and vulnerability during which expectations, goals and rites of passage vary widely.

Young people (rangatahi) have specific developmental needs and health problems that can be influenced by a range of factors, including cultural background, socioeconomic status, geography, family structure, abuse, neglect or homelessness.

In New Zealand adolescents are a culturally diverse group that accounts for over 20 percent of the population. For rural youth there may be a particular risk of alcohol misuse and drunk driving; for Māori,[1] depression, suicide and disability rates are higher. Refugee youth also have specific risk factors.

While rangatahi most commonly present to general practitioners with physical complaints, such as respiratory, skin and musculoskeletal conditions, they are much less likely to present with the mental health and behavioural issues that are the major causes of adolescent morbidity.[2] The Youth '07 study[3] identified family conflict, alcohol and other drugs, body image, and mental health and emotional worries as being the main issues of concern for secondary school students in New Zealand.

For young people, general practitioners play a vital role in facilitating access to health services; it is vital that general practitioners are aware of the significant barriers that may make our rangatahi reluctant or infrequent users of services. Engaging with young people and developing a trusting relationship is likely to be the most important skill and will affect outcomes, regardless of the presenting complaint.[4] A warm, empathic and non-judgmental approach facilitates effective interventions, which will be less successful if the value systems of the general practitioner are imposed on the young person in an authoritative or judgemental way.[5]

Creating a youth-friendly service and mastering social interaction with young people (with and without parents present) requires awareness and enthusiasm. General practice training and education aims to develop the knowledge, skills and attitudes that a general practitioner will require to work successfully with adolescents within an interdisciplinary team.

NB: Youth, adolescents, young people and rangatahi are used interchangeably to describe the age group from 10 to 24 years, and include all ethnicities.

[1] Ministry of Health. 2009. Suicide Facts: Deaths and intentional self-harm hospitalisations 2009. Wellington: Ministry of Health.

[2] The Collaborative for Research and Training in Youth Health and Development Trust. 2011. Youth Health: Enhancing the skills of Primary Care Practitioners in caring for all young New Zealanders. Christchurch. This is an excellent resource manual for all primary care practitioners who deal with young people. info@collaborative.org.nz

[3] "Youth '07: The health and wellbeing of secondary school students in New Zealand" www.youth2000.ac.nz

[4] Bennett DL, Kang M. 2011. Communicating with adolescents in general practice. In "The Missing Link – Adolescent mental health in general practice." Alpha Biomedical Communications, NSW.

[5] Christie, G. 2008. The Substances and Choices Scale Brief Intervention. Werry Centre for Child and Adolescent Mental Health.

Communication

The GP will demonstrate the ability to:

- describe the boundaries of confidentiality and demonstrate strategies to negotiate who will be present during consultations
- communicate according to the level of cognitive development of the young person
- engage the young person and establish rapport, developing effective relationships with them and their family/whānau
- obtain a history, bearing in mind factors specific to rangatahi
- find out what the young person considers to be 'normal'
- confirm contact details and establish a means of ongoing communication, for example for test results
- discuss safe sex, unintended pregnancy, sexual orientation, risk-taking behaviour, violence, eating disorders, relationships with both family and peers, emotional concerns and other issues using appropriate, non-judgemental language, normalising where appropriate
- negotiate a mutually acceptable management plan
- consider patient factors when obtaining consent for observation of consultations or attendance by doctors in training.

A Adolescent/Rangatahi/Youth Health

Clinical Expertise

The GP will demonstrate the ability to:

- recognise levels of cognitive and physical development, and distinguish between normal and abnormal developmental changes in young people
- recognise the potential for enhanced risk-taking in those with disabilities or chronic illness
- assess young people using an appropriate framework (e.g. HEADSSS), taking into account the impact of cultural issues, including the impacts of immigration on young people and their family/whānau
- manage common health conditions presenting in youth
- identify risk and resilience factors
- ask about factors that aid healthy development and resilience
- manage chronic disease in a manner that is appropriate to the individual, remembering that most strive to be 'normal', and encourage self-management
- assess mental status, paying particular attention to suicide risk
- perform appropriate testing and treating for STIs, and differentiate between screening and symptomatic testing
- provide competent contraceptive advice and education on safe sex
- anticipate and address potential issues with prescribing – financial, safe storage and use of medications, medication sharing
- understand key developmental tasks of adolescence, such as establishing independence and autonomy, forming identity, affiliating with peers, achieving legal permission to engage in adult activities such as driving, voting, drinking and smoking, and navigating exposure to intoxicating and addictive substances.

Professionalism

The GP will demonstrate the ability to:

- describe the role of the doctor in assessing, advising and mediating adolescent risk-taking behaviour with the help of the interdisciplinary team
- understand the legal parameters for adolescents for privacy, informed consent, sexual activity, alcohol and drug use, driving and reporting of abuse
- consider the confidentiality issues that may arise when using chaperones or interpreters, or having others present during the consultation
- have a strategy for dealing with suspicion or evidence of violence or abuse
- reflect on conflicts between their own values and beliefs and those of adolescent patients, and differentiate between professionalism and parentalism.

Scholarship

The GP will demonstrate the ability to:

- be aware of local prevalence for common conditions, such as chlamydia, and take part in screening
- maintain accurate notes on consultations, indicating where others are present in the consultation or chaperones are used
- recognise the need for ongoing professional development appropriate for their work with adolescents
- undertake an audit of practice performance around adolescent health issues.

Context of General Practice

The GP will demonstrate the ability to:

- engage with other local providers; this may include one-stop centres, schools, Māori providers, student health clinics, sexual health services, mental health services, paediatrics and other specialised health professionals, CYFS and police
- demonstrate understanding of the particular issues that may affect rural or disabled youth and those at boarding school or in residential facilities; confidentiality remains paramount.

Management

The GP will demonstrate the ability to:

- consciously develop youth-friendly facilities and encourage colleagues and other providers to do the same
- contribute to health education for adolescents and other health professionals
- maintain knowledge of other youth health services in the area, and the ways in which the services may overlap or differ particularly for funding
- ensure staff have up-to-date training in skills appropriate to deal with rangatahi.

This curriculum statement links with:
- Acute Care - Page 28
- Long-term Conditions - Page 85
- Mental Health - Page 97

Cardiovascular

Cardiovascular disease (CVD), defined as angina, myocardial infarction (MI), ischaemic stroke, transient ischaemic attack (TIA) and peripheral vascular disease, is responsible for over 40 percent of deaths in New Zealand.[1] Ischaemic heart disease was responsible for 131 deaths per 100,000 population in 2009, one of the highest rates in the OECD countries.[2]

While there has been significant reduction in the incidence of CVD over the past several years, our aging population and increasing prevalence of risk factors, including obesity and diabetes, have kept absolute numbers high.

The rate of decline in CVD in Māori has been substantially lower than in Pacific and non-Māori people,[3] and still represents a considerable discrepancy in health equity. Total cardiovascular disease mortality was two and a half times higher for Māori than for non-Māori between 2004 and 2006.[4] The prevalence of risk factors for cardiovascular disease varies by ethnicity.[5,6] There is also evidence of lower rates of interventions promoting revascularisation in Māori.[7] Screening for CVD must be started 10 years earlier in Māori patients than non-Māori,[8] and those involved must have an understanding of cultural, whānau and life view differences that will have an impact on the success of any health interventions. PHARMAC's One Heart Many Lives programme, encouraging Māori and Pacific men to get a heart check, is one of the interventions that endeavours to address this disparity.[9]

Primary prevention of CVD with education, lifestyle and pharmaceutical intervention is a major factor in preventing early death and suffering in our patients, and in reducing the costs and resources used in caring for affected people.

Appropriate and timely investigation, diagnosis and management of established CVD is vital to optimising outcomes and reducing subsequent disability, and management pathways will vary with where a doctor practices.

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[1] http://www.heartfoundation.org.nz/know-the-facts/statistics Accessed 26/4/12

[2] http://www.oecd-ilibrary.org/sites/health_glance-2011-en/01/03/index.html?contentType=/ns/Chapter,/ns/StatisticalPublication&itemId=/content/chapter/health_glance-2011-6-en&containerItemId=/content/serial/19991312&accessItemIds=&mimeType=text/html Accessed 26/4/12

[3] http://journal.nzma.org.nz/journal/117-1199/995/content.pdf Accessed 26/4/12

[4] http://www.maorihealth.govt.nz/moh.nsf/indexma/cardiovascular-disease Accessed 26/4/12

[5] A Portrait of Health: Key results of the 2006/07 New Zealand Health Survey http://www.health.govt.nz/publication/portrait-health-key-results-2006-07-new-zealand-health-survey Accessed 26/4/12

[6] http://www.health.govt.nz/publication/tobacco-use-new-zealand-key-findings-2009-nz-tobacco-use-survey Accessed 26/4/12

[7] Ethnic and gender differences in the use of coronary artery revascularisation procedures in New Zealand http://journal.nzma.org.nz/journal/115-1152/2230/content.pdf

[8] New Zealand primary care handbook 2012 http://www.health.govt.nz/publication/new-zealand-primary-care-handbook-2012 Accessed 26/4/12

[9] http://www.hiirc.org.nz/page/17701/one-heart-many-lives/?tab=2614&section=8959

[10] http://www.health.govt.nz/our-work/diseases-and-conditions/rheumatic-fever Accessed 26/4/12

[11] http://journal.nzma.org.nz/journal/124-1329/4530/content.pdf Accessed 26/4/12

[12] http://www.beehive.govt.nz/release/12m-boost-reduce-rheumatic-fever Accessed 26/4/12

We know that after a CVD event patients are at increased risk for progressive disease so secondary prevention, using all the same interventions as above, is vital. This must not be overlooked.

It does not take long in practice to realise that atrial fibrillation is extremely common and a significant risk factor for embolic stroke, so optimal management of this is very important to our patients. As our population ages, increasingly more patients present with heart failure but, fortunately, the ability to manage this more competently in the community has advanced enormously over the past few decades.

Finally for this topic, acute rheumatic fever (ARF) is a disease that is endemic in some North Island areas of Aotearoa, particularly in the Northland, Counties Manukau, Hawke's Bay and Capital and Coast District Health Board areas.[10] It is almost exclusively a disease of Māori and Pacific people, who respectively have a 23-fold and 50-fold increase in risk of ARF over all other ethnicities.[11] ARF rates in New Zealand are markedly elevated compared to other developed countries. In recognition of this, in 2011 the Government began funding a range of programmes to combat rheumatic fever.[12]

Cardiovascular disease – largely preventable, diagnosable and treatable – is still a huge burden on our society and highlights inequity in Māori and Pacific health and is a central focus of general practice in New Zealand.

Communication

The GP will demonstrate the ability to:

- communicate information about the screening process and risk factors in a relevant and clear way to patients, such that they can understand their chance of developing CVD, and how modification of risk factors will benefit them and their family/whānau
- apply knowledge and confidently undertake brief intervention and motivational interviewing techniques to address modifiable lifestyle risk factors
- develop a non-judgmental relationship and rapport with their patient, enhancing their ability to facilitate change, and recognise other life events and factors that may be influencing the patient's ability to make lifestyle change
- discuss pharmaceutical interventions, including benefits and side effects, for cardiovascular disease, atrial fibrillation, TIA and diabetes
- confidently use consultation screening methods and tools for opportunistic screening and brief intervention
- understand the need, willingness and ability to involve family/whānau when addressing risk factors in Māori patients.

Specific to rural general practice

The GP will demonstrate the ability to:

- communicate the benefits and risks of pre-hospital thrombolysis to a patient, and the patient's family/whānau, experiencing an acute MI in a rural setting
- communicate clearly the results of any assessments in a way that makes sense to patients, recognising their level of health literacy, and adjust explanations accordingly.
- communicate the risks and benefits of staying in rural hospital versus transfer to a base hospital to an elderly patient, and the patient's family/whānau, experiencing a stroke in a rural setting

C Cardiovascular

Clinical Expertise

The GP will demonstrate the ability to:

- recognise the risk factors for cardiovascular disease
- recognise and discuss with the patient and their family/whānau end-stage cardiovascular disease and provide appropriate palliative care, in conjunction with the local palliative care specialist team if available
- confidently use clinical tools and laboratory tests to assess and calculate cardiovascular risk
- provide care for acute exacerbation of congestive heart failure in the community (differentiating this from respiratory disease and manage chronic congestive heart failure competency)
- explain the benefits of risk modification to patients and their family/whānau
- recognise the symptoms of stroke and TIA
- use medication appropriately to modify identified risk factors, including knowledge of treatment guidelines
- undertake a risk assessment for stroke, ensuring appropriate immediate management and/or admission according to local protocols
- recognise from clinical examination and ECG, commonly encountered arrhythmias and other cardiac events, and their significance and management
- provide investigation and management in the community, including addressing risk factors and secondary prevention
- undertake family screening and appropriate assessment and referral
- undertake resuscitation skills training to a minimum of level 5 of the New Zealand Resuscitation Council standards or to the level appropriate for their working environment
- recognise from clinical examination commonly encountered heart murmurs, their significance and management
- order and interpret laboratory tests performed in acute cardiovascular situations appropriately
- recognise the cardiovascular risks in young people
- understand the risk of acute rheumatic fever in vulnerable populations and describe methods of reducing this risk.

Specific to rural general practice
The GP will demonstrate the ability to:

- perform advanced management of arrhythmias in a rural setting
- diagnose, from history and ECG, with or without point-of-care blood testing, acute coronary syndrome and implement an appropriate course of action
- care for a patient with a more severe exacerbation of congestive heart failure requiring admission to a rural hospital
- manage cardiac arrest in children and adults, demonstrating familiarity with a defibrillator and appropriate airway management
- make considered, rational decisions when discussing with the patient and their family/whānau whether to transfer to a base hospital for investigation and management, or to manage in the rural hospital
- manage rural hospital in-patient care, rehabilitation, secondary prevention, discharge planning and appropriate follow-up.

Professionalism

The GP will demonstrate the ability to:

- maintain accurate records, including information relevant to cardiovascular risk assessment, results and medications
- consider cardiovascular risk and disease in the context of the whole person, and advise the patient accordingly
- ensure systems are in place to offer a cardiovascular screening service in the practice, and endeavour to meet targets set in the PHO Performance Programme
- recognise serious cardiovascular symptoms and promptly initiate management and/or referral and ensure the patient is seen and referred within a safe timeframe
- perform prompt interpretation and action on test results
- develop an understanding of the psychological and social impact of cardiovascular disease on patients and their families/whānau.

Scholarship

The GP will demonstrate the ability to:

- undertake an audit of practice performance in detection and management of cardiovascular disease
- teach members of the primary care team about cardiovascular disease, its significance and management
- maintain up-to-date knowledge of management of acute and chronic cardiovascular conditions
- undertake further study appropriate to their work in relation to CVD, such as long-term condition management.

C Cardiovascular

Context of General Practice

The GP will demonstrate the ability to:

- understand the demographics of their practice population to allow appropriate screening, organised or opportunistic, and awareness of prevalent conditions
- consider what methods would help to reach their practice population for cardiovascular screening in order to improve risk factor modification and disease management
- consider the different members of the primary care team and how they can each participate fully in cardiovascular disease prevention, detection and management in their practice
- manage the referral and admission pathways and protocols in their local area to ensure patients receive secondary care in an efficient and timely manner
- engage with other health care professionals, providing both support to reduce the risk of CVD and rehabilitation following a CV event.

Management

The GP will demonstrate the ability to:

- set up systems to efficiently identify and contact patients, and deliver a cardiovascular screening programme from their practice
- initiate and maintain systems to collect and record information identifying patients at increased risk of CVD, for example smoking, family history, ethnicity, hypertension, diabetes
- describe the PHO Performance Programme and its function and relevance to practice
- manage practice team organisation and leadership to effectively deliver a CVD screening programme and risk modification intervention, and appropriate management of unstable CVD and effective secondary prevention.

This curriculum statement links with:
- Acute Care - Page 28
- End-of-life Care - Page 55
- Long-term Conditions - Page 85
- Older People - Page 111

Dermatology

The skin is the largest organ in the body and skin conditions account for approximately 15 percent of all consultations in general practice,[1] which is where most dermatological consultations in New Zealand occur.

The New Zealand Dermatology Society definition of dermatology is:

> *Dermatology involves but is not limited to study, research, and diagnosis of normal skin and disorders, diseases, cancers, cosmetic and ageing conditions of the skin, fat, hair, nails and oral and genital membranes, and the management of these by different investigations and therapies, including but not limited to dermatohistopathology, topical and systemic medications, dermatologic surgery and dermatologic cosmetic surgery, immunotherapy, phototherapy, laser therapy, radiotherapy and photodynamic therapy. (2004)*[2]

New Zealand has an 'outdoors' culture and suffers from high rates of sun-related skin damage and cancer as a result. High rates of melanoma in New Zealand require that general practitioners maintain up-to-date knowledge of clinical evaluation and treatment methods and strategies consistent with melanoma guidelines.[3]

In rural New Zealand, where a high level of sun exposure occurs, general practitioners are uniquely positioned as patients' first point of contact to promote prevention strategies, early diagnosis and appropriate treatment. Being the first point of contact also enables general practitioners to recognise where skin conditions may be the clue to serious systemic disease, infection and malignancy.

General practitioners require a special sensitivity to the needs of particular population groups' dermatological needs, for example adolescents. Since 2009 vocationally registered general practitioners have been able to prescribe funded isotretinoin for treating acne. The effect of this change on access to treatment for adolescents from lower socioeconomic backgrounds and on the numbers of pregnancies in women taking isotretinoin is being studied.[4]

Young children with chronic skin problems require comprehensive and proactive care involving the total commitment of parents/whānau and carers. Māori and Pacific children and those from areas of high deprivation are at increased risk of hospitalisation for serious skin infections[5] and a general practitioner should be able to competently and sensitively manage skin infections in these groups.

Increasingly, new areas of dermatological practice, for example appearance medicine, significantly influence patient expectations. New Zealand general practice needs to carefully consider the benefits and risks of these practices, respecting patients' rights, resources and dignity.

[1] http://www.rcgp-cirriculum.org.uk/PDF/curr_15_10_Skin_problems.pdf

[2] http://dermnetnz.org/dermatologist.html

[3] http://www.nzgg.org.nz/library_resources/8_clinical_practice_guidelines_for_the_management_of_melanoma_in_australia_and_new_zealand_

[4] http://journal.nzma.org.nz/journal/124-1339/4787/content.pdf

[5] http://www.nhc.health.govt.nz/sites/www.nhc.health.govt.nz/files/documents/publications/the-best-start-in-life-21may.pdf

D Dermatology

Communication

The GP will demonstrate the ability to:

- identify the patient's beliefs and values concerning skin health and either reinforce, or attempt to modify, these beliefs as appropriate
- involve family/whānau members and carers in the education and management plan as appropriate
- acknowledge and effectively manage uncertainty when dealing with unusual skin conditions
- employ a caring and proactive approach to communicating and managing adverse outcomes.
- employ a patient-focused, confidential and non-judgemental approach to establish and maintain patient trust

Clinical Expertise

The GP will demonstrate the ability to:

- apply skill in the enquiry into symptoms, eliciting of signs, selection of appropriate investigations and negotiating management of common skin conditions
- assess and manage acute skin trauma and injury, such as pretibial flap and burns
- prescribe all treatments and medications appropriately, recognising potential side effects
- take specimens for mycology from skin, hair and nail, as well as skin biopsy for histological examination
- understand skin symptoms, including itch, rash, hair loss, lumps, ulcers and disorders of the nails
- understand the indications for and demonstrate skill in performing curettage, cautery and cryotherapy
- recognise and manage skin conditions relevant to rural occupations and for patients living in rural settings
- employ a complete and accurate medical record of all aspects of history, examination, treatment, referral and follow-up
- employ up-to-date management of common skin conditions
- reflect on personal limitations in dermatology and refer when appropriate
- promote skin wellbeing by applying health promotion and disease prevention strategies appropriately
- describe causes of inequalities with skin infections and infestations, such as high incidence in Māori and Pacific people.
- understand appropriate skin dressings and treatments for a variety of wounds and conditions

Professionalism

The GP will demonstrate the ability to:

- understand rongoā and other Māori traditional treatments of skin and dermatological conditions
- apply informed consent for all dermatological procedures
- work with patients to empower them to look after their own health and take responsibility for managing their skin problems
- recognise different cultural norms and practice in a culturally sensitive manner
- comply with practice standards of infection control and sterilisation when performing dermatological procedures
- employ adequate privacy and space for disrobing and examination, as well as offering appropriate chaperone assistance.

Scholarship

The GP will demonstrate the ability to:

- use evidence-based practice and employ an ongoing commitment to continuing medical education
- appraise health outcomes by undertaking audit as appropriate.
- recognise the need and, where appropriate, undertake further training to acquire the skills of advanced diagnostic and surgical techniques

Context of General Practice

The GP will demonstrate the ability to:

- co-ordinate care with other primary care health professionals, dermatologists and other appropriate specialists
- analyse the impact of ethnicity on the pattern of skin disease and access to health services.

