



The Royal Australasian  
College of Physicians

# General and Acute Care Medicine

## Advanced Training Curriculum

*Adult Medicine Division*





The Royal Australasian  
College of Physicians

# Physician Readiness for Expert Practice (PREP) Training Program

**General and Acute Care Medicine Advanced Training Curriculum**

TO BE USED IN CONJUNCTION WITH:

**Basic Training Curriculum – Adult Internal Medicine**

**Professional Qualities Curriculum**



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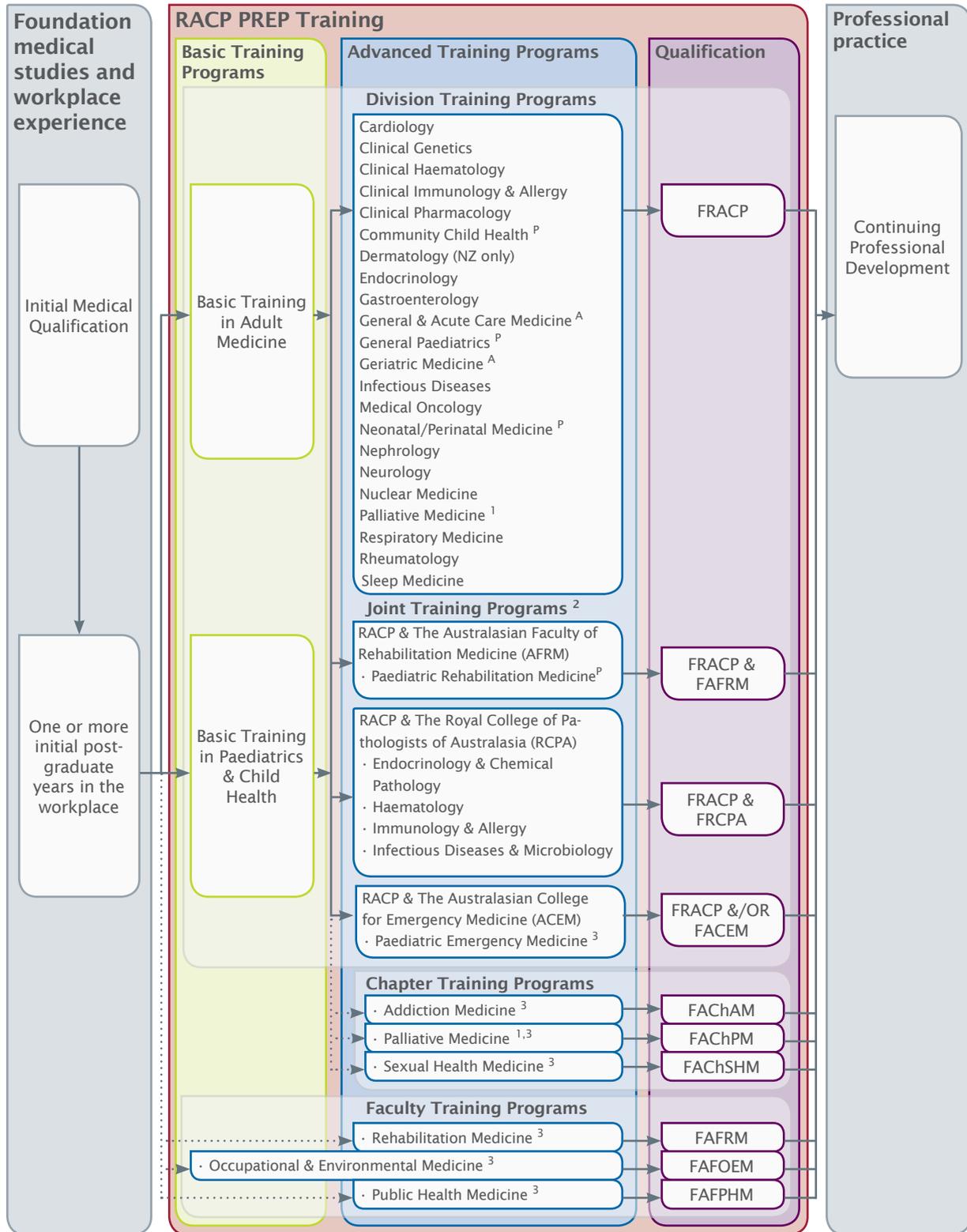
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Please note: No Domains, Themes or Learning Objectives have been updated for this edition; design changes ONLY.

