

Philosophy and foundation of general practice

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Definition

This foundation of general practice includes the philosophy, concepts and principles that define the roles of general practitioners and the discipline of general practice.

This foundation defines:

- what is involved in being a general practitioner
- how this role is different to other disciplines within medicine
- the role of general practice in the lives of individual patients, their personal context, their communities and the health system.

For medical students and prevocational doctors, an understanding of this foundation will improve understanding of the place and significance of general practice in their working life.

For vocational trainees, this foundation will provide a framework for building a detailed and comprehensive understanding of their chosen profession of general practice.

For established general practitioners, this foundation provides an external reference as a basis for reflection on the knowledge, skills and attitudes developed in training and from clinical experience.

The philosophies, concepts, and principles of general practice permeate all aspects of general practice. The learning objectives of this statement should therefore be borne in mind in relation to all the priority learning areas.

Rationale

General practice is the primary focus of the health care system.

General practitioners provide ongoing patient centred health care for all members of the community based on an understanding of health and illness as a uniquely personal experience, shaped by past experience, cultural, social and contextual dimensions.

General practice manages patient health and illnesses grounded in knowledge from biomedical, psychosocial and intrapersonal perspectives.

At both a systemic and consultation level, general practice is the interface between medicine and the community, science and humanity, evidence and creativity.

Australian general practice in the twenty-first century is the continuation of a millennium long tradition of caring for the sick, and the central place of general practice will continue to evolve as part of a dynamic, diverse society, which it will reflect and influence.

The discipline of general practice has evolved through historical, cultural, social, political and contextual influences, but certain core characteristics relating to the relationship between patient and doctor, and doctor and community have remained immutable over time. These include:

- the patient as the centre of concern
- the patient-doctor relationship as the basis of the therapeutic process
- the distinctive problem solving skills of general practitioners
- primary care management
- a holistic perspective to care
- comprehensive scope
- a community based context.

The patient-centred approach to general practice care

General practitioners have the breadth and depth of knowledge of disease as covered by this curriculum, but integrate this knowledge with an understanding that the presence or absence of disease does not necessarily correlate with a health to illness continuum, being patient focused, rather than disease focused.

'...the kind of commitment I am speaking of implies that the physician will "stay with" a person whatever his problem may be, and he will do so because his commitment is to people more than to a body of knowledge or a branch of technology. To such a physician, problems become interesting and important not only for their own sake but because they are Mr Smith's or Mrs Jones's problem. Very often in such relations there is not even a very clear distinction between a medical problem and a nonmedical one. The patient defines the problem.'

Managing complexity and uncertainty in general practice care

The relationship general practitioners have with their patients, together with the importance of the context in which patients and their doctors live, mean that general practitioners need to be skilled in managing complexity and uncertainty.

The challenge of managing complexity and uncertainty is also increased by the natural epidemiology of disease in the community and changes in the technology of medical care.

Issues contributing to complexity and uncertainty in these areas include:

- early presentation of disease
- relatively infrequent occurrence of serious illness

- recognition, integration and management of multiple issues, often in a single consultation, but also over time
- influence of comorbidities on each individual health problem
- ongoing management of the increasing prevalence of chronic illness in the community
- ability to manage complex illness based on advanced and developing technologies
- constantly evolving boundaries between other health care providers and general practice based care, including issues of access and affordability, which may be practice and/or location specific
- understanding of the structure and the dynamics of the community
- collaboration with patients in drawing on and developing their self care skills.

General practitioners as patient advocates in complex health systems

In contrast to specialist practice, in which patients are selected to match the service provided, general practitioners need to be flexible and able to draw on an extensive range of knowledge and skills in meeting the health needs of individual patients, both in the short term and over a long professional relationship. General practitioners incorporate the expertise of other health care providers as appropriate, and this includes the essential role of acting as patient guide and advocate in an increasingly fragmented health care system.

Good general practice primary care improves the health of populations

Health systems firmly based on primary health care have been shown to achieve better health outcomes, improve health equality and are cost effective.²

Integrating the foundation skills of general practice into a comprehensive care approach – key principles

The foundations of general practice need to be understood in the context of a complex, integrated totality that reflects the whole of the patient, their environment, and how these interact with each other.

The following key principles are the specific skills necessary for quality general practice care.

The quotes after the key foundation principle expresses this concept as a general practitioner might describe them, followed by the key skills required to demonstrate these principles.

While the skills are listed individually, every element needs to be integrated into the whole of general practice to meet the aim of comprehensive care.