D Dermatology

Management

The GP will demonstrate the ability to:

- recognise the risk of inappropriate referrals as well as under-referral
- operate an efficient system to audit and manage test results, which is understood by all staff and colleagues, and is transparent to the patient
- critically appraise the organisational systems of the practice and establish processes for staff training and protocols for equipment, cleaning and sterilisation, sharps and waste disposal that comply with relevant legislation and standards
- recognise the impact of skin conditions, such as infections, on the population as a whole and take steps to reduce this.

This curriculum statement links with:

- Acute Care - Page 28
- Long-term Conditions - Page 85
- Men's Health - Page 94
- Paediatrics and Immunisations - Page 119
- Women's Health - Page 150

e-health

The World Health Organization describes e-health as 'the use of information and communication technologies (ICT) for health,' with examples including treating patients, conducting research, educating the health workforce, tracking diseases and monitoring public health.[1]

e-health encompasses products, systems and services including tools for supporting health care used by health professionals, authorities, patients and the wider community.

e-health is rapidly evolving and expanding into everyday general practice. It has been adopted in primary care from an early stage through electronic patient records, recall systems, prescriptions and patient management systems. Developments are under way in New Zealand through the National IT Health Plan[2] in partnership with software providers. This will include a virtual health record, a shared care record and a national patient portal through which patients will be able to communicate with their clinicians in a secure environment.

Furthermore, email, internet and smartphone applications ('apps') have quickly become part of everyday life and many patients expect health care providers to adopt this technology. 'Telehealth', the direct (e.g. videoconferencing) or indirect (e.g. website) delivery of health information or health care is another emerging field of e-health, which may become more widespread, for example providing care in rural areas.

e-health has significant implications for both patients and clinicians. Advances in technology and the development of e-health have many potential benefits for delivering health care. It is important, however, that privacy, security and safety of care are not compromised. General practitioners need to be aware of the risks and potential issues involved in some forms of e-health, for example using email – the Medical Council of New Zealand provides guidance in this area.[3]

[1] http://www.who.int/topics/ehealth/en/ Accessed May 2012.

[2] National IT Health Board. 2010. The National IT Health Plan. Wellington: National IT Health Board.

[3] http://www.mcnz.org.nz

E e-health

Communication

The GP will demonstrate the ability to:

- acknowledge and understand the barriers and opportunities computers (and other electronics) can have on the doctor–patient relationship
- apply safe and effective use of the computer and patient management system (PMS) in the clinical setting
- recognise the use of video consultation and the implications of this for future televideo consulting
- understand the potential changes in day-to-day communication with patients, acknowledging the impact of the increase in the use of social networking, text and email by younger patients.
- describe the differences in electronic forms of communication compared to face-to-face, and ways of reducing misinterpretation of information, in particular through purely electronic communications, such as email and text

Clinical Expertise

The GP will demonstrate the ability to:

- reflect on the potential risks of information management, including security and privacy issues, and will be familiar with computer security guidelines
- use patient management systems (PMS) and other electronic systems used in patient care.
- maintain doctor and patient safety

Professionalism

The GP will demonstrate the ability to:

- be aware of appropriate and reliable websites for patient information
- use search strategies for reliable evidence-based resources, such as PubMed and Cochrane
- understand and operate the basic booking and billing systems used in the practice
- engage in appropriate skill development to keep up with evolving medical technology and understand that proficiently using a computer in health care is independent of medical experience and knowledge
- recognise and appreciate the role of the electronic health record in general practice
- acknowledge and describe the role of e-health in complementing traditional general practice through better providing information and knowledge
- implement strategies for maintaining the confidentiality of patient data
- recognise and respect the different attitudes to electronic use among patients and health professionals.
- adhere to medico-legal requirements of patient record management

Scholarship

The GP will demonstrate the ability to:

- maintain clear clinical records and up-to-date prescribing information to enable safe use of the shared patient record
- keep abreast of the research and learning opportunities that exist in e-health.
- use electronic referral systems, such as eReferral, eLab and ePrescription

Context of General Practice

The GP will demonstrate the ability to:

- use electronic strategies in the form of recalls, reminders and clinical audits to engage in population health activities and other preventive health activities in their practice
- understand how an effective information management strategy within a general practice can produce clean data for their use
- recognise that e-health has a key role in improving general practice population health strategies
- maximise the use of electronic technology to interact with secondary care and other health services.

E e-health

Management

The GP will demonstrate the ability to:

• use information management skills efficiently and ethically	• describe the legal requirements of health records storage and implement them in the practice
• plan for and use e-health strategies to increase capacity and meet service demands	• develop practice policies for documenting email or text messages received from patients, and the responses sent back to these patients.

This curriculum statement links with all others in the series.

End-of-life Care

End-of-life care is the active total care of patients and their family/whānau at a time when their disease is no longer responsive to curative treatments. Control of pain and other symptoms, addressing the person's physical, psychosocial, spiritual and cultural needs and supporting family, whānau and other caregivers is necessary to provide the best quality of life for patients and their families.

End-of-life care involves 'team care'[1] and so thorough assessment of symptoms and the needs of the patient should be undertaken by a multidisciplinary team. The general practitioner has a vital role to play in this team.

End-of-life care, or palliative care, is defined in New Zealand as:

> *Care for people of all ages with a life-limiting illness which aims to*
> - *Optimise an individual's quality of life until death by addressing the person's physical, psychosocial, spiritual and cultural needs.*
> - *Support the individual's family, whānau, and other caregivers where needed, through the illness and after death.*
>
> *Palliative care is provided according to an individual's need, and may be suitable whether the death is weeks, months or occasionally even years away. It may be suitable sometimes when treatments are being given aimed at improving quality of life.*[2]

One of the essential roles of the general practitioner is to help patients die with dignity and minimal distress. The general practitioner must be able to identify such patients in the last few months of life and importantly be able to diagnose the state of dying. It is important that end-of-life and palliative care is culturally appropriate and accessible – currently, inequalities in access exist for some groups in society including Māori and Pacific people.[4]

[1] Palliative Care Council of New Zealand and Cancer Control New Zealand. 2012. *Measuring What Matters: Palliative Care*. Wellington: Cancer Control New Zealand.
[2] Palliative Care Subcommittee and New Zealand Cancer Treatment Working Party. 2007. *New Zealand Palliative Care: A Working Definition*. Wellington: Ministry of Health.
[3] Palliative Care Subcommittee and New Zealand Cancer Treatment Working Party. 2007. *New Zealand Palliative Care: A Working Definition*. Wellington: Ministry of Health.

E End-of-life Care

Patients value the ongoing input of their general practitioner, and this care has been shown to improve the quality of their end-of-life medical care.[5]

Community-based health care is increasingly involved in caring for people in their own homes rather than in hospitals. General practitioners have a unique role in coordinating often fragmented community services and advocating on behalf of the patients, their family/whānau and carers for community-based end-of-life care.

New Zealand general practitioners, in established practice, have expressed a desire to deliver palliative medical care services to their patients and communities. A recent cross-sectional survey of 168 rural general practitioners showed that 98 percent provided palliative care within their patient population and, in the previous twelve months, 7.3 was the average number of palliative care patients each had seen.[6]

General practice training and education for end-of-life care aims to develop the knowledge, skills and attitudes that a general practitioner will require to work successfully within a multidisciplinary team.

Communication

The GP will demonstrate the ability to:

- communicate respectfully and sensitively with a patient and their family/whānau to reach a working agreement on the nature of any problems, goals of management and ongoing care
- appropriately and sensitively discuss any concerns across physical, cultural, psychological, social and spiritual domains
- communicate sensitively with patients and their family/whānau and with the multidisciplinary team of health professionals involved in the patients' care
- maintain a caring and supportive involvement with family/whānau during the bereavement process
- maintain therapeutic relationships with patients and their family/whānau based on understanding, confidence, confidentiality, empathy and trust
- be prepared to openly discuss with patients and their family/whānau their desires in relation to the use of complementary and alternative therapies including rongoā Māori.
- sensitively participate in discussions about end-of-life issues, including grief, breaking bad news and loss, with patients and their family/whānau

This curriculum statement links with:
- Long-term Conditions - Page 85
- Men's Health - Page 94
- Oncology - Page 115
- Women's Health - Page 150

[5] MacKinlay E. Evaluation of a Palliative Care Partnership: a New Zealand solution to the provision of integrated Palliative Care. NZMJ 2007;120(1263):U2745

[6] Smyth D. 2010. Palliative Care provision by rural General Practitioners in New Zealand. J Palliat Med Mar;13(3):247-250

Clinical Expertise

The GP will demonstrate the ability to:

- describe the pathophysiology, symptom management, psychosocial and spiritual issues related to end-of-life care
- provide medical care that is structured around the patients' and family/whānau needs, their level of understanding and their priorities, with the aim of maximising quality of life, relieving suffering and providing support
- diagnose dying and activate appropriate care plans, to enable comprehensive care and support for family/whānau, carers and other health professionals
- manage patient care that is specific to their location, whether that be in their own home, a hospital, a hospice or a residential care facility and identify the special needs of rural patients
- understand the various components of the experience of disease from the feelings of the patient, the meaning and consequences of illness to the patient and their family/whānau, taking into consideration the Māori health models of health care
- understand both the natural history and the role of disease-specific treatments in the management of advanced cancer and other progressive life-limiting illnesses
- gain intravenous access as needed and maintain as required, as well as perform subcutaneous and intramuscular injection techniques
- practise culturally responsible medicine with an understanding of personal, historical, contextual, legal and social and societal influences.
- make appropriate clinical decisions and manage 24-hour continuity of care through various clinical systems

Professionalism

The GP will demonstrate the ability to:

- provide the highest quality care with integrity, honesty and compassion
- manage time and resources effectively and balance patient care, professional duties, and personal development and care
- demonstrate an ability to fulfil medical, legal and professional obligations
- recognise, respect and preserve patient autonomy
- manage the personal challenges of maintaining professional boundaries and personally dealing daily with death and grief
- consider cultural differences that may influence management of end-of-life care.
- reflect on one's individual practice of medicine to guide both continuing professional development and ongoing pursuit of knowledge

E End-of-life Care

Scholarship

The GP will demonstrate the ability to:

- document clear management plans to support continuity of care among a multidisciplinary team
- contribute to educating patients, students, health workers and the community
- develop and maintain an ongoing commitment to the development of clinical knowledge, skills and experience
- support developing new knowledge through research.

Context of General Practice

The GP will demonstrate the ability to:

- consult effectively with other health professionals, in particular the local specialist palliative care and hospice services
- maintain the proactive and coordinating role for general practice
- work with other health workers from across the spectrum of health care to maximise the care given to patients
- recognise that in rural communities the general practitioner may need to lead the palliative care team with appropriate support from distant specialist services.
- advocate for the best level of care for patients in all settings

Management

The GP will demonstrate the ability to:

- be an effective member of a palliative care team
- adopt a critical and evidence-based approach to practice and maintain this through continuing learning and quality improvement
- contribute to staff development and training
- demonstrate a commitment to professional and psychological supervision of other members of the palliative care team
- understand key national guidelines that influence health care provision in the locality and region in which they work
- put in place mechanisms to ensure self-care, such as mentoring and/or peer relationships.

Endocrinology

A wide range of conditions related to hormones and the endocrine glands that produce them come under the umbrella of endocrinology and are a significant part of general practice. Diabetes is one of the most significant, but from rickets in the young to osteoporosis in the elderly, PCOS or menopause, thyroid conditions or obesity, not only does endocrinology involve a wide range of glands but a wide range of ages.

The management of these conditions requires a clear understanding of not only the presentation but also the investigation and management.

One of the most significant conditions affecting our communities is diabetes. The lifestyle factors that predispose to this, as well as the significant morbidity associated with the condition, are an essential focus of general practice.

The most recent New Zealand health survey revealed that one in twenty adults had doctor-diagnosed diabetes and this rose to one in seven among those over 65 years. The prevalence of diabetes in Māori, Asian and, in particular, Pacific populations exceeds that in the overall population.

Diabetes was also associated with higher neighbourhood deprivation and will be a significant factor in health inequities. 'Adults living in the most deprived neighbourhoods (6.2%, 5.2–7.3 in NZDep2006 quintile 5) were more than twice as likely to be diagnosed with diabetes than adults in the least deprived neighbourhoods (2.7%, 1.9–3.6 in NZDep2006 quintile 1), adjusted for age'.[1] It is, however, estimated that only half of those with diabetes have been diagnosed.[2]

[1] http://www.health.govt.nz/publication/portrait-health-key-results-2006-07-new-zealand-health-survey

[2] http://dhbrf.hrc.govt.nz/media/documents_abcc/ABCC_Study_NZ_Literature_Review_2011.pdf

E Endocrinology

The significance of diabetes within the New Zealand health system is illustrated by including 'More Diabetes and Heart Checks'[3] as one of the Government's six health targets. Diabetes places a significant economic burden on the health system and this is expected to increase.[4] The personal cost of this disease, with its effects on the heart, blood vessels, eyes, kidneys and nerves, are also significant.

Endocrinology has many chronic conditions that need ongoing management, but there are acute presentations also. Although not frequent, the first line treatment of the four most prevalent endocrine emergencies (diabetic ketoacidosis, adrenal crisis, thyrotoxic storm or myxoedema coma) in rural areas is usually managed by the general practitioner or rural hospital team. A good understanding of the presentation, investigation and treatment of these is essential to any comprehensively trained generalist.

Communication

The GP will demonstrate the ability to:

- take a comprehensive history
- consider health literacy when discussing conditions and treatments with patients and communicate at the patient's level of understanding
- establish rapport with the patient and communicate succinctly and with empathy the implications of possible outcomes related to chronic endocrine conditions
- understand the causes of non-compliance and work on ways with the patient to reduce the consequences of this
- describe the lifestyle changes required for patients with diabetes and other chronic conditions and discuss these in a motivational interviewing style
- take a person-centred approach, coming to a mutual decision about ongoing management and care.

This curriculum statement links with:
- Acute Care - Page 28
- Cardiovascular - Page 42
- Long-term Conditions - Page 85

[3] http://www.health.govt.nz/new-zealand-health-system/health-targets/2011-12-health-targets/health-targets-better-diabetes-and-cardiovascular-services-more-heart-and-diabetes-checks

[4] http://www.health.govt.nz/publication/report-new-zealand-cost-illness-studies-long-term-conditions

Clinical Expertise

The GP will demonstrate the ability to:

- recognise early presentations of the variety of endocrine conditions seen in general practice, and elicit a history relating to these
- recognise a variety of more unusual endocrine presentations exemplified by, but not limited to, Addison's disease, ambiguous genitalia, abnormal stature and errors of metabolism
- develop and maintain a knowledge of the tests and investigations required
- keep comprehensive notes that enhance shared care
- demonstrate and negotiate appropriate management plans based on the results of investigations
- recognise normal development through puberty and identify abnormalities
- investigate, treat and refer when appropriate for endocrine conditions, such as osteoporosis, polycystic ovaries, thyroid conditions
- recognise significant or urgent presentations that require immediate referral or expert opinion
- prescribe oral medications for diabetes accurately, as well as demonstrate competence in starting insulin
- discuss the implications of diabetes in pre-pregnancy counselling as well as throughout pregnancy
- discuss the side effects, both minor and major, of medications used when prescribing for endocrine conditions
- discuss the various endocrine conditions that have an impact on fertility
- discuss all the factors that influence obesity and use strategies with patients to reduce or mitigate against these
- familiarise themselves with the challenges of living with a chronic condition and how this might impact on patient care.

Professionalism

The GP will demonstrate the ability to:

- discuss Medic Alert and emergency access for patients with significant endocrine conditions
- discuss ways of ensuring systems are in place so that tests are appropriately followed up.

E Endocrinology

Scholarship

The GP will demonstrate the ability to:

- write a comprehensive referral to appropriate secondary services
- undertake an audit of their practice to ensure optimum treatment and assessment for diabetes
- develop their skills, increasing their ability to manage diabetes and other endocrine conditions in the community
- keep up to date with emerging treatments for endocrine conditions.

Context of General Practice

The GP will demonstrate the ability to:

- work with local community-based diabetes health professionals
- work with the practice team to enhance the overall wellbeing of the community in relation to the lifestyle risks of diabetes
- record screening of the practice population for diabetes and have a working knowledge of the ways that screening is being implemented
- communicate with allied health professionals involved with care of patients with chronic endocrine conditions
- encourage patients with chronic endocrine conditions into appropriate work if possible and advocate for them as required
- communicate with team members and emergency services when dealing with an endocrine emergency.

Management

The GP will demonstrate the ability to:

- review practice programmes run by the practice team and work together to enhance these processes for patients' benefit
- identify financial implications for both patients and the practice of long-term condition management
- undertake and encourage education in endocrine-related conditions
- encourage education and training of staff to work at the top of their scope in endocrine conditions, particularly diabetes.

Ear, Nose and Throat

There is probably not one day goes by in general practice where general practitioners do not have to look in an ear, up a nose or into a throat. From infection to foreign body, the ability to competently examine these areas and treat any known causes is essential to daily practice.

Sore throat is among the top ten symptoms that patients present to their general practitioner in New Zealand.[1] The recognition and treatment of acute sore throats is essential in preventing rheumatic heart disease and reduction in health inequalities in this area. New Zealand has high rates of acute rheumatic fever (ARF) and rheumatic heart disease (RHD), setting it apart from most other developed countries. Māori and Pacific peoples are particularly at risk,[2] with Pacific peoples having the highest rate of rheumatic fever in New Zealand and one of the highest rates in the world.[3] Managing sore throats appropriately within primary care is key to reducing health inequities in this area. The Sore Throat Guideline in the Primary Care Handbook provides more information.[4]

Hearing loss affects up to 17 percent of the population and is significantly more prevalent among Māori and Pacific peoples.[5] In 2010 there were 180 new deafness notifications made[6] that met the following criteria: children and young people 18 years or younger with an average hearing loss of 26dBHL or greater over four audiometric frequencies (0.5, 1.0, 2.0 and 4.0 kHz) in one or both ears, including those who are born outside New Zealand. The communication skills when dealing with those who are deaf requires particular attention. Sometimes these patients also require a general practitioner to provide an advocacy role. Māori deaf people constitute a large proportion of the deaf community in New Zealand. If services specific to Māori are available, Māori deaf people may prefer to access these services through a sign language interpreter.

General practitioners should have skills to assess the ear, nose and throat thoroughly and provide appropriate treatment, advice and referral for common acute or chronic conditions and recognise the red flags.

[1] McAvoy B, Davis P, Raymont A, Gribben B. 1994. The Waikato Medical Care (WaiMedCa) Survey 1991-1992. NZ Med J. 1994;107:388–433; and Squires I, Bird J, Elliot J, et al. PRIMEDCA. North Canterbury General Practice. Clinical caseloads: an overview of content and management. Christchurch: Research Committee, Canterbury Faculty, RNZCGP; 1979.

[2] White H, Walsh W, Brown A et al. Rheumatic Heart Disease in Indigenous Populations. 2010. Heart Lung Cir 2010;19:273-81.

[3] ESR. 2009. Public Health Surveillance. Notifiable and Other Diseases in New Zealand. Annual Surveillance Report. Available from www.surv.esr.cri.nz Accessed Oct, 2010.

[4] New Zealand Guidelines Group. 2012. New Zealand Primary Care Handbook 2012. 3rd ed. Wellington: New Zealand Guidelines Group.

[5] The National Foundation for the Deaf. Australia and New Zealand Hearing Loss Statistics. Available at: http://www.nfd.org.nz Accessed April 2012.

[6] Digby JE, Kelly AS, Purdy SC. 2011. Hearing Loss in New Zealand Children: 2010, New Zealand Audiological Society, Auckland, New Zealand.

E Ear, Nose and Throat

Communication

The GP will demonstrate the ability to:

- maintain a person-centred approach when working with patients, their family/whānau and/or interpreters
- consider appropriate communication and show sensitivity when examining the heads of Māori patients.
- understand the barriers faced by our deaf community in obtaining health care and demonstrate the advocacy skills required to reduce inequalities in access

Clinical Expertise

The GP will demonstrate the ability to:

- understand allergic conditions, their investigation and management, acutely and long term
- use the correct examination skills required for assessing a variety of ear-related conditions, such as vertigo and hearing loss
- discuss dental health and its management in both children and adults
- understand acute emergency treatment and chronic care management of a variety of ear, nose and throat conditions, such as sleep apnoea, sinusitis, epistaxis and otitis media
- investigate and manage sore throats, including reducing the incidence of progression to rheumatic heart disease, thereby reducing health inequalities
- understand and manage particular risks and treatments of epistaxis, recognising the peculiarities of managing this in an isolated area
- take anatomical and physiological considerations into account when examining the ear, nose and throat
- share their understanding and knowledge about possible interventions for hearing loss patients, such as hearing aids and cochlear implants
- assess, investigate and treat throat and neck presentations, such as lump in the neck and hoarseness of voice
- apply knowledge of local laboratory requirements for tests and interpret test results.

This curriculum statement links with:

- Acute Care - Page 28
- Cardiovascular - Page 42
- Long-term Conditions - Page 85

Professionalism

The GP will demonstrate the ability to:

- apply an informed consent process for ENT procedures in general practice
- comply with evidence-based protocols for sterilising and maintaining equipment used in examining ENT conditions
- discuss the advocacy role that may be required when caring for deaf or hearing-impaired patients.

Scholarship

The GP will demonstrate the ability to:

- undertake audit and evaluation of hearing screening uptake in the newborn and children in the practice population
- undertake ongoing professional development in ENT procedures
- research and evaluate the incidence of sore throat and rheumatic fever in the practice population and initiate programmes to reduce inequalities in at-risk populations.

Context of General Practice

The GP will demonstrate the ability to:

- formulate a list of the range of services available for hearing impaired patients both locally and nationally, including those particularly catering for the Māori and Pacific deaf communities
- engage with allied health professionals involved in ENT care, investigation and management.

Management

The GP will demonstrate the ability to:

- review and keep up-to-date practice protocols for ear, nose and throat procedures
- establish and review policy on standing orders for ENT procedures performed in the general practice setting.

Eyes

Conditions involving the eye vary between totally mild to extremely serious often with similar presentations. Some conditions may cause blindness; this can include glaucoma, temporal arteritis, cataracts or macular degeneration among others. The awareness of the symptoms related to these conditions, preventable causes and the management of these is essential to general practice.

The most recent Disability Survey conducted by Statistics New Zealand in 2006 found a total of 71,100 people in New Zealand with sight loss, including 11,400 children and 59,700 adults.[1] Māori experience higher rates of sight loss – one study estimated that in 2009, around 12,000 Māori people had sight loss, and more than 600 were blind.[2] Rates of sight loss will increase as New Zealand's population ages, with some studies estimating that, by 2020, the number of people aged 40 years or over with vision loss may rise to nearly 174,000, including almost 19,000 Māori people with sight loss.[3]

The increasing incidence of diabetes will also contribute to poor health outcomes in relation to eye disease and especially in populations at risk. This will include Māori and Pacific populations, where the prevalence of diabetes is around three times higher than among other New Zealanders. Prevalence is also high among South Asian populations.[4] The contribution of primary care in managing diabetes, and reducing the eye-related morbidity because of it, is significant.

A general practitioner should have the skills to thoroughly examine the eye, diagnose significant conditions and provide appropriate referral and, when necessary, perform eye-related procedures within their scope. The skills required may differ within the general practice setting a general practitioner works in.

[1] Office for Disability Issues and Statistics New Zealand. 2009. Disability and informal care in New Zealand in 2006: Results from the New Zealand Disability Survey, report for Statistics New Zealand, Wellington.

[2] Access Economics for VISION 2020 New Zealand and VISION 2020 Australia. 2010. Clear Focus: the Economic Impact of vision loss in New Zealand 2009. Canberra: Access Economics.

[3] Access Economics for VISION 2020 New Zealand and VISION 2020 Australia. 2010. Clear Focus: the Economic Impact of vision loss in New Zealand 2009. Canberra: Access Economics.

[4] http://www.health.govt.nz/our-work/diseases-and-conditions/diabetes/about-diabetes Accessed April 2012.

Communication

The GP will demonstrate the ability to:

- clearly convey urgency in communications with patients and specialist staff where there is an eye-related emergency
- describe the eye examination process clearly to the patient, their family/whānau or carers.

Clinical Expertise

The GP will demonstrate the ability to:

- examine the eye and take an ophthalmic history
- deal with a foreign body in the eye, its removal and appropriate follow-up
- identify urgent eye conditions that require referral
- assess and examine infants for common eye conditions.
- prescribe a variety of treatments for eye conditions, recognising risks and benefits

Professionalism

The GP will demonstrate the ability to:

- consider the emotional impact and disabilities associated with loss of vision and take this into account within consultations
- ensure competence in skills and knowledge by participation in ongoing professional development in eye-related conditions and treatment.
- allow appropriate time for discussion and negotiation of both examination and management of eye-related conditions

E Eyes

Scholarship

The GP will demonstrate the ability to:

- document carefully eye-related accidents, especially foreign bodies, and consider possible morbidity associated with these
- audit practice data on uptake of retinopathy screening and work on strategies to improve this and pursue continuous quality improvement.
- undertake further training in eye-related presentations and examinations, such as skills in slit lamp use in the rural community

Context of General Practice

The GP will demonstrate the ability to:

- develop awareness of at-risk groups in the community in relation to access to eye health resources and work towards reducing this inequality, such as in Māori and Pacific populations
- establish effective working relationships with local ophthalmologists and optometrists
- document and refer to providers who perform retinal screening in the local area
- consider the impact of reduced access to screening and investigate ways to improve this in the practice population, especially for at-risk groups.

Management

The GP will demonstrate the ability to:

- review management of practice policy on recalls and how to improve outcomes in retinal screening
- ensure there is a safe practice environment for patients who are visually impaired.

This curriculum statement links with:
- Acute Care - Page 28
- Long-term Conditions – Page 85

Family Violence

Family violence is common and is a serious social issue in New Zealand affecting all ages from children to older people, cultures, geographical areas and socioeconomic groups. It leads to significant health issues, both physical and psychological for the person being abused and the family/whānau around them.

About half the homicides and 58 percent of reported crimes in New Zealand are family violence-related. However, although police attend a domestic violence callout every six minutes, it is estimated that only 20 percent of episodes are actually reported.[1]

The general practitioner is often the key health professional associated with a family/whānau. Being alert to the risk of family violence and being willing to discuss this in a safe, confidential and open way may have a significant impact on the management and health outcomes of those affected.

It may also impact on the general practitioner's ability to offer help to those who perpetrate the abuse, should they disclose their activity or the general practitioner becomes aware of it. Recognising the various supportive and preventive factors that reduce the risk of family violence is essential to the general practitioner.

In 2006 the Taskforce for Action on Violence within Families[2] stated, 'All families and whānau should have healthy, respectful, stable relationships, free from violence.' The Taskforce is taking action on four fronts to achieve its vision:

- **Leadership** – we need leadership at all levels if we are going to transform our society into one that does not tolerate family violence
- **Changing attitudes and behaviour** – we have to reduce society's tolerance of violence and change people's damaging behaviour within families
- **Safety and accountability** – swift and unambiguous action by safe family members and the justice sector increases the chances of people being safe and of holding perpetrators to account
- **Effective support services** – individuals and families affected by family violence need help and support from all of us so they can recover and thrive

[1] http://www.areyouok.org.nz/files/statistics/ItsnotOK_recent_family_violence_stats.pdf (accessed April 2012)

[2] http://www.msd.govt.nz/documents/about-msd-and-our-work/work-programmes/initiatives/action-family-violence/taskforce-report-first-report-action-on-violence.pdf

[3] Fanslow and Robinson E. 2004. *Violence against Women in New Zealand: Prevalence and health consequences* New Zealand Medical Journal 117

[4] See Balzer R, Haimona D, Henare M, Matchitt V. 1997. *Māori Family Violence In Aotearoa*, A Report Prepared for Te Puni Kōkiri, Wellington; Lievore, Denise and Mayhew, Pat (with assistance from Elaine Mossman). 2007. *The Scale and Nature of Family Violence in New Zealand: A Review and Evaluation of Knowledge:* Crime and Justice Research Centre & Centre for Social Research and Evaluation, Victoria University of Wellington; Erai M, Pitama W, Allen E, Pou N. 2007. http://www.msd.govt.nz/about-msd-and-our-work/publications-resources/research/scale-nature-family-violence/

[5] Ministry of Social Development. 2011. *Every Child Thrives, Belongs, Achieves*. Wellington: Ministry of Social Development.

[6] Snively. 1996. *The New Zealand Economic Cost of Family Violence*.

F Family Violence

There are certain population groups in society who are more vulnerable than others, for example:

- between 33 and 39 percent of New Zealand women experience physical or sexual violence from an intimate partner in their lifetime[3]
- Māori are substantially over-represented as both victims and perpetrators of domestic violence[4]
- 47,374 children aged 0–16 were present, or usually residing with the victim, at an incident of family violence reported to the police in 2010.

There is a significant health and social cost to family violence – the cost of domestic violence in New Zealand has been estimated to be between $1.2 and $5.8 billion per annum.[6] Transforming and reducing domestic violence statistics in a community takes the whole community, and the general practitioner, as a leader in their practice population, has a vital role to play.

Communication

The GP will demonstrate the ability to:

- use appropriate communication skills to safely screen for family violence in the context of a general practice consultation
- acknowledge patient concerns when discussing removal of a child/children from a situation of family violence
- use appropriate communication skills to clearly describe power and control aspects of family violence
- adopt a non-judgemental approach when dealing with disclosure of family violence.

Clinical Expertise

The GP will demonstrate the ability to:

- describe common injury patterns associated with family violence
- take a history and perform a physical examination relevant to the presenting problem with particular attention to accurate documentation
- recognise child abuse and help manage and prevent it
- be able to access and understand the usefulness of body diagram sheets
- recognise the influence of the family/whānau on prevention, presentation and management of childhood and adult injury
- make valid and timely decisions about treatment, referral and follow-up of child abuse and neglect, and options for management referral and follow-up of partner or family/whānau abuse.
- understand the need for safety planning, and the risks and dangers associated with partner violence

Professionalism

The GP will demonstrate the ability to:

- resist investigating abuse but demonstrate ease in asking, assessing and advising of support
- assess family violence in a way that recognises the importance of involving the whole practice team, the level of confidentiality required, and the need to provide support to staff following a disclosure of abuse
- work according to clinician reporting requirements for suspected child abuse or neglect
- consider their own beliefs and cultural issues when dealing with family violence
- understand the value of sensitively and proactively raising the issue of abuse
- discuss the ethical issues related to reporting family violence
- know and implement the practice policy for prevention and intervention in family violence
- take into account that the presence of certain family/whānau members in the consulting room may influence the likelihood of disclosure occurring.

Scholarship

The GP will demonstrate the ability to:

- describe the burden of family violence in New Zealand in relation to the local region, the country as a whole and different ethnic groups
- discuss the links between family violence, historical inequalities and the inequalities of health suffered by Māori
- discuss the medical consequences and disabilities of all types caused as a direct result of family violence to individuals, families and communities
- document verbatim the history and findings on the physical examination so that notes are reliable should they be needed for any legal purpose in the future.

F Family Violence

Context of General Practice

The GP will demonstrate the ability to:

- collate a list of local and national agencies, including Māori agencies, that can help manage a family violence case
- describe the advocacy role of the practice team and doctor for victims of family violence
- collaborate with local services and undertake training on managing family violence
- describe and understand the function of local Sexual Assault Assessment and Treatment Services (SAATS), including police and Doctors for Sexual Abuse Care-trained doctors
- understand medico-legal issues relating to abuse and the need for clear documentation for use in court proceedings
- recognise and identify resources and techniques to help patients experiencing family violence.

Management

The GP will demonstrate the ability to:

- help members of the practice team deal with domestic violence
- implement well-researched and practical policies within their organisation or practice for family violence issues and the inequalities in relation to Māori and other high-risk groups
- understand the function of local and national specialist family violence services that can help deal with and manage family violence
- collaborate with the multidisciplinary team and community services in ensuring optimal care of the patient, including appropriate management and follow-up.
- understand the local clinical pathways and key personnel who deal with domestic violence in the region

This curriculum statement links with:

- Adolescent/Rangatahi/Youth Health - Page 38
- Men's Health - Page 94
- Paediatrics and Immunisations - Page 119
- Women's Health - Page 150

Gastroenterology

A general practitioner should have a broad knowledge of conditions of the gastrointestinal tract – mouth to anus – and manage these competently. They should not only demonstrate an in-depth knowledge of the common conditions but also have an awareness of the more rare presentations so that they can correctly place them in their differential diagnosis.

Bowel cancer is the second highest cause of cancer death in New Zealand,[1] but it can be treated successfully if it is detected and treated early. The general practitioner has an essential role in this early detection. The Ministry of Health is currently undertaking a four-year pilot that started in 2011 to look at models of screening for bowel cancer and how this would work on a population basis.[2]

Until the evaluation of this pilot is completed, a national programme will continue to be on the horizon, but general practitioners still need to be vigilant about detecting and referring as early as possible. It is essential that general practitioners are aware of the risk factors[3,4] and know the best evidence behind investigation and referral. Despite a reduction in the overall excess in mortality rates with colorectal cancer over the period 1991 to 2004, Māori continue to have higher mortality rates than non-Māori.

Patients presenting with acute abdominal pain, which may be caused by appendicitis, cholecystitis, pancreatitis or other conditions, requires experience in recognition of symptoms, targeted investigation and often immediate referral by the general practitioner.

When working in a rural setting, the general practitioner needs to be able to work more independently in an extended general practice role. They need to provide safe and effective management of acute presentations and timely transfer for those patients who require referrals to specialist services or admission to base hospital.

[1] http://www.health.govt.nz/our-work/diseases-and-conditions/cancer-programme/bowel-cancer-programme/about-bowel-cancer
[2] http://www.health.govt.nz/our-work/diseases-and-conditions/cancer-programme/bowel-cancer-programme/bowel-screening-pilot
[3] http://ebooks.nzgg.org.nz/suspected_cancer_guideline/
[4] http://crct.org.nz/downloads/NZ_CRC_report.pdf

G Gastroenterology

Gastroenterology can also cover liver and pancreatic disease. The various forms of hepatitis, and in particular hepatitis B, are often first diagnosed in general practice. Chronic hepatitis B remains more common in Māori, Pacific and Asian adults and will continue to be a risk for immigrants and those who have not had hepatitis B immunisation as children. Early detection (screening, diagnosis, risk assessment) advice for patients about lifestyle, screening and immunisation of partners and family/whānau, continuing surveillance and appropriate referral are important to prevent cirrhosis and primary liver cancer.

Additionally, inflammatory bowel disease, irritable bowel syndrome, gastro-oesophageal reflux disease, coeliac disease and the various other gastrointestinal diseases all present to the general practitioner initially and need to be investigated thoroughly and treated appropriately. A wide knowledge of these conditions, skills in both communication and examination and an open-minded attitude to the often multiple consultations that may be required are essential to managing these long-term conditions.

Communication

The GP will demonstrate the ability to:

- take a comprehensive history related to change in bowel habit and negotiate appropriate management
- use recognised communication skills techniques when breaking bad news
- describe the results of investigations to patients
- elicit the ideas, concerns and expectations of a patient presenting with gut-related symptoms
- describe physical examination findings to patients and their family/whānau or carers
- manage long-term conditions, maintaining ongoing communication with patients their family/whānau and other health professionals involved in care.

Clinical Expertise

The GP will demonstrate the ability to:

- determine a differential diagnosis for a variety of upper and lower gastrointestinal symptoms
- use practice-based equipment available for investigating bowel symptoms, such as a proctoscope
- perform a comprehensive, condition-appropriate abdominal examination
- prescribe appropriate medications for gastrointestinal conditions that present in general practice
- apply knowledge of symptoms and signs of bowel cancer, recognition of red flags, investigations and referral
- discuss the impact of gastrointestinal conditions on nutrition and, conversely, the impact of nutrition on the gut.
- manage sub-acute bowel obstruction conservatively but appropriately to the rurality of the setting with appropriate subsequent follow-up and investigation

Professionalism

The GP will demonstrate the ability to:

- consider ways to reduce inequalities in outcome for Māori presenting with gut-related symptoms, such as late presentation with bowel cancer
- discuss patient safety issues when performing procedures such as sigmoidoscopy, for example maintenance of equipment, use of chaperones and informed consent.
- work within their own scope of practice but also establish links with those who can help further their skills

Scholarship

The GP will demonstrate the ability to:

- audit management of long-term conditions in the general practice setting
- seek out relevant continuing professional development activities that will further their knowledge and skills, such as endoscopy training
- monitor use of investigations, such as scans and blood tests, considering resource use for the practice population as a whole
- write comprehensive and informative referrals and reports as required.

Context of General Practice

The GP will demonstrate the ability to:

- identify the various bowel cancer-related services available both locally and nationally and know referral pathways to these
- communicate with other health care providers involved in the care of patients with gut-related conditions, such as stoma nurses
- work with local health professionals involved in the care of patients with long-term gut-related conditions
- manage acute conditions in both the urban and rural setting involving a team approach and communication with other specialists, transport teams and support staff as appropriate.
- discuss available services for patients with long-term conditions

Management

The GP will demonstrate the ability to:

- use their knowledge of local resources available to manage critical conditions and establish relationships in conjunction with the practice team
- work with practice and allied health professionals to up-skill in areas of community need in relation to gastrointestinal conditions
- institute screening programmes relevant to gastrointestinal conditions with reference to either local or national guidelines
- be aware of the reporting requirements and protocols around notifiable gastrointestinal diseases and how this is managed in the practice.

This curriculum statement links with:

- Adolescence/Rangatahi/Youth Health - Page 38
- Men's Health - Page 94
- Paediatrics and Immunisations - Page 119
- Women's Health - Page 150

Genetics

With the mapping of the human genome, advances in genetic medicine have been significant and it is likely that the role of the general practitioner will expand to detecting and managing genetic conditions.[1]

Knowledge of the various genetic causes of conditions, such as cystic fibrosis, and stem cell treatments for various cancers have raised public awareness of genetics. The relevance of genetics to disease is an expanding field that the general practitioner is required to know about.

Genetics in general practice involves managing diseases that run in families/whānau. Essentially all diseases and conditions are said to have a genetic component. For every 10 patients that we see, one of them will have a genetic component to their illness.[2] The management of genetic diseases and conditions involves both the individual and their family/whānau members.

Many of the common cancers have a genetic component. Colorectal cancer, one of the most common cancers in New Zealand, is currently being examined to determine the clinical behaviour of the cancer.[3]

Recent studies suggest that genetic factors are involved with developing diabetes, with first-degree relatives having a higher risk than unrelated individuals from the general population.[4] Using family history as a way of recognising risk factors for Māori is a way that the health inequalities between Māori and non-Māori may be improved.

While not specifically genetically predetermined, families can have a history of congenital conditions and the general practitioner needs to be able to provide support and appropriate care.

For example, in New Zealand congenital birth defects, including common problems such as cleft palate, heart defects and dislocation of the hips, affect about one in every 30 children.[5]

The impact of genetics in the context of general practice is determining the allocation of the health dollar in New Zealand and across the world. It is also having an impact on individual consultations in the primary care setting.

The general practitioner requires skills in all domains to be able to help patients deal with the vast array of information that is available publicly and advise on what is best practice for their particular situation.

[1] Royal College of General Practitioners. 1998. Genetics in Primary Care: a report from the RCGP North West England Faculty Genetics Group. Occasional Paper 77. London: RCGP

[2] Hopkinson I. Clinical context of genetics in primary care. 2004. Presentation at: Reality not Hype: the new genetics in primary care. www.londonideas.org

[3] http://www.hrc.govt.nz

[4] http://www.who.int/genomics/about/Diabetis-fin.pdf

[5] http://www.hrc.govt.nz/sites/default/files/HRC59%20(Robertson)%20(2).pdf

G Genetics

Communication

The GP will demonstrate the ability to:

- communicate genetic risk to patients and describe the difference between testing and screening, for example antenatal screening for genetic conditions
- explain the implications of common genetic conditions to an individual and their family/whānau
- inform patients and their family/whānau about genetic risks, but encourage them to make their own choices and support their decision
- explore family relationships, including issues around adoption and paternity
- support family/whānau through clinical uncertainty in the process of diagnosis or when there is no diagnosis.

Clinical Expertise

The GP will demonstrate the ability to:

- describe how genetics underpin a variety of illnesses and conditions
- draw a genetic family tree
- manage, monitor and screen for genetic disease in their community, taking into account particularly at-risk populations or families
- incorporate emerging genetic screening into their practice
- describe the parameters of screening tests and what they mean, referring to regional services appropriately
- understand the implications of genetic conditions on other family members
- discuss with families the role of genetic screening in relation to developmental delay or disability
- work within their limits of competency with regard to genetic screening and counselling
- understand and follow the standard genetic testing processes as detailed by national genetic services
- maintain confidential records of genetic testing, genetic risk and potential familial conditions.

Professionalism

The GP will demonstrate the ability to:

- recognise when their own attitudes, values and beliefs might impact on patient care when discussing the implications of genetically inherited conditions and maintain a professional approach
- advocate for patient and family/whānau access to allied health professional services and resources, including support groups
- foster inter-professional relationships to enable them to deal with common genetic disorders in their communities
- understand the emotional impact on patients and family/whānau of genetic diagnosis.
- understand the ethical issues surrounding disclosure of information in relation to genetic risk to other family members or other third parties

Scholarship

The GP will demonstrate the ability to:

- maintain up-to-date clinical knowledge of the pathology and clinical issues associated with common genetic diagnoses
- describe the implications of genetic disease in different ethnic and religious cultures.

Context of General Practice

The GP will demonstrate the ability to:

- recognise that genetic risk may be viewed differently in family/whānau-based cultures
- engage with local genetic services and enable access to genetic counselling in isolated or rural areas.
- explain how they use local and national support services and other members of the primary care team to care for patients and families with genetic disorders

Management

The GP will demonstrate the ability to:

- educate their practice team about genetic diseases and their management with particular emphasis on ethical, legal and social implications
- describe relevant genetic screening and implementation within the practice.

This curriculum statement links with all others in the series.

Health and Work

Good work is good for health and wellbeing – it may encourage physical activity, it provides a sense of community, it reduces poverty and social exclusion and aids recovery from illness and injury. Conversely, unemployment has a negative impact on physical and mental health for the individual and their dependent family/whānau members.