The patient is the centre of concern

'It is important to know my patients. I am more concerned about patients as individuals than about the disease. I take my patients' beliefs, circumstances and concerns into account when deciding what to prescribe or when and where to refer them.'

This principle requires general practitioners to:

- demonstrate respect for patient autonomy
- work in partnership with the patient as determined by the needs of the patient
- negotiate management plans in terms of the patient's preferences and priorities.

The patient-doctor relationship is the basis of the therapeutic process

'It's important that patients can trust their general practitioner. Sometimes more good is done by just listening.'

This principle requires general practitioners to:

- develop communication skills to underpin effective diagnosis and management, eg. listening, reassuring, explaining, interpreting
- develop effective communication skills to build and maintain a therapeutic relationship
- develop more specific counselling skills in different situations
- foster continuity of care as determined by the needs of the patient
- develop self awareness and boundaries.

Distinctive problem solving skills

'I know the community. I know the "horses and zebras". I often need to juggle several problems at a time. General practice is an art and a science.'

This principle requires general practitioners to:

- relate the diagnostic process to the community context, eg. disease prevalence
- recognise serious and urgent problems
- use time as a tool
- tolerate uncertainty
- collaborate with patients on acceptable management plans
- integrate comorbidities into management decisions
- use investigations and technology appropriately

- integrate scientific evidence and other relevant factors toward a solution
- move from one mode or role to another (eg. diagnostician, counsellor) as required by the problem at hand or by the patient's needs
- engage in reflective practice.

Primary care management

'I am the first port of call. I have colleagues I can call on when I need to and I know the available services in the community.'

This principle requires general practitioners to:

- deal with unselected and undifferentiated presentations
- triage appropriately
- work in teams
- integrate the expertise of other healthcare providers
- practice ongoing management of patients with chronic health problems.

Holistic perspectives

'I know this patient's background and it really influences how he is suffering now. I also know whether he can afford treatment.'

This principle requires general practitioners to:

- take into account social, psychological, cultural and existential dimensions
- be integrative rather than reductionist.

Comprehensive scope

'You never know who walks through the door. General practice care is more than dealing with the presenting complaint. At times it's difficult to know where to start.'

This principle requires general practitioners to:

- recognise that the range of patients not limited by age, gender, culture, or health problem
- diagnose and manage disease at any chronological stage in the process including:
 - health promotion
 - prevention
 - case finding
 - acute presentations
 - chronic illness
 - palliative care
- know how to diagnose and manage a broad range of health conditions across multiple systems
- diagnose and manage multiple morbidities or concerns in the one patient.

Community based context

'I meet patients where they live and take our community into account when planning their care.'

This principle requires general practitioners to:

- be limited only by what may be managed in the particular community (not just primary care)
- respond to the needs of community
- adapt to the political context
- mediate between medicine and community
- understand the private practice context
- work effectively within the health care system, eg. legal requirements for prescribing and legislative regulations.

The five domains of general practice

– philosophy and foundation of general practice

Communication skills and the patient-doctor relationship

General practitioners need to:

- demonstrate respect for patient autonomy
- work in partnership with the patient as determined by the needs of the patient
- negotiate patient-centred management plans which consider the patient's preference of treatment and priority of treatments
- use communication skills to underpin effective diagnosis and management of the patient (eg. listening, reassuring, explaining, interpreting)
- use communication skills to build and maintain a therapeutic relationship between patient and doctor
- apply specific counselling skills in different situations
- foster continuity of care as determined by the needs of the patient
- move from one mode to another (diagnostician, counsellor) as required by the problem at hand or the patient's needs.

Applied professional knowledge and skills

General practitioners need to:

- relate the diagnostic process to the community context when problem solving
- recognise serious and urgent problems
- use problem solving skills to collaborate with patients on acceptable management plans
- integrate comorbidities when problem solving
- use investigations and technology appropriately when problem solving
- integrate scientific evidence and other relevant factors when problem solving
- manage unselected and undifferentiated presentations
- manage patients with chronic health problems
- have a holistic perspective that is integrative rather than reductionist
- be able to diagnose and manage a broad range of health conditions across multiple systems.

Population health and the context of general practice

General practitioners need to:

- have a holistic perspective, taking into account the patient's social, psychological, cultural and existential dimensions
- treat a wide range of patients not limited by age, gender, ethnicity or health problem
- be able to diagnose and manage disease at any chronological stage in the process including health promotion, prevention, case finding, acute presentations, chronic illness and palliative care
- be limited only by what may be managed in the particular community (not just primary care)
- respond to the needs of the community
- adapt to political priorities
- mediate between medicine and community.