The importance of the health benefits of work has been reinforced by recent international research exploring the subject. It has been acknowledged as relevant in New Zealand by Government, employers, unions, insurers and health care providers and their professional bodies.[1,2,3,4]

A worker's environment can impact on their health, for example noise-induced hearing loss, and also the impact of health on work, for example working with a disability. Not a day goes by in general practice that you do not see a worker, someone who could be working or people who have had work influence their health. General practitioners, in partnership with patients and their family/whānau, should weigh up the risks and benefits of being in work, being in work with modifications or being off work.

There are many health conditions that a general practitioner needs to be aware of that may relate to work exposures. These include well-known occupational diseases, such as the asbestos lung diseases, occupational asthma and zoonoses, which are encountered by a general practitioner occasionally. However, most health conditions and many treatments prescribed have the potential to impact on a person's capacity to work.

Awareness of a patient's work environment, interactions and exposures can be critical to providing quality health care and may avoid needless disability. Initial enquiry may be as simple as asking 'what do you do at work?'

[1] Black, C. 2008. *Working for a healthier tomorrow: Dame Carol Black's review of the health of Britain's working age population.* Norwich: The Stationery Office.

[2] Waddell G, Burton A. 2006. Is work good for your health and well-being? London, UK: The Stationery Office.

[3] Australasian Faculty of Occupational & Environmental Medicine. New Zealand Consensus statement on the health benefits of work. *Royal Australasian College of Physicians*. http://www.racp.edu.au/index.cfm?objectid=57063EA7-0A13-1AB6-E0CA75D0CB353BA8

[4] Australasian Faculty of Occupational & Environmental Medicine. Position Statement on the Health Benefits of Work. *The Royal Australasian College of Physicians*. http://www.racp.edu.au/index.cfm?objectid=F07790EC-0F2D-D1EB-4298E5D44500162A

[5] PricewaterhouseCoopers. 2008. *Accident Compensation Corporation* New Zealand Scheme Review. Wellington.

[6] NZ Statistics, 2006. 2012. Ministry of Social Development, Wellington.

[7] Office of the Auditor General. 2011. *Public entities' progress in implementing the Auditor-General's recommendations Chapter 6*. Wellington: Office of the Auditor General.

Inequality persists. In New Zealand, Māori suffer from cardiovascular disease, mental health issues and respiratory disease at disproportionate levels compared to non-Māori. These are all conditions associated with unemployment.[4] It is known that a higher proportion of New Zealand's Māori working age population experience disability than European New Zealanders and an increase in this disparity occurs with age.[5] Working-age Māori have three times the chance of being long-term welfare beneficiaries (on benefits over 12 months) compared with working-age non-Māori.[6]

Between December 2008 and December 2010 the number of unemployed doubled, at the same time sickness and invalid beneficiaries increased by 17 percent and 2 percent respectively. In June 2010 about 58,000 New Zealanders were receiving the sickness benefit and 85,000 the invalid's benefit. An audit was undertaken by the Ministry of Social Development in October 2009 and a subsequent programme of work was established called Future Focus. This aimed to gather more information about a person's capacity for work, and provide comprehensive case management and ongoing monitoring of these initiatives.[7]

A call to action on all fronts by all stakeholders is needed. To not take heed of this body of evidence is to put many individuals, families and communities at risk of the well documented health consequences of worklessness.
Dr Kevin Morris, Director Clinical Services, ACC

General practitioners have a critical role when assessing fitness for work, as the opinion communicated will influence outcomes. The ability to consider carefully whether a medical condition necessitates time off work and identifying where adaptation or accommodation may be more appropriate in patient recovery is important if the health benefits of work are to be achieved.

Communication	
The GP will demonstrate the ability to:	
• communicate appropriately with patients, including obtaining consent, history-taking, discussing findings and negotiating a management plan	• communicate their knowledge of relevant legislation to patients
• communicate risk to patients, carers and their family/whānau	• employ communication skills when breaking bad news and describe the processes that might facilitate this
• develop an awareness of and show the ability to complete certification documents to communicate opinion accurately	• discuss the communication skills needed for dealing with conflict or adverse outcomes.
• discuss the specific requirements and ethics behind notifying other authorities	

H Health and Work

Clinical Expertise

The GP will demonstrate the ability to:

- take an accurate occupational history
- conduct appropriate physical examination
- develop a differential diagnosis and arrange appropriate investigations
- investigate health complaints that may relate to work or environmental exposure
- describe the utility and general principles of workplace assessment
- define the potential health effects of common and important workplace hazards
- assess fitness to work and develop a return-to-work plan
- develop and maintain up-to-date knowledge of the impact of worklessness on health
- describe the impact of long-term health conditions on work capacity and interventions for minimising disability
- describe the biopsychosocial model of illness and disease and the relevance of this in assessing fitness for work
- describe common or important occupational diseases, their treatment and potential long-term impact
- outline the various local workplaces in the region and the potential impact these might have both on health and the ability to employ staff with health issues
- describe the principles of rehabilitation relating to physical, psychological, social, recreational and cultural needs.

Professionalism

The GP will demonstrate the ability to:

- reflect on the professional and personal boundary issues encountered when working in a rural community
- describe ways of supporting their own occupational health and wellbeing, including that of their family/whānau
- be aware of legal and ethical boundaries when communicating medical information to a third party, such as a union, employers or insurers
- explain their role in relation to patients and agencies related to work
- describe the aspects of personal safety that may be required when dealing with conflict
- identify their own workplace risks and harms
- identify when to seek advice or refer and undertake this appropriately and expediently
- explore the role of medicine as a profession in the context of wider personal life experience and life goals.

Scholarship

The GP will demonstrate the ability to:

- write appropriate certificates and referrals relating to occupational conditions or events
- keep comprehensive notes relating to workplace accidents and diseases
- maintain a comprehensive knowledge of the developments in health and work-related conditions
- undertake personal reflection and develop a focus for ongoing learning, audit or research
- undertake further training and education to develop specific expertise in this subject.

Context of General Practice

The GP will demonstrate the ability to:

- update continually their knowledge of ACC, Work and Income, the Department of Labour and other government agencies and their particular areas of involvement with work-related conditions
- describe ways of supporting Māori in their workplace and back into work, reducing inequities that will have an impact on health outcomes
- describe the various workplace mechanisms available to support employees
- refer to the appropriate local agencies that can help with assessment, treatment and ongoing management of work-related conditions
- develop a working relationship with local employers, and case managers from Work and Income, ACC and other work-related entities
- consider the impact and implications of worklessness on family/whānau and schooling.

Management

The GP will demonstrate the ability to:

- describe the protocols and reporting systems for maintaining and monitoring safety in their own practice
- understand the financial implications of signing people off work for the individual, their family/whānau and the country
- update continually their knowledge of health and safety legislation compliance and its relevance to the general practitioner as an employer
- take a leadership role in developing a practice protocol for supporting people back into work to help improve health outcomes.
- describe hazards and risks of medical work and how to reduce these in your practice team

This curriculum statement links with:

- Adolescent/Rangatahi/Youth Health - Page 38
- Long-term Conditions - Page 85
- Men's Health - Page 94
- Mental Health - Page 97
- Women's Health - Page 150

Long-term Conditions

Long-term, or chronic, conditions as they are often called, are defined by the World Health Organization as having one or more of the following characteristics: they are permanent, leave residual disability, are caused by nonreversible pathological alteration, require special training of the patient for rehabilitation, or may be expected to require a long period of supervision and care.[1]

The New Zealand National Health Committee (NHC) in 2007 defined a chronic condition as any ongoing, long-term or recurring condition that can have a significant impact on people's lives.[2]

Long-term conditions (LTC) and their management place a significant burden on health services in New Zealand. 'Two in every three New Zealand adults have been diagnosed with at least one long-term condition and long-term conditions are the leading driver of health inequalities.'[3] Long-term conditions account for more than 80 percent of deaths.[4]

Primary care has an increasingly important role in long-term condition management with the move to provide services closer to home and, in particular, to shift services from secondary to primary care. This is a key part of the Government's policy. 'Primary health care has a part to play in helping reduce acute demand pressure on hospitals by better managing chronic conditions and proactively supporting high need populations.'[5]

[1] WHO. 2005. *Preventing Chronic Disease: A vital assessment*. Geneva: World Health Organization.

[2] http://www.nhc.health.govt.nz/resources/publications/meeting-needs-people-chronic-conditions

[3] Ministry of Health. 2008b. *A Portrait of Health. Key Results of the 2006/07 New Zealand Health Survey*. Wellington: Ministry of Health cited in http://www.health.govt.nz/publication/report-new-zealand-cost-illness-studies-long-term-conditions

[4] National Health Committee. 2007. *Meeting the Needs of People with Chronic Conditions: Hāpai te Whānau mo Ake Ake Tonu*. Wellington: National Advisory Committee on Health and Disability. Cited in http://www.health.govt.nz/publication/report-new-zealand-cost-illness-studies-long-term-conditions

[5] http://www.health.govt.nz/our-work/primary-health-care/better-sooner-more-convenient-primary-health-care

[6] http://www.improvingchroniccare.org/index.php?p=The_Chronic_Care_Model&s=2

[7] http://www.health.govt.nz/our-work/primary-health-care/primary-health-care-services-and-projects/care-plus

[8] http://www.health.govt.nz/our-work/diseases-and-conditions/diabetes/get-checked-programme

L Long-term Conditions

A disease-centered model focusing on cure does not adequately meet the needs of people with chronic illness, particularly for psychological and long-term care management. General practice care models have long been shifting from a disease-centered model to a model of care that emphasises the individual managing and living with chronic disease, illness and disability. Chronic disease management aims to reduce the progression of symptoms and further complications. The Wagner Model[6] is an internationally recognised, evidence-based chronic care model consisting of the basic elements for improving care in health systems at the community, organisation, practice and patient levels.

Multidisciplinary care is particularly important in long-term condition management. Care Plus[7] and Diabetes Get Checked[8] funding have both facilitated developing the nursing role in long-term conditions management.

Communication

The GP will demonstrate the ability to:

- create and negotiate management plans for patients with a range of long-term conditions, encouraging them to be part of the decision-making and planning
- communicate results or prognosis – good, bad or uncertain news – while recognising the health literacy needs of the patient and their family/whānau
- manage the communication between primary care, secondary care and the patient, family/whānau and carers
- deal with delayed or incorrect diagnosis
- explain the risks and benefits of preventive measures and aid in implementing them
- explain and help with advanced care planning
- employ culturally safe communication skills
- consider and apply the communication skills required when managing transitions in chronic conditions, for example adolescence to adulthood, mobility to immobility or starting dialysis
- discuss and promote screening of certain long-term conditions when appropriate, such as cardiovascular risk assessment screening
- apply a supportive and empathetic approach to patients and their family/whānau and carers as part of maintaining a long-term relationship when managing chronic illness and disability.

Clinical Expertise

The GP will demonstrate the ability to:

- identify, assess and manage risk factors for common long-term conditions
- be familiar with and where appropriate apply Te Whare Tapa Wha and its role with the patient and their whānau
- consider different aspects of managing long-term conditions with different age groups
- recognise the aspects of disability that impact on everyday life
- promote and enable self-management and patient responsibility
- recognise the complexities of polypharmacy and aim to minimise the use of medications, as appropriate
- apply knowledge and use of screening programmes and early detection tools
- recognise, understand and manage key clinical presentations.
- recognise mental health aspects of long-term conditions and provide appropriate support

Professionalism

The GP will demonstrate the ability to:

- recognise and enable patient autonomy
- develop skills in maintaining self-care while managing long-term and often difficult conditions
- promote self-management strategies to the patient, such as the Flinders model
- engage in policy decisions to improve inter-professional communication and funding initiatives and allocations.
- advocate for the patient as they negotiate the health system

This curriculum statement links with:
- End-of-life Care - Page 55
- Older People - Page 111
- Oncology - Page 115

L Long-term Conditions

Scholarship

The GP will demonstrate the ability to:

- undertake continuing medical education in common areas to maintain knowledge of long-term conditions
- promote and facilitate education of the practice team in managing long-term conditions
- audit practice management of both long-term conditions and selected screening programmes
- undertake post-graduate diplomas or certificates to increase knowledge of long-term condition management.

Context of General Practice

The GP will demonstrate the ability to:

- be aware of the impact of geography and health service policies on patient care
- appraise and discuss alternative therapies, including traditional therapies
- familiarise themselves with key local supports at hospital and, in particular, non-governmental services, such as Diabetes New Zealand
- investigate local community support through allied health professionals.

Management

The GP will demonstrate the ability to:

- develop interdisciplinary care plans with person-centred goals
- familiarise themselves with key policies affecting their practice and the patient, for example using Care Plus funding for patient or practice services
- be aware of practice policies on follow-up visits and charges
- investigate practice activities to work towards a reduction in long-term conditions and health inequalities.
- access and work with the multidisciplinary team and community services for patients with long-term conditions and disabilities

Māori Health

The Treaty of Waitangi is New Zealand's founding document and forms part of the country's constitutional fabric. The College recognises the status of the Treaty and accepts its principles of partnership, participation and active protection.

Features of the Treaty of high relevance to general practice are providing protection for Māori wellbeing, including a concern for achieving equity in health outcomes, and enabling the active participation of Māori patients through clinical practice that transfers knowledge and skills to patients and whānau to facilitate self-management.

Consistent with a Treaty-driven approach, Māori health is integrated throughout the general practice curriculum. This indicates the commitment of the College to improving Māori access to quality primary health care delivered by culturally competent general practitioners and to achieving health equity for Māori. Cultural competence requires an understanding of one's own cultural background and how this affects the doctor–patient relationship.

There were 565,329 people who identified as belonging to the Māori ethnic group in the 2006 Census, representing 15 percent of the total New Zealand population. Life expectancy at birth was 70.4 years for Māori males and 75.1 years for Māori females, while life expectancy at birth for non-Māori males was 79.0 years and for non-Māori females 83.0 years. Overall, Māori life expectancy at birth was at least eight years less than that for non-Māori for both genders. Māori life expectancy rapidly increased up until the late 1970s or early 1980s, after which Māori life expectancy was (mostly) static while non-Māori life expectancy continued to increase. Since the late 1990s, Māori life expectancy has been increasing at about the same rate as non-Māori, or even slightly faster.[1]

[1] http://www.maorihealth.govt.nz/moh.nsf/indexma/life-expectancy

[2] http://www.maorihealth.govt.nz/moh.nsf/indexma/avoidable-mortality-and-hospitalisation

[3] Avoidable mortality includes deaths occurring to those less than 75 years old that could potentially have been avoided through population-based interventions or through preventive and curative interventions at an individual level.

[4] Amenable mortality is a subset of avoidable mortality and is restricted to deaths from conditions that are amenable to health care.

[5] Avoidable hospitalisations are hospitalisations of people less than 75 years old that fall into three sub-categories:

- Preventable hospitalisations: hospitalisations resulting from diseases preventable through population-based health promotion strategies
- Ambulatory-sensitive hospitalisations: hospitalisations resulting from diseases sensitive to prophylactic or therapeutic interventions that are deliverable in a primary health care setting
- Injury-preventable hospitalisations: hospitalisations avoidable through injury prevention.

[6] Ministry of Health website.

[7] Ministry of Health. 2001. Priorities for Māori and Pacific Health: Evidence from Epidemiology. Public Health Intelligence Occasional Bulletin No 3.

M Māori Health

Ministry of Health information from *Tatau Kahukura: Māori Health Chart Book 2010*[2] shows avoidable mortality[3] rates were over two and a half times higher for Māori than for non-Māori. Amenable mortality[4] rates were more than two times higher for Māori than for non-Māori. Māori avoidable hospitalisations[5] and ambulatory-sensitive hospitalisation rates were over one and a half times higher than those for non-Māori.

Māori have higher rates across many health conditions and chronic diseases, including cancer, diabetes, cardiovascular disease and asthma.[6] In 2001 the Ministry of Health calculated the burden of disease for Māori through disability adjusted life years (DALY) as 75 percent greater than the age-standardised DALY for European/other. Cardiovascular disease accounted for the highest male and female rates of DALY loss due to any single disease group among Māori. Cancers accounted for the second highest male and female rates of DALY loss among Māori.[7]

The main focus to improve Māori health is to support general practitioners to develop the knowledge and skills that will enable them to:

- understand the determinants of ethnic inequalities in health for Māori
- respond positively to Māori patients and their whānau and communicate effectively with them to achieve the best results for them
- transfer knowledge and skills to Māori patients and their whānau to enable self-management
- take a whānau ora-oriented approach to general practice care for Māori.

All general practitioners, Māori and non-Māori alike, have a vital role to play in improving health outcomes for Māori.

Communication

The GP will demonstrate the ability to:

- pronounce correctly Māori personal and place names, and understand why this is important
- maintain appropriate, effective and supportive relationships with whānau, hapū, iwi and other Māori community stakeholders
- respond positively to Māori patients and their whānau, and communicate effectively with them to achieve the best results for patients and whānau
- communicate effectively with Māori practice team members, Māori health care providers and Māori community stakeholders.
- discuss with Māori patients and whānau their preferences for care and communication

Clinical Expertise

The GP will demonstrate the ability to:

- discuss the implications of the Treaty of Waitangi for clinical practice
- understand the role of access to quality health care as a determinant of ethnic inequalities in health for Māori
- understand the importance of whānau, hapū, iwi, and the role of Māori social structures in supporting Māori health
- identify barriers to Māori access to health care at the individual, organisational and structural levels and how they may be overcome
- understand the potential of whānau as a network of support and reinforcement of positive health practices in the daily life of patients
- understand cultural characteristics that impact on clinical presentation and management to be able to work effectively with Māori
- understand the meaning of whānau ora and its implications for clinical practice, and provide whānau ora-oriented general practice care
- identify and contribute to initiatives designed to address inequalities in health for Māori and improve Māori health
- understand and use documented Māori models of health such as Te Whare Tapa Wha
- understand how to take a population health approach to primary care delivery and monitor inequities between different practice populations
- describe and understand the key health issues affecting Māori and their implications for clinical practice
- advocate for collecting and using quality ethnicity data to inform practice
- understand the historical, social, economic and political determinants of Māori health and their implications for clinical practice
- discuss the range of Māori health services available and when referral is appropriate.

M Māori Health

Professionalism

The GP will demonstrate the ability to:

- understand and demonstrate cultural competence in all aspects of clinical practice with Māori patients and whānau
- actively participate and, in some instances, take a leadership role in inter-sectoral activities that contribute to whānau ora
- discuss strategies for consulting with Māori
- acknowledge and support Māori doctors stepping into leadership roles in Māori health
- understand the role of kaumātua and kuia in Māori social structures and demonstrate respect for their status and cultural expertise
- take on community and professional roles that contribute to addressing ethnic inequalities in health for Māori.
- understand the GP's role in death and dying and how this applies within a Māori cultural context

Scholarship

The GP will demonstrate the ability to:

- understand the value of Māori health research and other research that contributes to addressing inequalities in health and contribute as appropriate
- use practice ethnicity data to identify and, where appropriate, address potential inequalities between Māori and non-Māori
- develop high-level competencies, such as Māori language fluency, that facilitate culturally responsive practice that contributes to achieving health equity for Māori
- develop interventions to address inequalities between Māori and non-Māori patients and conduct reviews to monitor progress.

Context of General Practice

The GP will demonstrate the ability to:

- understand the state of Māori health and the extent of ethnic inequalities in health for Māori both nationally and locally
- be aware of rongoā and traditional Māori healing and local providers
- engage with Māori providers and/or local resource people, including Whānau Ora providers
- access and use the resources available to Māori and their whānau that will support their needs and improved health outcomes
- understand who are the local hapū and iwi, and their role and activities in Māori health
- work with Māori members of the practice team, Māori health providers and Māori community stakeholders to support providing care to Māori patients and their whānau.

Management

The GP will demonstrate the ability to:

- ensure all staff in their practice are culturally competent or are supported to develop these skills
- ensure all staff are trained to collect ethnicity data correctly, and that this data is managed and used to inform practice
- develop processes to review how practice staff demonstrate cultural competencies
- lead quality initiatives in the practice that are aimed at health equity for Māori.

This curriculum statement links with all others in the series.

Men's Health

I have a few uncles who were farmers. One or two of them popped off with bowel cancer 'cos their idea of when it was time to go to the doctor was by the time you were bleeding from the rear orifice and in considerable pain, 'cos they were just brought up that you don't groan, a bit of aches and pains, a bit of blood—so what.[1]

Life expectancy for New Zealand men is currently 79 years, 4 years less than women. This gender disparity is closing, but slowly. Like most other aspects of health in New Zealand, lower socioeconomic status and Māori or Pacific ethnicity further reduces men's life expectancy by up to a decade.[2] Men are more likely to have elevated lipids, ischaemic heart disease and diabetes.[3] Men are more likely than women to commit suicide, particularly young men, whose rate is three times higher than their female counterparts.[4] Despite these health issues, men are less likely than women to seek health care.

Why don't men go to the doctor? When they do, they delay it as long as possible, don't always report the extent of their health concerns and often do not receive appropriate preventive care or opportunistic screening.[1]

Contrary to some popular perceptions, men have quite a complex relationship with their health. In one respect, there is the stoicism or fatalism reflected in the quote above, a sense of 'immortality or immunity from accident or disease',[5] particularly seen in young men, and also an attitude that health professionals are there to provide a 'quick fix' when things go wrong.

However, in a paper published in the *Journal of Primary Health Care* in 2009, McKinlay et al[1] report that men's health beliefs included 'balance in life', 'effective relationships' and 'strong sense of self'. Men interviewed felt that they would not go to a general practitioner without a reason, and did not feel that general practitioners offered anything for them unless they were sick or injured.

Men also may find it hard to make time to go to the doctor, resent waiting and paying, and may also dislike or fear physical contact and examination.

However, in the same issue of the *Journal of Primary Health Care*, Barwell reports good uptake and value from invitation for a 'Well Man Check', with '23 of the 30 supposedly well men cases reviewed had one or more risks to their health that required some formal treatment or follow-up to be initiated'.[6]

So, men can be considered a 'hard to reach' population and a proactive approach to screening and health promotion can pay dividends.

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[1] McKinlay E, Kljakovic M, McBain L. 2009. New Zealand men's health care: are we meeting the needs of men in general practice? New Zealand Journal of Primary Care 1(4):302–310.

[2] Ministry of Social Development. Life expectancy. In *The Social Report*. http://socialreport.msd.govt.nz/health/life-expectancy.html

[3] New Zealand Health Information Service, *Cause of death data* citied In http://www.stats.govt.nz/browse_for_stats/population/births/new-zealand-life-tables-2005-07/chapter-2-national-trends-in-longevity-and-mortality.aspx

[4] Ministry of Health. 2010. *Suicide Facts: Deaths and intentional self-harm hospitalisations* 2008. Wellington: Ministry of Health.

[5] Tudiver F, Talbot Y. 1999. *Why don't men seek help? Family physicians' perspectives on help-seeking behaviour in men*. J Fam Pract. 48(1):47–52

[6] Barwell P. 2009. Do invitations to attend Well Man Checks result in increased male health screening in primary health care? New Zealand Journal of Primary Care 1:(4);311-314.

Communication

The GP will demonstrate the ability to:

- establish an empathetic relationship in which a male patient can disclose symptoms he might consider embarrassing or shameful
- discuss and assess, in an open and professional manner, sexual dysfunction in men
- establish rapport and communicate the need to address lifestyle and metabolic factors increasing cardiovascular risk to men from all socioeconomic, educational and ethnic backgrounds
- understand the gender-specific patterns of presentation of depression in men
- discuss safe sex, alcohol and drug use, risk-taking behaviour, emotional concerns and other issues using appropriate language in a non-judgmental manner, especially with younger men
- include screening questions for alcohol use in consultations with men
- discuss the pros and cons of prostate cancer screening, allowing the patient to make an informed choice
- take a comprehensive occupational history in assessment of men's health.

Clinical Expertise

The GP will demonstrate the ability to:

- detect and address cardiovascular risk factors in men, including calculation of their five-year risk and risk trajectory
- elicit, assess and manage depression in men, including assessment of underlying stressors and negative social factors, and risk of self-harm
- reach an understanding of the arguments for and against screening for prostate cancer, and formulate a rational approach that they can apply in practice
- explain the precipitating factors of sexual dysfunction and provide up-to-date information about treatment options.
- use appropriate and effective approaches to assessing and helping reduce or cease smoking and harmful alcohol use in men

Professionalism

The GP will demonstrate the ability to:

- act as an advocate for male patients who need time off work but find this difficult to ask for
- recognise the importance of providing reports in a timely and comprehensive manner for third parties, such as ACC.

M Men's Health

Scholarship

The GP will demonstrate the ability to:

- consider and research issues relevant to men's health, and initiatives that might allow men to benefit from more illness prevention and early diagnosis and management
- apply reflective skills and identify areas of personal learning
- undertake a practice audit related to men's health issues and selected screening programmes
- show a willingness to teach and support the practice team in men's health.

Context of General Practice

The GP will demonstrate the ability to:

- identify increased risks to men's health through lifestyle or occupation, particularly represented in their practice demographic
- Have a knowledge of and refer appropriately to local providers who specialize in aspects of men's health
- Ensure adequate screening programmes are in place for the practice population

Management

The GP will demonstrate the ability to:

- consider how the primary care team could improve uptake of screening and preventive health initiatives for men, and how they might encourage and lead this
- contribute to health education for men.

This curriculum statement links with:

- Acute Care - Page 28
- Cardiovascular - Page 42
- Mental Health - Page 97
- Oncology - Page 115
- Rural - Page 138

Mental Health

In 2003 the Wellington School of Medicine MaGPie group reported that 29 percent of patients attending general practices in New Zealand received some form of psychological treatment.[1] The World Health Organization predicts that by 2020 major depression will be one of the major causes of disability in the developed world, second only to cardiovascular disease.[2]

Te Rau Hinengaro, the New Zealand Mental Health Survey, found that 46.6 percent of the population is predicted to meet the criteria for a mental health disorder some time in their lives with 20.7 percent having a disorder in the past 12 months.[3]

Until recently there was little reliable data on the prevalence of mental illness in Māori, but Te Rau Hinengaro[4] found that Māori have a 12-month prevalence of mental disorder of 29.5 percent, compared with 19.3 percent in the general New Zealand population. This indicates that, as in so many other areas of health, there is a disparity in mental health for Māori, which we must address. The same is true, though less marked, for Pacific people in New Zealand.

Mental illness is a very significant part of the health care of New Zealanders and the majority can be diagnosed and managed appropriately in primary care.

General practice consulting skills contain many of the elements needed to diagnose and assess mental illness, and the ongoing relationship with the patient is the ideal context for treatment and ongoing management.

If we believe that in general practice we should take a whole-person, person-centred approach to health care, then mental health, in its most general sense, is part of nearly every interaction between doctor and patient. We must consider it especially when caring for people with chronic conditions that change their lives, and when we meet patients who challenge our skills of diagnosis and communication.

Primary care is the first point of contact for most patients with mental illness, and so general practitioners and their teams, especially in rural practice, must be prepared to effectively manage acute mental health crises in a manner that protects patient and staff safety.

[1] MaGPie Research Group. 2003. The nature and prevalence of psychological problems in New Zealand primary healthcare: a report on mental health and general practice investigation (MaGPie). *New Zealand Medical Journal* 116:1171–1185.

[2] Murray CJ, Lopez AD. 1997. Alternative projections of mortality and disability by cause 1990–2020: Global Burden of Disease Study. Lancet 349:1498–504.

[3] Oakley Browne MA, Wells JE, Scott KM (eds). 2006. Te Rau Hinengaro: The New Zealand Mental Health Survey. Wellington: Ministry of Health.

[4] 2006. Ethnic comparisons of the 12-month prevalence of mental disorders and treatment contact in Te Rau Hinengaro: The New Zealand Mental Health Survey. Australian and New Zealand Journal of Psychiatry 40 (10):905-913.

M Mental Health

Communication

The GP will demonstrate the ability to:

- develop rapport and trust in the consultation to facilitate disclosure of symptoms of mental illness
- introduce into the consultation and explore with the patient the possibility of mental illness, in a compassionate manner
- understand how the negative attitudes and perceptions existing in society toward mental illness may affect presentations
- understand some of the underlying causes of 'difficult' consultations and strategies to manage and improve these
- recognise the early warning signs in the acutely disturbed patient, and knowledge of principles of de-escalation
- discuss the different perceptions and models of mental health in different ethnic groups, which may alter their approach to communication and management
- consider a more holistic and whānau-based approach when caring for Māori patients
- engage with the family/whānau when managing a patient's mental health problems, with due consideration to sometimes conflicting issues of patient and family safety, and patient confidentiality
- ensure patients with mental illness in their practice are treated with respect and inclusiveness
- use basic counselling skills competently in the consultation.

Clinical Expertise

The GP will demonstrate the ability to:

- recognise and help alleviate the impact of mental illness on the patient's life
- help patients develop coping behaviours to facilitate transition through normal and traumatic life events
- demonstrate safe and competent prescribing for mental illness.

The following subtopics are essential but do not cover the entire scope of mental health conditions managed by the GP.

Depression

The GP will demonstrate the ability to:

- recognise, diagnose and assess severity of depression in primary care particularly with at-risk groups
- recognise atypical presentations of depression
- discuss and recommend non-pharmaceutical interventions
- prescribe commonly used antidepressants, understand their indications, benefits, risks and potential side effects and how to initiate, follow up, monitor and discontinue their use
- discuss the various biopsychosocial factors that increase risk of depression in certain patient groups
- elicit and diagnose post-natal depression and have knowledge of safe and effective treatment modalities
- offer patients the opportunity to be referred for group therapy when and where appropriate
- reflect on the benefits and limitations of online therapy and promote it when appropriate
- manage postpartum psychosis as a rare but very dangerous condition
- use situational and age-appropriate communication and screening tools
- describe the concerns around antidepressant use in adolescents and alternative and more appropriate treatment approaches, such as cognitive behavioural therapy.

Anxiety

The GP will demonstrate the ability to:

- recognise, diagnose and assess the spectrum of anxiety disorders
- understand the benefits and limitations of non-pharmaceutical treatments, including awareness of some online therapy sites
- develop and maintain knowledge of indications, benefits, side effects and risks of commonly prescribed anxiolytics, including SSRIs, TCAs and benzodiazepines.

Psychosis and Bipolar Affective Disorder

The GP will demonstrate the ability to:

- understand the spectrum of mood stability disorders, their diagnosis and assessment of severity
- understand the principles of de-escalation and appropriate oral sedation when dealing with a manic and/or psychotic patient
- diagnose and offer initial management of an episode of hypomania or mania
- competently apply requirements relating to the Mental Health Act, the role of the duly authorised officer and local community mental health team protocols for compulsory assessment to appropriate clinical cases
- prescribe commonly used mood-stabilising medications, and understand potential side effects, follow-up and monitoring
- recognise and manage safety issues around assessment of an acutely disturbed patient.

Other conditions

The GP will demonstrate the ability to:

- show some knowledge of more commonly encountered personality problems
- safely restrain and use emergency sedation and transport for compulsory assessment, complying with the Mental Health Act
- manage self-harm, including risk assessment, in particular when isolated from emergency department and acute mental health services
- recognise somatisation (bodily stress syndrome) as a common presentation in general practice
- understand the interaction between mental illness and substance misuse and how this may affect their management plan and referral pathways
- make an early consideration of bodily stress syndrome as a 'positive' diagnosis when presented with functional or 'hard to explain' symptoms
- sensitively assess early warning signs that a patient is becoming distressed or agitated, and use strategies to manage this
- introduce the possibility of bodily stress syndrome to the patient in an acceptable and understandable manner
- use non-confrontational consultation skills to de-escalate and prevent an acute crisis and suitable oral medication choices for sedation
- institute some potential management options for somatisation, including psychological therapy and medication.

Professionalism

The GP will demonstrate the ability to:

- reflect on issues around confidentiality, privacy and the need to involve family/whānau in patient care within and outside practice, particularly in rural or small communities
- recognise and deal sensitively with the interpersonal implications of continuity of care, such as transference and counter-transference
- promote safety issues for themselves, other staff and their patient, including exits from the consulting room and emergency alerts
- reflect and discuss how they might approach concerns about the mental health of a colleague
- understand the concept of 'emotional labour' of the consultation, how this relates to mental health consultations and ongoing care, and potential for emotional exhaustion and burn-out
- describe the Mental Health Act and its implications.
- consider and engage in supervision or mentoring as a part of self-care for general practitioners

Scholarship

The GP will demonstrate the ability to:

- maintain current knowledge of best practice in care for patients with mental illness
- willingly teach and lead all members of the primary care team in mental health diagnosis and management
- understand and discuss how to audit aspects of their management of patients with mental illness, such as prescribing
- use available resources, such as print or electronic information, or organisations and support groups.

M Mental Health

Context of General Practice

The GP will demonstrate the ability to:

- work towards reducing barriers to Māori and Pacific people seeking and receiving mental health care in primary care in the New Zealand
- describe local resources and pathways to obtain help and support for patients with mental health problems
- reflect on the demographics and other factors in their practice that affect prevalence of mental illness
- involve mental health initiatives to facilitate access to care
- be aware of and sensitive to the socioeconomic impact of serious mental illness
- build effective relationships and work as a team with community mental health services and other providers, such as Māori health providers.

Management

The GP will demonstrate the ability to:

- recognise the importance of building and leading a team approach to mental health in their practice
- compile a shared management plan for particular patients who may use several mental health services
- reflect how they might manage financial issues of extended consultations and time management relating to patients with mental health problems
- discuss strategies to manage the potential increase in mental health conditions in the practice population.

This curriculum statement links with:
- Acute Care - Page 28
- Long-term Conditions - Page 85

Musculoskeletal

Musculoskeletal symptoms are common presentations in general practice with 8.9 percent of consultations attributed to this patient group.[1] They affect all age groups, and range from acute to chronic, simple to complex. They may be injury-related or linked with a wide range of other conditions and factors, including normal ageing.

Given the frequency of musculoskeletal presentations, early diagnosis, education and negotiation of a management plan are important, and may delay disease progression considerably. These are skills that a general practitioner is well placed to provide. Accurate and timely diagnosis and management of paediatric conditions is also important. The impact of long-term or progressive symptoms on an individual, their family/whānau and carers may be financial, but may also lead to mental health issues and other sequelae of chronic pain and increasing disability.

Musculoskeletal conditions may be associated with significant costs for both individuals and employers, and may be implicated in time off work, limited work capacity and early retirement. For those who are not in employment, the cost may be in terms of ability to perform daily activities, mobility and maintenance of independent living.

Accidental injury is a frequent cause of musculoskeletal symptoms. Preventive strategies, maintaining function and early return to work or activity should be encouraged by general practitioners, where appropriate, supported by early diagnosis and relevant investigations. Māori are under-represented in ACC claim figures, which suggests cultural barriers still need to be overcome.[2] The possibility of non-accidental injury must always be borne in mind, along with a clear strategy for management.

It is not unusual for patients to have sought treatment or advice from elsewhere before presenting to a general practitioner with musculoskeletal symptoms – hospital specialists, allied health professionals, complementary practitioners, sports coaches, the internet and so on. Interdisciplinary teamwork is a key feature in musculoskeletal medicine, and is essential in managing both acute and long-term effects.

[1] http://www.health.govt.nz/publication/family-doctors-methodology-and-description-activity-private-gps
[2] Accident Compensation Corporation. 2008. *Te turoro Maori me a mahi*. Wellington.
[3] http://cnx.org/content/m13589/latest/

M Musculoskeletal

Communication

The GP will demonstrate the ability to:

- obtain a relevant history that includes mechanism of injury, if any, and occupational factors
- assess the impact of the condition on the patient and their family/whānau, immediately and in the long term
- explain the natural history of the condition and normalise without being dismissive
- deal with conflict that may arise when expectations cannot be met
- identify opportunities for screening, such as alcohol screening for patients who present with acute gout or recurrent falls.

Clinical Expertise

The GP will demonstrate the ability to:

- perform a relevant, focused examination for musculoskeletal presentation
- consider appropriate age-related differential diagnoses for musculoskeletal conditions
- identify red and yellow flags when eliciting a history of injury
- remain alert to the possibility of non-accidental injury
- assess and categorise levels of disability relating to musculoskeletal conditions, or refer for assessment if needed
- identify risk factors, such as unsafe lifting practices, poor mobility, obesity, unsafe home or work environments, and initiate further assessment and management
- negotiate management plans for acute and/or chronic conditions that take into account the needs and beliefs of the patient, their family/whānau, carers and employer, and agencies, such as ACC and Work and Income
- explain how and where to access further care as required, such as plastering facilities and orthopaedic aids
- explore options with the patient for chronic musculoskeletal pain management or disability, taking into account the principles of Te Whare Tapa Whā and/or the biopsychosocial model[3]
- discuss the implications of surgery and pre- and post-operative care with patients and family/whānau
- manage non-specific musculoskeletal pain syndromes, such as fibromyalgia
- recognise acute orthopaedic conditions and undertake appropriate action
- practise safe and appropriate prescribing, avoiding drug interactions and polypharmacy where possible, and establish appropriate care plans
- evaluate the initiation of narcotics or other drugs of dependency to treat long-term chronic pain and, if required, minimise their use.

Professionalism

The GP will demonstrate the ability to:

- maintain an ethical approach to discussions about alternative providers, products and services
- evaluate the level of skills required for managing musculoskeletal conditions in their area and up-skill appropriately
- reflect on their personal parameters for prioritising access to investigation and treatment
- develop a clear process for reporting and managing non-accidental injury for all age groups
- advocate for the patient in obtaining services to treat musculoskeletal conditions
- comply with medico-legal requirements for documentation of accidental and non-accidental injury.

Scholarship

The GP will demonstrate the ability to:

- apply the correct definitions for terms, such as 'injury', 'fully unfit', 'occupational overuse', 'gradual process' and so on, and recognise their implications
- document the mechanism of injury and other aspects of history and examination.

Context of General Practice

The GP will demonstrate the ability to:

- develop a network of other providers to whom they can refer, while being aware of any access issues, which may include preventive assessments and programmes
- consult with other providers, such as pain management specialists, if considering the use of narcotic analgesia for chronic pain management.
- know what is available in their area for imaging and investigation services

Management

The GP will demonstrate the ability to:

- evaluate the wise use of resources in their own practice, including ordering relevant and useful investigations
- maintain current knowledge of ACC protocols and those of other workplace injury programmes
- contribute to develop safe handling and movement practices in workplaces, including their own
- identify and manage issues associated with acute medical care and elective procedures, such as joint replacement surgery.

This curriculum statement links with:

- Addictions - Page 34
- Health and Work - Page 80
- Long-term Conditions - Page 85
- Mental Health - Page 97
- Neurology - Page 107
- Older People - Page 111
- Paediatrics and Immunisations - Page 119
- Rheumatology - Page 135

Neurology

Neurological disorders are common. They may be a single diagnosis or part of a complex disease pattern. Many conditions have no cure and so health care is based on alleviating symptoms. Neurological problems lead to significant disability even if their origin is benign, such as migraine. For many, the disabling effects result in lost working days. The effects on families and communities can be life-changing.

Parkinson's, Alzheimer's, multiple sclerosis, Huntington's, and motor neurone diseases, stroke, migraine, epilepsy and traumatic brain injury are just a few of the wide spectrum of disorders that general practitioners consult on.

By 2051, it is estimated almost a third of New Zealanders will be aged 65 and over and 2.7 percent of the population will have dementia, and new cases will comprise 0.8 percent of the population each year after. Dementia cases are expected to increase unless a cause, effective treatments or, ultimately, a cure can be found. This has major implications for the New Zealand health care system, as well as economic and social impacts.[1]

Additionally, the incidence of stroke is rising and, while it is currently the third leading cause of death after cancer and heart disease, it is predicted in time to become the primary cause of death and disability in New Zealand. Stroke is a preventable disease, but it is estimated that over 7,000 New Zealanders experience a stroke every year, and at least three-quarters of these people will die or be dependent on others for care a year later, which again has significant implications for the nation as a whole.[2]

Health inequities are apparent in stroke statistics, with the average age of stroke onset for Māori at 61 years, compared to 64 years for Pacific people and over 75 years for Europeans,[3] with some evidence suggesting that the chance of being dependent at 12 months following a stroke is three times higher for Māori compared to Europeans.[4]

[1] http://www.alzheimers.org.nz/assets/Reports/AnnualReports/Dementia_Economic_Impact_Report2008.pdf

[2] http://www.msd.govt.nz/about-msd-and-our-work/publications-resources/journals-and-magazines/social-policy-journal/spj33/33-stroke-a-picture-of-health-disparities-in-new-zealand-p178-191.html

[3] Feigin V, K. Carter K et al. (2006) "Ethnic disparities incidence of stroke subtypes: Auckland Regional Community Study" Neurology: The Lancet, 5(1):130-139.

[4] McNaughton H, Weatherall M et al. (2002) "The comparability of community outcomes for European and non-European survivors of stroke in New Zealand" New Zealand Medical Journal, 115(1149):98-100.

[5] http://www.brain-injury.org.nz/index.html

Another significant neurological presentation is brain injury. This can be anything from an internal trauma to a traumatic brain injury (TBI). The major causes of TBI are motor vehicle crashes, followed by sports injuries, assaults and falls. The highest-risk groups for sustaining TBI are children under 5 years of age, men aged 15-30 years, and the elderly.[5] Significant accidents leading to neurological consequences commonly happen on rural roads.

A general practitioner needs to be vigilant when assessing both acute and chronic neurological conditions, and be able to manage them competently and recognise the long-term nature of some of these conditions.