Professional and ethical role

General practitioners need to:

- tolerate uncertainty when problem solving
- have a capacity for self awareness and recognise boundaries in the doctor-patient relationship
- practice reflective thinking when problem solving.

Organisation and legal dimensions

General practitioners need to:

- use time as a tool when problem solving
- triage appropriately when working in teams or integrating the expertise of other healthcare providers
- work effectively within the healthcare system and know the rules for procedures such as prescribing
- understand the private practice context.

Learning objectives across the GP professional life

Medical student

Communication skills and the patient-doctor relationship

- Describe the role of respect for patient autonomy in patient-doctor relationships when communicating with patients, and differences between hospital and primary care settings
- Describe the importance of working in partnership with patients, including negotiating patient centred management plans as determined by patient need, preferences and priorities, and differences between hospital and primary care settings
- Demonstrate the basic communication skills required to underpin effective diagnosis and management of the patient (listening, reassuring, explaining, interpreting) and fostering whole patient care, and describe differences in the hospital and primary care setting
- Describe the need to adapt counselling skills to different situations
- Describe the basis of continuity of patient care based upon patient determined needs
- Outline the various roles of the clinician according to patient needs, eg. diagnostician, counsellor

Applied professional knowledge and skills

- Outline how to use problem solving skills to collaborate with patients on acceptable management plans
- Describe skills required to recognising serious and urgent problems
- Outline the integration of comorbidities when problem solving
- Describe the appropriate role of investigations and technology in problem solving
- Outline how to integrate scientific evidence and other relevant factors when problem solving
- Outline how to deal with unselected and undifferentiated presentations
- Outline the management of patients with chronic health problems
- Describe the differences between an integrative and a reductionist holistic perspective
- Outline the skills required to diagnose and manage a broad range of health conditions across multiple systems

Population health and the context of general practice

- Outline how diagnostic processes relate to community context, eg. disease prevalence
- Describe a holistic perspective of primary health care that takes into account social, psychological, cultural and existential dimensions
- Outline issues involved in treating a range of patients not limited by age, gender, ethnicity or health problem
- Outline skills required to diagnose and manage disease at any chronological lifecycle stage including health promotion, prevention, case finding, acute presentations, chronic illness and palliative care
- Describe how doctors can be responsive to community health needs

Professional and ethical role

- Outline how to manage uncertainty when problem solving in patient care settings
- Describe the role of capacity for self awareness and recognition of boundaries in the doctor patient relationship
- Outline processes for reflective practice when problem solving

Organisational and legal dimensions.

- Outline appropriate triage processes when working in teams or integrating the expertise of other healthcare providers
- Outline the structural elements of the health system that impact upon clinical practice, eg. regulations for prescribing, other relevant medical legislation

Learning objectives across the GP professional life

Prevocational doctor

Assumed level of knowledge – medical student

Communication skills and the patient-doctor relationship

- Demonstrate respect for patient autonomy in patient-doctor communications with patients in the hospital setting
- Demonstrate the ability to work in partnership with patients, including negotiating patient centred management plans as determined by patient need, preferences and priorities in the hospital setting
- Demonstrate effective communication skills required to underpin effective diagnosis and management of the patient (listening, reassuring, explaining, interpreting) and fostering whole patient care in the hospital setting
- Demonstrate the ability to adapt counselling skills to different situations
- Demonstrate continuity of patient care based upon patient determined needs in the hospital setting
- Demonstrate the ability to move between various roles of the clinician according to patient needs (eg. diagnostician, counsellor) in the hospital setting

Applied professional knowledge and skills

- Demonstrate ability to recognise serious and urgent problems in the hospital setting
- Demonstrate how to use problem solving skills to collaborate with patients on acceptable management plans in the hospital setting
- Demonstrate the integration of comorbidities when problem solving in the hospital setting
- Demonstrate the appropriate use of investigations and technology in problem solving in the hospital setting
- Demonstrate the integration of scientific evidence and other relevant factors when problem solving in the hospital setting
- Demonstrate how to deal with unselected and undifferentiated presentations in the hospital situation
- Demonstrate the management of patients with chronic health problems in the hospital setting
- Demonstrate the use of an integrative holistic perspective in the hospital setting
- Demonstrate the ability to diagnose and manage a broad range of health conditions across multiple systems in the hospital system

Population health and the context of general practice

- Demonstrate diagnostic processes that relate to community context in the hospital setting, eg. disease prevalence
- Demonstrate the use of a holistic perspective that takes into account social, psychological, cultural and existential dimensions in the hospital setting
- Demonstrate the appropriate treatment of a range of patients not limited by age, gender, ethnicity or health problem in the hospital setting
- Demonstrate the diagnosis and management of diseases at any chronological stage in the process including health promotion, prevention, case finding, acute presentations, chronic illness and palliative care in the hospital setting

Professional and ethical role

- Demonstrate diagnostic processes that relate to community context in the hospital setting, eg. disease prevalence
- Demonstrate tolerance of uncertainty when problem solving in the hospital setting

- Demonstrate self awareness and recognition of boundaries in the doctor-patient relationship
- Outline processes for reflective practice when problem solving in the hospital setting

Organisational and legal dimensions.