Communication

The GP will demonstrate the ability to:

- take a comprehensive history of the neurological symptoms while establishing the relationship and maintaining a rapport
- communicate restrictions on activities that chronic neurological conditions might require, such as restrictions on driving for patients with epilepsy.
- explain common neurological diagnoses and their implications to their patients and family/whānau in a manner understandable to the patient

Clinical Expertise

The GP will demonstrate the ability to:

- identify red flags relating to neurological conditions and refer accordingly, for example temporal arteritis
- manage head injury, including acute assessment, transfer from a rural area as necessary, and post-concussion issues
- diagnose common neurological disorders and treat and prescribe appropriately
- initiate palliative care when required for chronic or inoperable neurological conditions
- conduct a full neurological examination, taking into consideration history and time constraints
- investigate for risk of developing neurological conditions
- treat acute neurological emergencies, such as status epilepticus
- provide ongoing management for patients with paraplegia or tetraplegia while supporting independence as much as possible and encourage a team approach
- understand and appropriately manage sequelae of chronic neurological conditions and the impact on other health care, such as migraine with aura and oral contraception
- recognise the impact of chronic neurological conditions on a patient's relationships, occupations, social status and everyday function.

Professionalism

The GP will demonstrate the ability to:

- discuss the inter-professional relationships they have developed to enable them to care for people with common neurological disorders in their community
- recognise the impact of neurological conditions on everyday living and be able to provide support and advocacy for patients.

Scholarship

The GP will demonstrate the ability to:

- discuss clinical knowledge of the pathology, epidemiology and clinical issues associated with common neurological disorders
- show how they might use the process of audit to ensure the care of their patients with neurological diseases is optimum.
- acquire knowledge of rare conditions that may present in their patient case loads

Context of General Practice

The GP will demonstrate the ability to:

- explain how they work with support services in the community to enhance the care of people with neurological conditions
- understand the impact of disabling neurological conditions when living in rural and remote areas.
- understand the differences in health care provision and outcomes for Māori patients with neurological conditions, such as stroke

Management

The GP will demonstrate the ability to:

- educate their practice team and community about neurological disease
- develop policies in their practice that ensure patients with neurological diseases are getting the very best health care
- ensure there is a safe practice environment for patients who have neurological conditions, such as for those in wheelchairs
- develop relationships with local services involved in acute treatment and transfer of patients with neurological conditions.

This curriculum statement links with:

- End-of-life Care - Page 55
- Endocrinology - Page 59
- Eyes - Page 66
- Long-term Conditions - Page 85
- Mental Health - Page 97
- Neurology - Page 107
- Older People - Page 111
- Paediatrics and Immunisations - Page 119

Older People

General practitioners are very often in a privileged position of being able to practise care of several generations of the same family. Older patients need relatively high levels of health care and disability support. Additionally, the carers of older people also require support from general practitioners to proactively manage the real problems of increasing dependency and loss of mental competence.

The OECD defines 'ageing in place' as 'The ability to live in one's own home and community safely, independently, and comfortably, regardless of age, income, or ability level.' This policy is a focus for supporting our ageing population in New Zealand.[1] General practitioners who are well grounded in their communities play a vital role in bringing this policy into effect.

The number of New Zealanders over the age of 65 years is predicted to rise from 500,000 in 2005 to 1,330,000 by 2051. In 2005, 12 percent of the population was 65+ years old and it is projected that by the late 2030s over 25 percent of the population will be of that age.[2]

Older people represent a diverse range of ethnicities. However, due to ethnic differences in migration, mortality and fertility, Māori, Asian and Pacific populations will remain slightly younger than the background European population. General practitioners require the skills to communicate effectively and sensitively with older people of different cultural groups and engage with family/whānau in a collaborative way that respects the rights of the older patient.

Older people are fairly evenly distributed across the socioeconomic spectrum; however, older Māori are skewed towards the high deprivation end of the scale. Rural-dwelling elderly people in New Zealand are at risk of isolation from families, health and social agency support. General practice is a safety net for these elderly patients and needs to be sensitive to their needs and the characteristics of the local community.

Older patients must have trust and confidence in their general practitioner to understand their clinical needs. This trust is built up over many years of longitudinal care and support. To be effective, members of the primary care team general practitioners need to be able to collaborate with and, on occasion, lead and coordinate family/whānau, carers and the interdisciplinary team.

[1] Davey J. 2006. '"Ageing in place": the views of older homeowners on maintenance, renovation and adaptation' *Social Policy Journal of New Zealand* 27, 128–141.

[2] Bryant J. 2003. "The Ageing of the New Zealand Population, 1881–2051", New Zealand Treasury Working Paper 03/27, http://www.treasury.govt.nz/workingpapers/2003/twp03-27.pdf

O Older People

Communication

The GP will demonstrate the ability to:

- communicate with older people, taking into account possible physical and cognitive disability, failing hearing and sight
- recognise and manage cultural and linguistic factors when communicating with older patients, especially those who do not speak English as their first language
- explore the patient's beliefs, concerns and expectations, integrating the doctor's agenda, finding common ground and negotiating shared plans for the future
- provide clear patient care instructions to carers, family/whānau and rest home staff
- recognise the status of older people, in particular in ethnic groups, and demonstrate communication skill appropriate to this, such as with kaumātua or kuia
- discuss with sensitivity issues and decisions about end-of-life care.

Clinical Expertise

The GP will demonstrate the ability to:

- discuss with patients and family/ whānau safety issues related to physical changes with age, such as the ability to drive
- diagnose and manage conditions commonly associated with ageing
- help the patient's functional needs and help them to maintain independence, as appropriate
- recognise the significant problem of polypharmacy and aim to minimise the use of medications
- understand the physical, psychological and social changes that may occur with age, especially in relation to loss of a partner, other bereavements, isolation and loneliness
- recognise the interactions and complications of multisystem diseases and conditions and manage these appropriately
- recognise how an ageing person adapts to the ageing process, and how the breakdown of these adaptions leads to disability
- incorporate preventive care activities into their practice.
- employ knowledge of all branches of medicine, recognising where this may differ in older people, and that the goals of diagnosis, management and prognosis, and overall context, may differ

Professionalism

The GP will demonstrate the ability to:

- adopt an attitude of respect for the older patient's dignity and autonomy
- recognise how age discrimination can affect managing older patients
- employ culturally safe and non-discriminatory attitudes and practices
- examine the ethics of how the capacity for informed consent can be impaired, and involve family/whānau and carers in the power of attorney, as appropriate
- apply a balance between emotional distance and proximity to the patient
- employ ethical principles of informed consent with patients when formulating advanced care plans and discussing end-of-life care issues
- recognise psychological influences of counter-transference and conflicts of interest in relationships with older patients and their families/whānau
- describe the potential difficulties of managing unwell older people in rural or remote communities and the ways of maintaining their safety and care.

Scholarship

The GP will demonstrate the ability to:

- adopt appropriate medical record systems to manage the range of health issues which impact on older people
- incorporate evidence-based advances in knowledge and practice into the care of older people
- practise up-to-date management of conditions in older people
- identify their own gaps in knowledge and skills in relation to older people's care and demonstrate a commitment to lifelong learning in practice.
- ensure knowledge of prescribing for older people is current and up to date, in particular in the areas of pharmacokinetics, pharmacodynamics, and polypharmacy

O Older People

Context of General Practice

The GP will demonstrate the ability to:

- maintain an up-to-date list of community resources available for the care of older people
- evaluate the inequalities in health care provision in relation to age, disability, ethnicity and rurality
- understand the role of other health care professionals and a willingness to practise collaboratively with them
- incorporate health promotion and disease prevention into older people's care.
- distinguish the influence of ethnicity, poverty and local epidemiology on the local community's health

Management

The GP will demonstrate the ability to:

- coordinate teamwork in primary care involving family/whānau, carers, volunteers and allied health professionals
- compare and reconcile the individual needs of older people and the priorities of the community and health service, balancing these with available resources
- contribute to staff training and education
- compare the allocation of resources to older people living in rural and urban communities and devise strategies to maximise equity.

This curriculum statement links with:

- End-of-life Care - Page 55
- Long-term Conditions - Page 85
- Men's Health - Page 94
- Musculoskeletal - Page 103
- Oncology - Page 115
- Women's Health - Page 150

Oncology

Cancer is one of the leading causes of death in New Zealand, accounting for around 29 percent of deaths from all causes.[1] This increasing incidence is in part due to ageing of the population. In particular, Māori and Pacific people are over-represented in cancer statistics, and may present later in their illness for a variety of reasons. This further increases the gap in life expectancy for Māori and Pacific people compared to all others.

Cancer treatment in New Zealand is provided at most district health boards (DHBs) in New Zealand overseen by six regional cancer centre DHBs. This means that many patients may have to travel significant distances to receive active treatment, making all those who live outside the main centres 'remote'. This may have a profound impact on all aspects of their wellbeing and that of their family/whānau and carers, and will add an extra, difficult dimension to treatment decisions.

It has been stated that an 'average general practitioner' will have around four patients per year who are newly diagnosed with a potentially fatal malignancy.[2] This is a relatively uncommon but important occurrence in general practice and the support of an interdisciplinary team is essential. New Zealand guidelines are available and are aimed at streamlining investigation, referral and reducing ethnic disparities when dealing with suspected cancer in primary care.[3]

The role of the general practitioner is to provide professional skills, knowledge and support of the patient, family/whānau and carers from screening and prevention, through diagnosis, treatment, ongoing surveillance and where appropriate, palliative and bereavement care. Advocating for the patient and coordination of care are vital roles. Culturally safe practice, in its broadest sense, is paramount.

[1] Ministry of Health. 2010. Cancer: New Registrations and Deaths 2006. Wellington: Ministry of Health.

[2] McAvoy BR. 2007. General practitioners and cancer control. Med J Aust 187:115-117.

[3] New Zealand Guidelines Group. 2009. Suspected Cancer in Primary Care: Guidelines for investigation, referral and reducing ethnic disparities. Ministry of Health, Wellington.

O Oncology

Communication

The GP will demonstrate the ability to:

- employ culturally safe communication skills, recognising the impact of their own culture on the consultation
- discuss and promote screening and risk management regularly in the practice and consultations
- provide competent pre-test discussion and counselling
- communicate results or prognosis – good, bad or uncertain news – while taking into consideration the health literacy level of the patient and their family/whānau
- deal with delayed or incorrect diagnosis and manage this appropriately
- advocate for the patient as they negotiate the health system and enable access to available services that relate to cancer treatment and management
- explain and help with advanced care planning, acknowledging the potential emotional impact on the patient and their family/whānau.

Clinical Expertise

The GP will demonstrate the ability to:

- identify, assess and manage risk factors, such as lifestyle, environmental, familial and dietary
- use their knowledge of screening programmes and early detection tools, to identify barriers and possible solutions
- perform relevant screening tests
- identify and investigate significant symptoms, including those of metastatic disease, and refer appropriately
- identify common malignancies
- identify red flags during medical and radiation oncology treatment
- manage malignancies that have guidelines for general practitioner management, and refer and coordinate care for others
- recognise and manage common symptoms and side effects during or after treatment in conjunction with the treating oncology team
- help clarify the benefits and risks of treatment options to patients and their family/whānau – this may include the option of no active treatment
- know how and when to access more specialised knowledge and advice
- recognise when the transition to palliative care occurs
- recognise the capabilities of the rural hospital and team delivery for cancer treatment, if appropriate.

Professionalism

The GP will demonstrate the ability to:

- recognise the need for support of family/whānau, carers and colleagues and describe ways of enabling this
- apply the principles of Te Whare Tapa Wha and understand its implications for the patient, their family/whānau and carers, especially in the context of cancer treatments
- understand the ethical issues that may surround screening and early detection of asymptomatic disease
- recognise and enable patient autonomy
- appraise alternative or integrative therapies, including traditional therapies, in an ethical manner while recognising the goals and needs of the patient
- define confidentiality and personal boundaries for each situation, and re-evaluate them as necessary
- manage inter-professional relationships, including non-medical ones, such as tohunga
- understand and empathise with a patient on their journey through cancer (diagnosis, treatment and management) and take steps to support and enable this.

Scholarship

The GP will demonstrate the ability to:

- record screening and risk factors for cancer
- reflect on personal knowledge, attitudes and experiences, identifying areas to explore and develop
- develop awareness and knowledge of current cancer treatment trials any patients may be involved in
- appraise the risks, benefits and evidence for complementary therapies
- recognise the limitations of an evidence base, particularly in palliative care
- take part in ongoing education to up-skill in appropriate aspects of symptom management.

Context of General Practice

The GP will demonstrate the ability to:

- be conversant with the National Screening Programmes and their implementation in practice
- maintain professional relationships with the patient, their family/whānau, carers, other specialist and allied health providers and community support groups, such as the Cancer Society
- engage with other allied health providers in creating a team approach to support patients and their family/whānau
- develop and maintain knowledge of cancers that are particularly prevalent in New Zealand and the screening, treatments for and management of them.

O Oncology

Management

The GP will demonstrate the ability to:

- maintain up-to-date resources for patient information and support
- ensure there is clear responsibility for care coordination, ideally by the GP, remembering that the team may be geographically dispersed.
- understand the impact of geography on patient care

This curriculum statement links with:

- End-of-life Care - Page 55
- Genetics - Page 77
- Men's Health - Page 94
- Paediatrics and Immunisations - Page 119
- Women's Health - Page 150
- most other curriculum statements

Paediatrics and Immunisations

General practitioners are closely involved in the care of children from conception to adulthood. Paediatric care specifically covers children from birth through to their teens. Caring for children as a general practitioner is a journey of lifelong learning, and appropriate medical intervention at this life stage could be said to have more benefit to the community in the long term than any other investment in health care.[1]

'A number of risk factors for many adult diseases such as diabetes, heart disease and some mental health conditions such as depression arise in childhood. Child health, development and wellbeing also have broader effects on educational achievement, violence, crime and unemployment.'[2]

The New Zealand Health Survey in 2006/07 found that one in five children aged 2 to 14 years were overweight (20.9 percent) and one in twelve was obese (8.3 percent).[3] Obesity in children is associated with a wide range of medical conditions, such as asthma, endocrine conditions, musculoskeletal problems and psychological issues. General practitioners need to provide advice and support to family/whānau about the risks to their children to ensure good health outcomes.

There are a number of schemes in place to ensure the wellbeing of children, including Well Child/Tamariki Ora, and the B4 School Checks. These initiatives are designed to provide intervention services to ensure children's development is monitored and any health issues are identified early.

Infectious disease is common in New Zealand. Immunisation coverage is important to protect the health of the individual and the wider community. When coverage of immunisation is higher it reduces the spread of infectious diseases to those who have not been vaccinated.[4]

[1] Families Commission. *Investing in the Early Years: Issues Paper 05*. http://www.nzfamilies.org.nz/web/investing-early-years/index.html

[2] Ministry of Health. *Child Health*. http://www.health.govt.nz/our-work/life-stages/child-health

[3] Ministry of Health A Portrait of Health: Key results of the 2006/07 New Zealand Health Survey http://www.health.govt.nz/publication/portrait-health-key-results-2006-07-new-zealand-health-survey

[4] Ministry of Health. *Immunisation coverage*. http://www.health.govt.nz/our-work/preventative-health-wellness/immunisation/immunisation-coverage

Acute rheumatic fever is a significant issue facing New Zealand children, particularly among Māori and Pacific populations. It is also has geographical disparities and is linked to areas with high social depravation. Rates have not decreased since the 1980s and remain among the highest in the developed world. The Government has implemented a prevention programme targeting seven high-risk rheumatic fever regions.[5]

New Zealand has one of the highest rates of child abuse in the developed world.[6] Abuse comes in many forms from physical abuse to neglect for the child's welfare and needs. The immediate effects are devastating for the child and the family/whānau and the physical and emotional harm will likely affect the behaviour of the child throughout their adolescence and through to adulthood.

Child abuse has been linked to a number of negative outcomes for victims throughout their adolescence, including mental health issues, low self-esteem, sexual difficulties and interpersonal problems.[7] Sexual abuse in childhood is an issue in New Zealand with approximately 30 percent of women reporting sexual abuse and 10 percent of men. Child sexual abuse has been linked to higher numbers of sexual partners, higher contract rates of sexually transmitted infections and unhappy pregnancies and abortions in those who have been abused.[8]

Māori are a young population with a median age of 23 years, compared to 36 years for the total population. In 2006, 35 percent of Māori were under 5 years of age and 53 percent under the age of 25 years. The impact of paediatric care is a significant factor in altering health outcomes for Māori.

A 2009 study found the delivery of childhood immunisation is less effective for Māori children, who have lower levels of immunisation coverage. All-cause mortality rates for Māori children are significantly higher than those of non-Māori children and for many conditions hospitalisation rates for Māori children exceed those of non-Māori children. The report also suggested that primary care services to Māori children need to be improved to reduce the level of avoidable hospitalisations.[9]

General practitioners are required to understand a wide range of issues involved in paediatric care and need to be able to recognise and effectively manage situations that require intervention to ensure the wellbeing and positive development of the child.

[5] Jaine R, Baker M, Venugopal K. 2008. *Epidemiology of acute rheumatic fever in New Zealand* Wellington: Department of Public Health, University of Otago.

[6] Every child counts. *Child Abuse*. http://www.everychildcounts.org.nz/resources/child-abuse/

[7] Mulle PE, Martin JL, Anderson JC, Romans SE, Herbison GP. 1996. The long-term impact of physical, emotional and sexual abuse of children: A community study, In *Child Abuse and Neglect* 20(1):7-21.

[8] van Roode T, Dickson N, Herbison P, Paul C. 2009. Child sexual abuse and persistence of risky sexual behaviours and negative sexual outcomes over adulthood: Findings from a birth cohort. *Child Abuse & Neglect* 33(3):161-172.

[9] Smylie J, Adomako P (eds). 2009. *Health of Indigenous Children: Health Assessment in Action* Keenan Research Centre – Research Programs. Centre for Research on Inner City Health.

Communication

The GP will demonstrate the ability to:

- elicit a comprehensive history from the family/whānau, carers and children to ascertain the full extent of the presentation
- communicate with children of all ages and their family/whānau
- discuss the immunisations available on the national schedule, recognising personal choice and discussing this in a non-judgemental manner
- encourage and support parenting skills and healthy environments for children
- manage complex consultations where the entire family/whānau are present and/or more than one sibling is unwell.

Clinical Expertise

The GP will demonstrate the ability to:

- diagnose the common illnesses of childhood and manage them appropriately
- recognise disability in childhood and refer appropriately
- respond to serious paediatric illness at an early stage
- distinguish between normal and abnormal development
- recognise common behavioural or mental health conditions that present in childhood
- recognise the signs of child abuse or neglect and refer appropriately
- undertake an age-appropriate examination of a child
- provide paediatric life support as required in their particular working environment
- prescribe for children, recognising risks and harms associated with some treatments.

P Paediatrics and Immunisations

Professionalism

The GP will demonstrate the ability to:

- respect the wishes of parents for immunisations while still ensuring they have the relevant information to make an informed choice
- recognise specific difficulties for children that may arise when there are changes in the family structure and the impact this might have on the consultation process
- describe their practice policy for ensuring the rights of children
- discuss legislation, policies and support systems available for the protection and care of children.
- ensure the practice environment is safe for children

Scholarship

The GP will demonstrate the ability to:

- describe how they use audit to ensure the care of their children is best practice
- write appropriate reports as required in relation to consultations with children
- keep comprehensive notes detailing history and examination management and those present in the consultation
- undertake ongoing learning in paediatric childhood conditions.

Context of General Practice

The GP will demonstrate the ability to:

- recognise the influence of the family/whānau on prevention, presentation and management of childhood illness and injury
- establish relationships with allied health services involved with children
- identify community and other resources available to help infants and children and their family/whānau, and access these effectively
- describe the various government agencies available to children and their family/whānau and carers.

Management

The GP will demonstrate the ability to:

- manage an immunisation protocol within the context of their practice team
- recognise the health inequalities that relate to Māori children and instigate measures to reduce these
- educate their practice team and colleagues about common childhood illnesses
- discuss 'cold chain' protocols for safe storage of vaccines and its management within the practice
- manage an outbreak of an infectious disease within the children of the population they care for
- discuss protocols for dealing with urgent childhood consultations in a busy practice.

This curriculum statement links with:

- Adolescent/Rangatahi/Youth Health - Page 38
- Genetics - Page 77
- Long-term Conditions - Page 85
- Oncology - Page 115

Population and Public Health

A population health approach takes into account all factors that determine a person's health and wellbeing, and it plans how these factors can be addressed. These factors are called the determinants of health and include the environmental factors that affect the health outcomes of a population.[1]

The social determinants of health are the conditions in which people are born, grow, live, work and age, including the health system. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels and are often responsible for health inequalities in New Zealand.

Primary health care is recognised as being an important intervention point for improving the health of a population. In particular, emphasis on promoting health, community participation, and accurate data collection can help with the population health approach. An investment in activities that influence key determinants of health identified at government level, a commitment to reducing existing inequalities and focusing on workforce development will also contribute to improving the health of the population.[2]

Many conditions that general practitioners see have a lifestyle choice or other social determinant underpinning them. Nutrition is a serious health issue that is having a significant effect on the health of the New Zealand population. A report released by the Ministry of Health and The University of Auckland[3] estimates that nutrition plays a role in about 11,000 deaths a year in New Zealand (two in every five deaths), of which approximately 8000–9000 reflect diet, and 2000–3000 reflect physical inactivity. With over 4500 premature deaths in 1997 attributed to high cholesterol, the report highlights the health impact of prolonged high intake of saturated fat.

The report also found a substantial health burden due to obesity partly because of decreasing levels of physical activity, high blood pressure and lack of fruit and vegetables.

Public health also involves managing the spread of disease through a population. Managing the spread of communicable diseases not only involves immunisation and screening programmes, but also management of communicable disease that may have an impact on both local and wider populations.

Child health, in particular that of Māori and Pacific children, requires well-resourced intervention, especially to address the negative impact of poor socioeconomic conditions that affect their health, education and lifestyle. Health and social inequalities can be reduced by initiating cost-effective approaches in areas such as maternal health, child health services, early childhood programmes, education, housing and social development.

GPs have an important role in transforming a variety of lifestyle activities that impact negatively on people's health. Collaboration with other professionals in government, health, welfare and education is required to address the many issues facing the New Zealand population at large.

[1] World Health Organization. Social Determinants of Health. Geneva: World Health Organization. Available at: http://www.who.int/social_determinants/en/

[2] Neuwelt P, Matheson D, Arroll B, Dowell A, Winnard D, Crampton P , Sheridan NF, Cumming J. 2009. Putting population health into practice through primary health care. NZ Med J. 122(1290):98-104.

[3] Ministry of Health and The University of Auckland. 2003. *Nutrition and the Burden of Disease: New Zealand 1997-2011*. Wellington: Ministry of Health.

Communication

The GP will demonstrate the ability to:

- communicate the benefits and risks of population health activities, such as immunisation programmes, to patients, family/whānau and communities in a non-judgmental way
- use the communication skills required when informing patients of serious conditions that have both personal and public health implications, such as hepatitis and HIV
- discuss all aspects of infectious diseases with patients, and where appropriate their family/whānau, and the implications of these for the wider population
- use brief intervention for conditions that have an impact on population health, such as smoking, diet and exercise
- describe the various diet-related conditions that contribute to the burden of disease in New Zealand and ways of discussing these with patients and their family/whānau and carers
- discuss the specific requirements of confidentiality and the ethical issues behind notifying other authorities and disclosure of patient information and how to communicate these, such as through contact tracing.

Clinical Expertise

The GP will demonstrate the ability to:

- discuss the childhood immunisation schedule and the conditions it protects against
- describe the implications of long-term conditions on the population and individuals, and ways to reduce adverse outcomes
- describe the various notifiable diseases and the assessment, treatment and long-term management of them
- record lifestyle factors that impact on the health of individual patients and interventions undertaken to reduce the risk of developing chronic conditions
- discuss the health implications of immigration to New Zealand and how to assess them
- recognise the benefit of proactive, individually targeted lifestyle and nutritional interventions that can lead to protection from future serious disease.

P Population and Public Health

Professionalism

The GP will demonstrate the ability to:

- advocate in relation to determinants of health, providing equitable access to interventions that are available
- be aware of the privacy issues that relate to contact tracing
- describe the protocols within the practice for containment of infectious diseases and providing protection for the practice team and other patients
- be aware of the process for reporting infectious and notifiable diseases and access resources to aid the process
- describe the principles of 'cold chain' management and the protocols within the practice
- describe the infection control activities within their own practice, such as sterilisation and hand-washing
- undertake whole-practice training in managing significant events, cold chain management and pandemic or emergency planning.

Scholarship

The GP will demonstrate the ability to:

- write appropriate referrals to services involved with public health
- appraise evidence on public and population health issues and apply this to their practice, recognising the central role general practice has in improving outcomes
- undertake regular audit of screening programmes within the practice and describe ways to improve outcomes from screening.

Context of General Practice

The GP will demonstrate the ability to:

- describe the Ministry of Health targets for population health outcomes
- explore the role and activities of the local PHO in improving population health
- be aware of the activities undertaken by and targets for the National Screening Unit and the involvement of primary care in meeting these targets
- describe the various public health services available in the area
- discuss the role of the medical officer of health
- access immigration services in their local area.

Management

The GP will demonstrate the ability to:

- discuss priorities identified through the PHO performance indicators process
- review regularly practice performance against the PHO performance indicators and discuss ways to improve this within the team
- implement the protocols and standing orders for vaccination for, for example, seasonal flu
- discuss the changing nature of work relationships due to the influence of health priorities, changes in health care, structures and systems
- consider the use of resources and their equitable distribution in the practice population
- undertake pandemic planning within the practice and community
- demonstrate the skills and knowledge of general practice involvement in pandemic planning and protocols of the individual practice
- describe the role of primary care in managing population health and the individual role of the general practitioner, general practice team and wider primary care community
- prepare emergency management systems in the case of an unseen event or natural disaster.

This curriculum statement links with all others in the series.

Renal and Urology

Renal disease is exponentially expanding in New Zealand and is becoming something primary care will be required to manage more of as the health system tries to cope with the burden of more and more dialysis patients. Māori and Pacific people in particular are affected by this and need preventive and early intervention.

Issues relating to the urinary tract extend from the kidneys to the end of the urethra. There is considerable overlap with the topics of women's and men's health, as well as sexual health and even diabetes, in particular with renal disease.

The number of people requiring treatment for renal disease in New Zealand is expected to rise at a rate higher than would be attributable to the natural increase in the population. It is estimated that almost half of the total projected growth would be attributable to the increasing rates of type II diabetes associated with increasing rates of obesity.[1]

Other conditions such as renal colic, haematuria and prostatic issues are common presentations in general practice and the effective management of these is essential.

Prevention of chronic renal disease is one of the important roles of primary care. Renal failure deaths were 3.5 times more common among Māori than non-Māori in 2000-2005.[2] Knowledge of the preventable causes of renal disease is essential to improving health outcomes in this area.

This curriculum statement links with:

- Acute Care - Page 28
- Endocrinology - Page 59
- Long-term Conditions - Page 85
- Oncology - Page 115

[1] National Renal Advisory Board. 2006. New Zealand's Renal Services Towards a national strategic plan (scoping paper), www.health.govt.nz/system/files/documents/.../nz-renal-services.pdf

[2] Harwood M, Tipene-Leach D. 2007. Diabetes. In Robson B, Harris R. (eds), *Hauora: Māori Standards of Health IV. A study of the years 2000-2005* 160-167. Wellington: Te Rōpū Rangahau Hauora a Eru Pōmare.

Communication

The GP will demonstrate the ability to:

- outline the rules and limits of confidentiality, including using translators when communicating with patients with renal conditions
- use appropriate language that does not discriminate against age, gender, disability or ethnicity
- take an appropriate history for risk factors of chronic kidney disease
- provide accurate, honest explanation and education appropriate to the age and stage of the patient
- provide evidence-based pre-test counselling for prostate screening where appropriate.

Clinical Expertise

The GP will demonstrate the ability to:

- perform a focused examination, being sensitive to the privacy of the patient and any cultural requirements
- recognise that using a chaperone is a safe practice for doctor and patient
- investigate renal conditions through ordering appropriate tests as well as demonstrate skill in taking samples when required
- prescribe medication for renal conditions and discuss the impact of various medications on renal function
- have core knowledge of appropriate management and referral for the common and key renal and urological conditions seen in primary care
- have an understanding of palliative care issues with end-stage renal disease.

Professionalism

The GP will demonstrate the ability to:

- establish clear professional boundaries for confidentiality within the practice team, particularly in rural communities
- be sensitive towards patients who are in denial, or seem unwilling to engage in behaviour change recommended by the medical team
- be aware of patients' attitudes, beliefs and reasons for choosing not to have dialysis or recommended treatments.

R Renal and Urology

Scholarship

The GP will demonstrate the ability to:

- use opportunities to attend professional development and update personal and team knowledge
- act as advocate for the patient in writing referrals, particularly when there is pressure or limited availability of services.
- audit practice in relation to renal disease

Context of General Practice

The GP will demonstrate the ability to:

- identify groups vulnerable to renal disease within the practice population
- access services for home dialysis and, in rural areas in particular, discuss travel and other barriers to dialysis
- identify and use other providers of patient information and support for renal disease and incontinence
- implement screening programmes as appropriate locally or nationally for urological conditions, such as prostate conditions
- describe resources provided by hospitals and secondary care in the local area
- consider the impact of renal disease on occupation, needing time for dialysis.

Management

The GP will demonstrate the ability to:

- discuss chronic disease management funding and how this is used in the practice
- provide leadership in the practice team in reducing inequalities in care for patients with renal conditions
- describe local guidelines for managing renal disease and other conditions, such as general practitioner access to CTU for renal stones
- provide resources to patients to help inform them about renal and urological conditions.

Respiratory Medicine

In New Zealand, respiratory disease is a significant cause of morbidity and death. In some parts of New Zealand, 95 percent of avoidable respiratory deaths are caused by chronic obstructive pulmonary disease (COPD) and between 2 and 3 percent are due to asthma.[1]

COPD affects approximately 200,000 New Zealanders, representing 15 percent of adults over 45 years.[2] It has a significant impact on people's quality of life and longevity, and Māori, Pacific people and people of low socioeconomic status have higher levels of chronic respiratory disease than the rest of the population.[3]

With an aging New Zealand population, the burden of disease is likely to increase. COPD is the fourth most common cause of death after cancer, heart disease and stroke in New Zealand. Smoking is an environmental factor that contributes to the rate of COPD and is the major contributor to the developing COPD and lung cancer.[3]

Upper and lower respiratory tract infections, including community-acquired pneumonia (CAP), are illnesses that can contribute to significant morbidity and mortality, and present initially in general practice. CAP has a significant economic impact on medical costs and productivity. General practitioners are responsible for the initial diagnosis and ongoing management of CAP.

Asthma is the most common chronic disease among children with half of all sufferers developing the condition before 10 years of age. New Zealand has the second highest rate of asthma in the world with one in six adults and one in six children suffering from the condition.

Asthma rates are similar for Māori and non-Māori children with the rate for Pacific children slightly lower. However, Māori and Pacific adults tend to have higher rates, and more severe asthma, than other ethnic groups.[4] General practice has a major role in managing outpatient asthma along best practice guidelines to avoid preventable hospitalisation and death.

Obstructive sleep apnoea, another contributor to preventable deaths, has high community prevalence and brings with it an economic burden. Initial assessment and management happen in primary care and all general practitioners need a good working knowledge of causes of excessive sleepiness. It is recognised that 20 percent of all motor vehicle accidents in New Zealand are caused by sleepiness.

[1] Central Region's Technical Advisory Services Limited. 2008. *Health Needs Assessment for the Central Region District Health Boards* http://www.centraltas.co.nz/LinkClick.aspx?fileticket=gZrLnFnbOAI%3D&tabid=63&mid=430

[2] Martin P, Glasgow H, Patterson J. 2005. Chronic obstructive pulmonary disease (COPD): smoking remains the most important cause. In. *The New Zealand Medical Journal*. Ed. 118/1213 http://journal.nzma.org.nz/journal/118-1213/1409/

[3] Ajwani S, Blakely T, Robson B, Tobias M, Bonne M. 2003. *Decades of disparity: Ethnic mortality trends in New Zealand* 1980-1999. Wellington: Ministry of Health and University of Otago.

[4] The Asthma Foundation http://www.asthmafoundation.org.nz/in_new_zealand.php

Smoking is a significant contributor to respiratory disease in New Zealand and is a major contributor to developing COPD and lung cancer.[5] Studies in 2010 found approximately one in five adults (21.0 percent) were current smokers.[6] Smoking rates are the highest among Māori, at 44 percent – over double the rate of smoking for the non-Māori population (18 percent).[7] Almost half of Māori women smoke.[8] This highlights the importance of providing culturally appropriate intervention. The Government has set a target of having a smokefree New Zealand by 2025 by using policy tools, such as increased taxes on cigarettes, to encourage smoking cessation. General practitioners have a significant role to play in reducing our population smoking rates and positively influencing these figures.

New Zealand public health strategies targeted at reducing the burden of respiratory disease are delivered through general practice. This includes childhood vaccination programmes and those for adults, including influenza and pneumococcal disease.

Communication

The GP will demonstrate the ability to:

- use appropriate verbal and non-verbal communication skills to obtain a history from patients, carers and other members of the multidisciplinary team, especially about chronic disease and lifestyle
- identify the patient's attitudes and beliefs about smoking and modify or challenge these as appropriate
- employ a non-judgemental attitude when assessing the patient's knowledge and meaning of their illness and lifestyle choices
- negotiate a self-management plan for obstructive airways disease in partnership with the patient.
- employ empathy while managing acute illness, showing clear communication with the patient, family and carers, in times of crisis

[5] Martin P, Glasgow H, Patterson J. 2005. Chronic obstructive pulmonary disease (COPD): smoking remains the most important cause. In. *The New Zealand Medical Journal*. Ed. 118/1213 http://journal.nzma.org.nz/journal/118-1213/1409/

[6] Ministry of Health. 2010. Tobacco Use in New Zealand: Key findings from the 2009 New Zealand Tobacco Use Survey. Wellington: Ministry of Health.

[7] Ministry of Health. 2011. Māori Smoking and Tobacco Use 2011. Wellington: Ministry of Health.

[8] Ibid.

Clinical Expertise

The GP will demonstrate the ability to:

- discuss up-to-date knowledge of common and serious respiratory tract conditions and their management
- apply guidelines for the emergency hospitalisation of patients with acute respiratory illness to help reduce preventable deaths
- use apparatus and investigative tools associated with respiratory conditions and appropriately interpret results
- recognise the indications for urgent referral to specialist services in cases of suspected lung cancer
- manage primary contact with patients with respiratory conditions
- apply up-to-date knowledge of respiratory disease prevention techniques
- use an evidence-based approach to antibiotic prescribing for respiratory infections
- assess, investigate and manage infective respiratory conditions
- recognise and refer appropriately patients with interstitial diseases
- undertake further training in procedural skills, such as chest drain insertion, where required based on population and geographical area.

Professionalism

The GP will demonstrate the ability to:

- be empathetic and compassionate towards patients with incurable, disabling respiratory conditions
- employ culturally safe practice when assessing patients of different ethnicities.
- treat respiratory conditions ethically and in a non-judgemental manner

Scholarship

The GP will demonstrate the ability to:

- monitor new technological advances that have demonstrated improved health outcomes for people with acute and chronic respiratory disease
- plan a career involving ongoing professional development in respiratory conditions
- evaluate prevention strategies and clinical outcomes using research and audit tools
- provide in-practice education on respiratory conditions for the benefit of staff and trainees within the practice.

Context of General Practice

The GP will demonstrate the ability to:

- discuss current population trends in the prevalence of respiratory conditions in the community
- examine the significant psychological and social impact of respiratory problems on the patient's family, carers, friends, dependants and employers
- coordinate care with other relevant primary health care professionals
- adopt an advocacy role in matters of environmental and occupation-related respiratory disease
- liaise with relevant allied health professionals to provide support and management of home-based oxygen therapy when required
- understand the demographics, occupational health and transport issues affecting their rural community, and plan care of chronic and acute respiratory problems appropriately.

Management

The GP will demonstrate the ability to:

- work collaboratively within a team, or as team leader, to provide appropriate care to patients with chronic respiratory disease
- understand the impact of how the health service is organised locally and nationally, and how any variation in resources and facilities may affect delivering health care for respiratory illness.
- contribute to staff development and training

This curriculum statement links with:

- Acute Care - Page 28
- End-of-life Care - Page 55
- Long-term Conditions - Page 85
- Oncology - Page 115
- Rural - Page 138

Rheumatology

Rheumatological problems produce a significant burden on the New Zealand health care system. Generally more common in older people, it is likely that with New Zealand's ageing population rheumatological problems will become more prevalent, particularly gout and osteoarthritis.

However, younger people are also affected, and adults of working age (between 15 and 64 years) represent 54 percent of the 530,000 people estimated to have arthritis in New Zealand.[1] The general practitioner is well positioned to reduce the burden this will place on patients and the health care system by providing early diagnosis, prompt initiation of treatment, ongoing management and appropriate referral for joint replacement.

Arthritis is New Zealand's leading cause of disability and the resulting reduction in physical activity, functional restriction and untreated pain produce psychosocial changes affecting a patient's personal relationships, employment and overall quality of life.

Gout is one of the most common forms of arthritis in New Zealand with up to one in 10 Māori men and one in six Pacific men living with gout.[2] Chronic gout is preventable and is closely linked to other causes of mortality, such as obesity, hyperlipidaemia, diabetes and hypertension which increases cardiovascular risk. A general practitioner can play an important part in destigmatising gout and promoting diet and lifestyle changes.

Rheumatologic disorders may provide clues to serious underlying medical conditions. The general practitioner needs to maintain a broad approach to evaluating new rheumatological symptoms and signs.

Additionally, New Zealand has a rich sporting tradition and, unfortunately, many forms of sport may lead to long-term problems of osteoarthritis which a general practitioner is required to know about and be able to manage competently.

Rheumatological medicine is an area that involves multiple drugs with the potential for significant side effects, often used for elderly patients. A thorough and contemporary knowledge of pharmacology is essential to minimise the risk posed by polypharmacy.

The care of patients with rheumatological disease frequently involves a multidisciplinary team, including physiotherapists, occupational therapists and other health care practitioners. The general practitioner occupies a central role in coordinating care as well as ensuring the patient's rights, dignity and self-determination are preserved. It is essential that the general practitioner practises in a collaborative way, respecting the various individuals who constitute the multidisciplinary team.

By direct intervention and promoting self-management strategies, the general practitioner has an important role in managing these conditions. They continue to increase in incidence and prevalence with our ageing population and poor health, secondary to obesity and poor lifestyle choices.

[1] http://www.nzdoctor.co.nz/un-doctored/2011/july-2011/13/new-campaign-highlights-surprising-faces-of-arthritis.aspx

[2] http://www.healthnavigator.org.nz/health-topics/gout/

R Rheumatology

Communication

The GP will demonstrate the ability to:

- distinguish the different presentations of pain, obtain a detailed pain history from the patient and, where appropriate, from whānau/family members, carers and employers
- communicate where appropriate, in conjunction with the patient, with whānau/family, carers and employers to promote accurate disease monitoring and to enable rehabilitation plans.
- employ empathy and motivational interviewing skills to help develop a sound therapeutic partnership with the patient

Clinical Expertise

The GP will demonstrate the ability to:

- take a comprehensive history, including identifying urgent and emergency symptoms, and important psychosocial stressors on rheumatological conditions
- formulate a comprehensive management plan that may include more than one health care provider
- distinguish specific rheumatological conditions across different populations
- understand indications for and maintain competency in joint aspiration and injection appropriate to general practice
- show awareness of the issue of somatisation (bodily stress syndrome), where musculoskeletal symptoms may have a psychological basis
- enable the patient to realise self-help strategies, with the support of community resources
- organise investigations, interpret the results and propose a rationale for further investigations to aid diagnosis of common rheumatological conditions
- prescribe appropriately for treatment and pain management in rheumatological conditions, describing the risks and benefits of medications.

This curriculum statement links with:
- Health and Work - Page 80
- Long-term Conditions - Page 85
- Musculoskeletal - Page 103

Professionalism

The GP will demonstrate the ability to:

- support patient self-determination, and a patient's right to seek alternative and complementary therapies while advocating best practice and patient safety
- employ the principles of informed consent before embarking on any procedures
- employ empathy and compassion towards patients with incurable, disabling or painful rheumatological conditions
- evaluate the role that ethnicity has on disease prevalence and presentation, access to health services and clinical outcomes.
- maintain premises and equipment that comply with recognised codes of access and safety, particularly for invasive procedures

Scholarship

The GP will demonstrate the ability to:

- use evidence-based clinical decision-making when managing patients with rheumatological problems
- adopt an evidence-based approach to practice and quality improvement through research and audit
- teach and train staff and trainees for the benefit of patients
- undertake ongoing medical education including, where relevant, specific manual and injection techniques that are useful to control pain and improve function.

Context of General Practice

The GP will demonstrate the ability to:

- describe indications for referral within a suitable timeframe to the most appropriate health care practitioner
- examine the effect of increasing rurality of the community on disease presentation, access to health services and clinical outcomes, and seek to reconcile any significant differences
- provide leadership in the ongoing coordination of multidisciplinary care for patients with rheumatological conditions when required
- work collaboratively with rheumatologists to address the increased cardiovascular risk associated with some rheumatological conditions.

Management

The GP will demonstrate the ability to appraise effective and appropriate care provision and health service use and in so doing avoid investigations or treatments that are unlikely to alter outcomes.

Rural

Rural general practice is defined by the distance between the rural practice environment and the resources of the nearest urban centre, whether that is the base hospital, hospice, community mental health service, advanced ambulance services, alcohol and drug service, home support agencies and so forth. However, the distance is not just geographic; it is also cultural, economic and perceptual.

Rural New Zealand has characteristics and challenges that influence what health services are needed and how they are delivered. These include large distances and geographical features that affect the ease of access to health services. Small, isolated populations and higher levels of deprivation, which are closely associated with poor health status, are a feature of some rural regions and also in otherwise more affluent rural communities.