- Demonstrate appropriate triage processes when working in teams or integrating the expertise of other healthcare providers in the hospital setting
- Demonstrate adherence to the structural elements of the health system that impact upon hospital clinical practice, eg. regulations for prescribing and other relevant medical legislation

Learning objectives across the GP professional life

Vocational registrar

Assumed level of knowledge – prevocational doctor

Communication skills and the patient-doctor relationship

- Demonstrate respect for patient autonomy in patient-doctor communications with patients in the primary care setting
- Demonstrate the ability to work in partnership with patients, including negotiating patient centred management plans as determined by patient need, preferences and priorities in the primary care setting
- Demonstrate communication skills required to underpin effective diagnosis and management of the patient (listening, reassuring, explaining, interpreting) and fostering whole patient care in the primary care setting
- Demonstrate the ability to adapt counselling skills to different situations
- Demonstrate continuity of patient care based upon patient-determined needs in the primary care setting
- Demonstrate the ability to move between various roles of the clinician according to patient needs (eg. diagnostician, counsellor) in the primary care setting

Applied professional knowledge and skills

- Demonstrate ability to recognise serious and urgent problems in the primary care setting
- Demonstrate how to use problem solving skills to collaborate with patients on acceptable management plans in the primary care setting
- Demonstrate the integration of comorbidities when problem solving in the primary care setting
- Demonstrate the appropriate use of investigations and technology in problem solving in the primary care setting
- Demonstrate the integration of scientific evidence and other relevant factors when problem solving in the hospital setting
- Demonstrate how to deal with unselected and undifferentiated presentations in the primary care situation
- Demonstrate the management of patients with chronic health problems in the primary care setting
- Demonstrate the use of an integrative holistic perspective in the primary care setting
- Demonstrate ability to diagnose and manage a broad range of health conditions across multiple systems in the primary system

Population health and the context of general practice

- Demonstrate diagnostic processes that relate to community context in the primary care setting, eg. disease prevalence
- Demonstrate use of a holistic perspective that takes into account social, psychological, cultural and existential dimensions in the hospital setting
- Demonstrate appropriate treatment of a range of patients not limited by age, gender, ethnicity or health problem in the hospital setting
- Demonstrate diagnosis and management of diseases at any chronological stage in the process including health promotion, prevention, case finding, acute presentations, chronic illness and palliative care in the primary care setting
- Demonstrate responsiveness to the local community health needs

Professional and ethical role

- Demonstrate tolerance of uncertainty when problem solving in the primary care setting
- Outline processes for reflective practice when problem solving in the primary care setting

Organisational and legal dimensions

- Demonstrate appropriate triage processes when working in teams or integrating the expertise of other healthcare providers in the primary care setting
- Demonstrate adherence to the structural elements of the health system that impact upon primary care clinical practice, eg. regulations for prescribing and other relevant medical legislation

Learning objectives across the GP professional life

Continuing professional development

Assumed level of knowledge – vocational registrar

Communication skills and the patient-doctor relationship

- Demonstrate regular reflection and skill review of understanding of foundation basis of patient communication skills

Applied professional knowledge and skills

- Demonstrate regular reflection and skill review of understanding of foundation basis of professional knowledge and skills

Population health and the context of general practice

- Demonstrate regular reflection and skill review with respect to changing population health and local community needs

Professional and ethical role

- Demonstrate regular reflection and skill review with respect to professional and ethical roles
- Consider ongoing education in conceptual basis of general practice including more formal academic qualifications

Organisational and legal dimensions

- Demonstrate review of patient continuity issues according to patient determined needs
- Demonstrate adherence to the structural elements of the health system that impact upon hospital clinical practice, eg. regulations for prescribing and other relevant medical legislation
- Demonstrate knowledge of changes to structural elements of the health system that impact upon hospital clinical practice, eg. regulations for prescribing and other relevant medical legislation

References

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2. Macinko J, Starfield B, Shi L. The contribution of primary care systems to health outcomes within Organization for Economic Cooperation and Development (OECD) countries, 1970-1998. *Health Serv Res* 2003;38:831-65.