In rural New Zealand, a larger proportion of Māori are in high deprivation areas than are Māori in urban areas. There is a direct correlation between rural areas with high levels of deprivation and the proportion of Māori in the community.[1]

The extra travel costs that rural people incur make access to primary health care services particularly difficult for the people of rural communities. Service delivery in rural areas must focus on providing comprehensive primary health care for rural communities.[2]

New Zealand is not a large country, and few rural communities will be more than two or three hours from a secondary hospital, but mountainous geography and extreme weather events can quickly isolate an area. Similarly, distance and geography may make it difficult for rural people to access even their local health services, let alone travel to centralised secondary or tertiary services, especially those on low incomes or with chronic health problems. Many older patients will choose to stay close to home and family, cared for by their local health professionals.

Rural doctors must be true generalists; able to work independently in an extended general practice role, providing 'birth to death' care for their patients. They work in environments which their more urban counterparts do not, such as at road accidents, and provide safe and effective pre-hospital care and transfer for patients who require admission to the base hospital.

[1] Rural Health – Challenges of Distance – Opportunities for Innovation; National Health Committee; January 2012 www.nhc.health.govt.nz

[2] Rural Health – Challenges of Distance – Opportunities for Innovation; National Health Committee; January 2012 www.nhc.health.govt.nz

Many rural general practitioners are also vocationally registered as 'rural hospital doctors', managing inpatients in their local rural hospital, which adds a whole dimension to their ability to care for their patients.

A doctor fills a vital role in a rural community, bringing with it the satisfaction of knowing they are really making a difference to the lives of individuals and the community. But they also face the challenges of availability and visibility, along with issues of social and professional isolation.

Communication

The GP will demonstrate the ability to:

- communicate and consult with sensitivity to particular rural issues including difficulty in accessing some services due to work, distance and cost constraints, diagnostic uncertainty, and patients' wish to receive care close to home and family
- communicate clearly with patients, their families/whānau and colleagues around decisions to transfer to the base hospital or manage locally
- communicate with local community support and resources, with members of the primary care team, which may include rural hospital staff, and emergency services
- work in teams, and treat colleagues from all disciplines in a respectful and inclusive fashion
- provide telephone consultation and management advice for patients in remote situations
- communicate and maintain supportive relationships with colleagues at the base hospital.

Clinical Expertise

The GP will demonstrate the ability to:

- deliver clinical decision-making in a rural context and manage uncertainty
- manage acute medical presentations in a rural setting, including appropriate pre-hospital interventions, such as coronary thrombolysis
- manage acute paediatric presentations, including neonatal resuscitation
- manage acute trauma, such as wounds, dislocations and fractures, including conscious sedation and regional anaesthesia, and pre-hospital trauma care
- manage acute obstetric emergencies and work in a team with a midwife to manage these emergencies
- update and maintain a procedural ability to support the extended skills required, including more difficult IV cannulation, intra-osseous access, chest drains and airway management
- manage acute psychiatric emergencies, including de-escalation techniques, restraint, emergency sedation and transport, within the criteria of the Mental Health Act
- initiate treatment for a wide range mental health conditions, conduct monitoring and develop knowledge of local resources for psychological treatments and support
- understand risk assessment, and appropriate strategies for managing self-harm in a rural situation
- provide ongoing care post-hospital discharge
- provide care for patients that extends to admission to a rural hospital for appropriate conditions, in-patient care, discharge planning and follow-up post-discharge
- provide comprehensive palliative care and end-of-life care, including managing uncertainty around diagnosis and disease progress, and some procedures, such as paracentesis and pleural effusion drainage
- recognise their own limitations so that management will be limited to safe and quick transfer of care.

Professionalism

The GP will demonstrate the ability to:

- understand the pressures to work outside their competency, manage uncertainty and recognise their limitations, seeking advice and help appropriately
- maintain individual probity and public behaviour in a manner appropriate to a small rural community
- recognise and manage the ethical dilemmas and challenges facing rural GPs, such as confidentiality and conflicts of interest
- understand the self of the doctor, their role in and interaction with the community, and how this affects their family
- provide leadership within a rural health team and community
- care for themselves, their family and colleagues in an isolated area.
- maintain professional boundaries and confidentiality in a rural community

Scholarship

The GP will demonstrate the ability to:

- develop a commitment to career-long learning, identifying areas not only for their own professional development but also those that will benefit the health care of the rural community
- teach and mentor future rural health professionals.
- provide leadership in developing and improving the local health service, including using e-health

Context of General Practice

The GP will demonstrate the ability to:

- appreciate the unique role of general practice and the primary care service in a rural community
- understand the health culture of their rural community, including occupational health issues, demographics and ethnicity
- discuss the demographic profiles of rural communities and their relevance to health care
- establish relationships with other health providers in the rural community.

Management

The GP will demonstrate the ability to:

- understand how a rural primary care team can function effectively and the leadership role of the doctor
- understand and use different funding streams
- manage the effective, safe and appropriate use of the team to meet the need of the rural population
- identify contents of, source and maintain and own a complete doctor's bag for home visiting and out-of-hours use
- make efficient use of a limited pool of skilled health professionals in a rural area
- consider and employ appropriately different business models in a rural environment.

This curriculum statement links to all others in the series. Also see rural additions in other curriculum statements for further skills necessary for rural doctors.

Sexual Health

‘Sexual health encompasses a total sense of wellbeing in relation to one’s sexuality and sense of sexual self.’[1]

This sense of wellbeing is relevant to everyone, regardless of age, gender, ethnicity, sexual orientation, mental or physical ability, living circumstances or any other determinant of health. It is, however, an area often complicated by conflicting personal beliefs and values, and public or political controversy.

Older age groups are not exempt from poor sexual health outcomes as life expectancy increases and people remain well for longer. Rates of sexually transmitted infections such as chlamydia, gonorrhoea, syphilis, herpes and warts, and HIV are increasing at a greater rate in those over 40 than under 40.[2] Patients over 50 are one-sixth as likely to use condoms, one-fifth as likely to have an HIV test and more likely to be misinformed about sexually transmitted infections.[3]

The age of first sexual intercourse is lowering markedly in New Zealand[4] and sexual activity is increasingly beginning at a younger age for many New Zealanders. One study of 654 Hawkes Bay students found up to 40 percent of young people had engaged in intercourse by age 14. Of these, 20 percent had experienced more than five partners, with Māori girls three times more likely to be sexually active at 14 than their non-Māori counterparts.[5] Not surprisingly, New Zealand has high rates of teen pregnancy, unintended pregnancy and sexually transmitted infections, particularly chlamydia, gonorrhea and HIV.[6] Global travel and internet relationships bring new challenges, as does the changing structure of families.

Sexual and reproductive health services are provided by a range of organisations throughout New Zealand, sometimes targeting particular demographic groups. Variations in funding arrangements and heightened concerns about confidentiality can affect access to these services.

[1] The Collaborative for Research and Training in Youth Health and Development Trust. 2011. “Youth Health”.

[2] Bodley-Tickell A T, Olowokure B, Bahaduri S, White D J, Ward D, Ross J D C, et al. 2008. Trends in sexually transmitted infections (other than HIV) in older people: analysis of data from an enhanced surveillance system. Sexually Transmitted Diseases, 84:312-317.

[3] Levy B R, Ding L, Lakra D, Kosteas J, Niccolai L. 2007. Older persons’ exclusion from sexually transmitted disease risk-reduction clinical trials. Sexually Transmitted Diseases 34(8):541-544

[4] Ministry of Health. 2001. Sexual and Reproductive Health Strategy.

[5] Fenwick R, Purdie G. 2000. The sexual activity of 654 Hawkes Bay fourth form students. NZ Med J 460-3.

[6] Ministry of Health. 2001. Sexual and Reproductive Health Strategy.

S Sexual Health

General practitioners are in the ideal situation to deal with sexual health as part of the overall health and wellbeing of their patients. Sexual health is interwoven through the complexities of our patients' lives, alongside changing social relationships, chronic illness and impairment, and increased life expectancy.

However, irrespective of age and presenting concern, many patients – and many GPs – are whakama (shy or embarrassed) about sexual health issues. Strong communication skills are an extremely important tool with which to establish a respectful and trusting therapeutic relationship. GPs have opportunities to provide information that enables patients to make informed choices and take responsibility for their sexual and reproductive health, from adolescence through to later years.

Communication

The GP will demonstrate the ability to:

- outline the guidelines and limits of confidentiality, including using translators
- use appropriate language that does not discriminate against age, gender, disability, sexual orientation or personal beliefs and values, and be particularly aware of cultural parameters that may surround sexual health
- take an appropriate sexual history
- provide pre-test counselling, particularly for hepatitis and HIV testing
- initiate contact tracing discussions and follow up as appropriate in their area
- provide accurate, honest explanation and education appropriate to the age and stage of the patient
- deal with issues that may be uncomfortable for the patient and/or the GP.

Clinical Expertise

The GP will demonstrate the ability to:

- perform a focused examination, being sensitive to the privacy of the patient and any cultural requirements, and recognise that using a chaperone is a safe practice for both GP and patient
- discuss and prescribe contraception across the reproductive age range, taking into account WHO categories, and accurately educate the patient or couple on correct use
- screen, test, treat and contact trace those at risk of sexually transmissible infections, referring when necessary, and providing accurate and timely education
- apply screening principles for cancers of the breast, cervix and prostate
- explain local options for unintended pregnancy and negotiate a timely plan, remembering that not all unintended pregnancies are unwanted
- initiate tests and referral for the investigation of subfertility
- assess and manage erectile dysfunction
- identify and manage symptoms related to peri-menopause
- remain vigilant for signs of abuse, violence or coercion and know who to refer to.

Professionalism

The GP will demonstrate the ability to:

- establish clear professional boundaries around confidentiality within the practice team, particularly in rural communities
- maintain updated contact details and be able to set in place clear guidelines and appropriate arrangements for communicating with patients, such as giving results
- support a patient's choice in pregnancy regardless of their own view on contraception and abortion.

S Sexual Health

Scholarship

The GP will demonstrate the ability to:

- contribute to the development and oversight of nurse-led sexual health services within their practice or community, including providing supervision and training
- use opportunities to attend professional development and update themself and their team.

Context of General Practice

The GP will demonstrate the ability to:

- identify vulnerable groups within the practice population, recognising their varied needs
- demonstrate awareness of the prevalence of STIs in their community and within sub-groups of the practice population, and screen accordingly.
- identify and use other providers of sexual health services in their community, comparing the ways in which their services may overlap or differ

Management

The GP will demonstrate the ability to:

- develop and review standing orders for managing sexual health consultations, including contraception, STI testing and treating
- explain local and national screening programmes and the process for managing recalls and follow-up within their practice.

This curriculum statement links with:

- Adolescent/Rangatahi/Youth Health - Page 38
- Family Violence - Page 69
- Men's Health - Page 94
- Older People - Page 111
- Travel Medicine - Page 147
- Women's Health - Page 150

Travel Medicine

New Zealanders are a mobile population and New Zealand is also a popular travel destination, so travel-related consultations are common in general practice. These may be related to either inbound or outbound travel, temporarily or permanently.

In February 2012 visitor arrivals numbered 259,100. Overseas trips by New Zealand residents numbered 116,400, the most common destinations being Australia, US, Fiji, UK, China and Cook Islands.[1] In February 2012 seasonally adjusted figures showed a net loss of 400 migrants. However, of those who moved permanently to New Zealand, 1,000 came from India, 900 from China, 400 from the UK and 300 from Malaysia.[2]

For outbound travellers, it is important to have a clear understanding of what travel people have planned and the travel medicine issues that relate to their particular destinations. Many people leave travel advice until too late or rely on advice they have accessed via the internet. Though travel medicine consultations can be complex, they are often tacked on to the end of a visit, almost as an afterthought. Chronic disease management can be a challenge in another country and obtaining medication can be fraught with difficulty.

Our desire for adventure tourism often sends us up high mountains, into remote places, out on the ocean and to places where health care is nowhere near as comprehensive as the services we have in our own country. Though ACC may provide some support for accidental injury, comprehensive travel insurance that includes repatriation costs is essential.

Not all travellers are on holiday. Some will be working overseas and those who will be away for extended periods in high-risk environments, or who make frequent journeys between New Zealand and other countries, will benefit from specialist advice.

For inbound or returning travellers, it is important to know where they have arrived from and the circumstances in which they have lived before, or during, travel. Infectious diseases acquired during travel may not present immediately.

For those with temporary visas, such as rural migrant workers or overseas student's permits, access to funded services is variable. To attain permanent residency or citizenship, an immigration medical assessment may be required and this is often another role for the GP. However, some who are new to New Zealand bring with them significant health issues that are not always apparent initially, particularly those who are refugees. With the added complexity of language and cultural differences, fostering a mutually trusting therapeutic relationship is vital.

[1] Statistics New Zealand, International Travel and Migration: February 2012. http://www.stats.govt.nz/browse_for_stats/population/Migration/IntTravelAndMigration_HOTPFeb12/Commentary.aspx

[2] Ibid.

T Travel Medicine

Communication

The GP will demonstrate the ability to:

- take a comprehensive pre-travel history, taking into account the means of travel within countries, as well as particular regions that will be visited
- discuss situations or risky behaviours that may increase the chance of contracting various diseases
- explain the risks and benefits of preventive measures, such as immunisations, and administer these appropriately
- inform patients of investigation, management and any containment issues for conditions contracted while travelling.
- always consider travel when taking a history of particular illnesses that may be picked up overseas

Clinical Expertise

The GP will demonstrate the ability to:

- use knowledge of or gain access to information on more specialised travel medicine topics
- prescribe for the traveller going overseas
- be familiar with immunisation requirements and specific preventive measures relating to travel
- undertake a comprehensive immigration medical examination
- investigate and describe the implications of important returning traveller issues
- describe the particular conditions that will have an impact on immigration to New Zealand.

Professionalism

The GP will demonstrate the ability to:

- manage the patient requesting supplies for a traveller's first aid kit
- allow adequate time to cover all the issues involved in a travel consultation
- identify which patients are required to see a travel medicine specialist, recognising their own level of expertise
- describe the adequate storage of and protocols for travel-related vaccines.

Scholarship

The GP will demonstrate the ability to:

- undertake further education in travel medicine
- educate or encourage education of practice staff on travel medicine consultations, as appropriate
- keep comprehensive notes on travel consultations to ensure all risks are covered
- record accurate details of immigration medical consultations.

Context of General Practice

The GP will demonstrate the ability to:

- balance the risks and benefits for families/whānau visiting relations in overseas countries with New Zealand-born children
- discuss the cost versus benefit of travel medicine preventive measures
- recognise who are the local general practitioners and other health professionals with interests and skills in travel medicine and refer where necessary
- establish a working relationship with an infectious diseases consultant or microbiologist in the local or regional area for discussion on presentations that require their input.

Management

The GP will demonstrate the ability to:

- describe and maintain 'cold chain' processes in the practice
- consider the implications for the practice community of communicable diseases that may have been brought in from overseas.

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• Gastroenterology - Page 73

Women's Health

Women's health has often been synonymous with reproductive health, but it is important to address women's health more broadly and within a social framework. Women have special needs associated with their roles, responsibilities and position in society as well as their reproductive roles.

Women tend to be the major agents for improving health care in the community as they manage the health needs of the family. In New Zealand, many women are still the primary care givers in a family/whānau. Family/whānau is central to Māori culture and the role of women is paramount.

While many of the problems with which women present are not unique to women, the way in which they present and need to be managed is often different from that of men. A number of health problems of women are preventable: key factors influencing the health status of women in New Zealand include smoking, alcohol consumption, physical activity, socioeconomic status and family violence.

Cervical cancer is one of the most curable of cancers and yet 200 women develop it in New Zealand each year and 70 die from it. Māori and Pacific women have a higher risk of cervical cancer and poorer survival rates, and yet this group is less likely to obtain screening.[1] Breast cancer is the most common cancer in New Zealand women. The incidence of breast cancer is higher for Māori than non-Māori, and despite an improvement in survival rates during the period 1991–2004, Māori women are more likely to die from it. This is attributed to a lower participation in screening programmes by Māori.[2]

New Zealand has a strong rural environment. Many women work in the agricultural industry and are exposed to illness related to a rural way of life. Additionally, many older people in rural communities are cared for by their extended families/whānau with much of the caregiver's role placed on the woman, which brings an added dimension to an already-busy rural life.

The fertility rate for 2011 in New Zealand was 2.1 births per woman. Fertility rates are highest in women aged 30-34 years and marks a significant shift from the 1960s when women aged 20-24 had the highest fertility rates. 2011 recorded the lowest number of live births since 2006, and is reflected in women of all age groups having fewer babies.[3] Fertility rates are still highest among Māori women aged 20-24 and Pacific people show similar patterns with fertility being high in the early 20s but peaking in the years 25-29.[4]

Although few general practitioners now deliver babies, they continue to have an important role in maternity care. A 2001 consumer survey revealed that, on finding out or suspecting that they were pregnant, 60 percent of women approached a general practitioner, rather than a midwife or obstetrician. First-time mothers, Pacific women and women under 25 were even more likely to approach a general practitioner.[5]

[1] National Screening Unit, *Cervical Cancer in New Zealand*, http://www.nsu.govt.nz/current-nsu-programmes/1228.aspx

[2] *Ministry of Health, Cancer: New Registrations and Deaths* 2007, p.76. Wellington: Ministry of Health. 2010.

[3] Statistics New Zealand. 2012. *Births and Deaths: Year ended December 2011* [online]

[4] Statistics New Zealand. 2006. *Age Specific fertility rates for the major ethnic groups* [online]

[5] http://www.health.govt.nz/publication/maternity-consumer-survey-2011

Before 2007, general practitioners were unable to provide government-funded pregnancy care unless they took on the role of lead maternity carer (LMC), which involved intrapartum care. In 2007, non-LMC first trimester care was introduced[6] which allowed women to receive government-funded maternity care from their general practitioner until the end of the first trimester of their pregnancy by which time they were registered with their LMC. In addition, as a result of changes to the Referral Guidelines[7] in 2012, midwives can now refer pregnant women with certain medical conditions to a general practitioner for care of these conditions rather than being required to refer them to a secondary care specialist.

The general practitioner's care of women involves not just managing the presenting problems but also prevention, screening and holistic care in partnership with the female patient at critical moments in the life cycle, the workplace and within her social role context.

There are slightly more females than males in New Zealand (51percent[8]), particularly among the adult population. As most of the contacts that women have with health care providers are with general practitioners, the way the general practitioner treats them and their concerns is of great significance to women and the health of the community.

Communication

The GP will demonstrate the ability to:

- explain and discuss health issues relating particularly to women to their patients and their families/whānau
- take an appropriate sexual health history
- communicate with women of all ages, eliciting their ideas, concerns and expectations during consultation and negotiating an effective management plan
- communicate the variety of issues that need to be discussed with women around antenatal and postpartum care.

[6] http://www.health.govt.nz/publication/section-88-primary-maternity-services-notice-2007

[7] http://www.health.govt.nz/publication/guidelines-consultation-obstetric-and-related-medical-services-referral-guidelines

[8] Ministry of Social Development. 2010. Age and sex structure of the population: *The Social Report*. http://www.socialreport.msd.govt.nz/people/age-sex-structure-population.html

W Women's Health

Clinical Expertise

The GP will demonstrate the ability to:

- understand the pathology, clinical management and epidemiology of illnesses relating to women
- discuss fertility issues as they relate to women with patients and their families/whānau
- perform examinations and gynaecological procedures relating specifically to women's health that are safe to perform in the primary care setting, recognising that using a chaperone is a safe practice for the patient and GP
- discuss strategies to reduce the inequalities in health between Māori and non-Māori women
- manage and prescribe medication relating to women's health issues
- recognise obstetric or gynaecological emergencies and treat or refer appropriately
- discuss all aspects of menstruation throughout the life of the woman with patients and family/whānau
- explain local options in unintended pregnancy and negotiate a timely plan, recognising that not all unintended pregnancies are unwanted
- recognise and be willing to discuss signs of abuse in a non-judgemental manner and refer appropriately, understanding the importance of proactive enquiry
- undertake an antenatal consultation, taking into account all the screening, management and lifestyle issues that require full discussions, and referring for ongoing care as required.

Professionalism

The GP will demonstrate the ability to:

- describe the use of chaperones and introduce them appropriately to the patient
- consider privacy issues that may arise with electronic notes that all staff have access to
- acknowledge professional boundaries that are likely to impact on the doctor–patient relationship, particularly in relation to power, culture, gender and sexuality
- provide advocacy for women patients, especially in relation to those suffering from family violence.
- up-skill in areas relating to women's health to meet the needs of their practice population, such as ultrasound scanning skills in rural areas

Scholarship

The GP will demonstrate the ability to:

- audit their practice to ensure best practice for their female patients is being achieved
- promote and encourage staff training of increase service provision to women.
- undertake ongoing training to enhance skills in women's health

Context of General Practice

The GP will demonstrate the ability to:

- refer to local and national community and allied primary care organisations, such as women's refuge, to enable management of conditions relating to women's health
- establish relationships with providers of obstetric care if they are not available in the practice
- ensure adequate screening programmes are run for the practice population
- undertake self-care, especially for women balancing work and family/whānau.

Management

The GP will demonstrate the ability to:

- follow practice policy on following up tests
- describe protocols or policies in the practice for other staff performing tests, for example nurses doing smear tests.
- educate their practice team about conditions relating to the health of women

This curriculum statement links with:

- Family Violence - Page 69
- Mental Health - Page 97
- Oncology - Page 115
- Sexual Health - Page 143

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