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# RACP FELLOWSHIP TRAINING PATHWAYS AND THE CONTINUUM OF LEARNING



<sup>P</sup> Trainees must complete Basic Training in Paediatrics & Child Health to enter this program.  
<sup>A</sup> Trainees must complete Basic Training in Adult Medicine to enter this program.  
<sup>1</sup> Trainees who have entered Advanced Training in Palliative Medicine via a RACP Basic Training Program will be awarded FRACP upon completion and may subsequently be awarded FACHPM. Trainees who have NOT entered Advanced Training in Palliative Medicine via a RACP Basic Training Program will only be awarded FACHPM upon completion.  
<sup>2</sup> The Child & Adolescent Psychiatry Joint Training Program with the Royal Australian and New Zealand College of Psychiatrists (RANZCP) is currently under review by the RACP and RANZCP and closed to new entrants at present.  
<sup>3</sup> Alternative entry requirements exist for these training programs; please see the corresponding PREP Program Requirements Handbook for further information.  
 NB1: This diagram only depicts training programs that lead to Fellowship. Please see the RACP website for additional RACP training programs.  
 NB2: For further information on any of the above listed training programs, please see the corresponding PREP Program Requirements Handbook.

## OVERVIEW OF THE SPECIALTY

### The definition of a general physician

General physicians are specialty physicians with expertise in the diagnosis and management of complex, chronic and multisystem disorders in adult patients. They undertake a comprehensive assessment of a patient's problems and needs, both biomedical and psychosocial, and provide and coordinate patient care with the assistance of multidisciplinary teams to optimise health outcomes. General physicians have a breadth of expertise which enables them to deal with undifferentiated and ambiguous presentations and to diagnose and manage illnesses affecting more than one organ system. The work of a general physician is not limited by patient age, diagnostic category, stage of disease, treatment intent, or clinical setting. The practice of general physicians extends across acute hospital and ambulatory settings and involves interactions with other specialists from a variety of disciplines, as well as primary care providers and allied health professionals. General physicians adopt a scientific, evidence-based approach to the patient as a whole person, notwithstanding an interest and some level of training in another specialty. This approach includes detailed knowledge of the pathophysiology, diagnostics and therapeutics of a broad range of diseases.

This breadth and depth of knowledge and experience make general physicians ideally suited to providing high quality consultant services across a spectrum of health and illness. These capacities place general physicians in an important and responsible position as clinicians, teachers and researchers, particularly where clinical problems affect multiple organ systems, involve issues which do not fall within the domains of single organ-system subspecialties, and where integration of multidisciplinary expertise may be required.

### The attributes of a general physician

General physicians possess several unique attributes which differentiate them from other medical specialists:

- **Expert diagnosticians:** general physicians have the ability to assess and diagnose clinical problems in their entirety. Diagnostic formulations comprise not only specific medical diagnoses but a broader axis of functional and psychosocial problems and comorbidity burden which may impact on prognosis and clinical management. In the case of undifferentiated presentations, general physicians have the ability to consider the many possible causes (which may involve multiple organ systems), identify those most likely to be responsible, and synthesise a multidimensional diagnostic formulation. In arriving at a complete diagnosis, general physicians are selective and rational in their use of diagnostic tests based on knowledge of test performance and avoid ordering an array of investigations which are very unlikely to contribute to clinical decision making.
- **Expert providers of integrated care:** general physicians have the ability to devise management plans in which choice of therapies and other clinical interventions are based on an integrated consideration of evidence of therapeutic effectiveness, interactions with comorbidities and other therapies, functional status and life expectancy, patient values and preferences, and the broader social and environmental context in which care is provided. Clinical care is tailored to meet the therapeutic goals of prevention, cure or palliation, taking into account the patient's needs and priorities which may change over time. General physicians are skilled in providing longitudinal care of patients over many years, ensuring optimal management of acute exacerbations of chronic disease as well as optimal disease control and secondary prevention. A general physician has integrative skills whereby multiple potential determinants of health outcomes that span clinical, functional and psychosocial domains are considered simultaneously in devising management plans.
- **Expert problem solvers:** general physicians have the ability to take charge of difficult and complex clinical presentations, sort and prioritise goals of management, and take decisive action in resolving problems using a flexible and broad-minded way of thinking. General physicians are skilled in reconciling short term management of acute illness (including exacerbations of chronic diseases), with the potential for longer term prevention and rehabilitation. In situations where patient care has been splintered by conflicts of opinion and advice from different providers, general physicians act to broker workable solutions and forward looking management plans to the benefit of patients and the whole care team.

• **Expert patient advocates:** general physicians have the ability to see the whole patient, including the social background and the belief systems that mould his/her thoughts, actions and attitudes to illness and intended management. General physicians individualise their advice and recommendations in accordance with patient values and preferences and the wishes of their families and carers. They are particularly mindful of the need to avoid or simplify complicated or invasive investigation and treatment regimens which offer only marginal benefit at the expense of placing patients at risk of harm, or imposing unnecessary burden and costs. This is particularly pertinent to patients with advanced disease and poor prognosis in whom the priority for end-of-life is maximising quality of life and symptom palliation.

• **Expert communicators and negotiators:** general physicians have the ability to elicit and accommodate a diversity of views and opinions in relation to patient care and then negotiate an agreed way forward on the part of all stakeholders. As a team leader and conciliator with well developed interpersonal skills, the general physician is able to assert leadership, resolve conflicts, and achieve collective agreement and action in the care patients receive.

• **Expert innovators and system leaders:** general physicians have the ability to see the big picture of health care systems, how they work and how they can be changed for the betterment of patient care. Their informed common sense perception of 'real world' medicine – devoid of conflicts of interest – and their familiarity with the principles of evidence-based medicine enables general physicians to be discerning in assessment and use of new and yet unproven technologies. In an era when a drive towards optimising quality and safety of care is juxtaposed with a diminishing availability of healthcare resources, general physicians possess the capacity to balance net benefit with opportunity cost in choosing models of care and clinical technologies that are best suited for maximising health at the level of both individuals and populations. General physicians are ideally suited to play leadership roles in the clinical governance structures of area health services, institutions and departments.

• **Expert teachers and mentors:** general physicians, by virtue of their broad experience and expertise, have the ability to separate out and impart the essential knowledge, attitudes and skills that medical students, young doctors and other health professionals need to acquire if they are to adequately cope with the challenges of modern healthcare. While single organ system specialists can provide deeper content knowledge in specific domains of care, the general physician can show how this knowledge needs to be integrated, prioritised and contextualised in the grand scheme of things for each and every patient.

Advanced Training in General Medicine is designed to develop these attributes. A basic physician trainee does not possess the required level of knowledge, skill, or experience to be recognised as a general physician who demonstrates the above attributes and is able to practice independently as a consultant. Prolonged immersion in a diversified general medicine training program associated with exposure to experienced general physicians as role models is required in nurturing these important general physician skills.

## The value and importance of a general physicians

More people are living longer with complex, chronic and multisystem problems for which management of acute relapses and complications as well as secondary prevention are the key care objectives. For patients who may experience a variety of disease trajectories through their lifetime, there is an increasing need for coordinated, effective and patient centred care overseen by a single, 'whole patient' specialist. Increasing subspecialisation results in more health care providers and potentially increases both the direct and indirect costs of health care without necessarily improving patient outcomes. General physicians working alongside other specialists will provide the best care, through combining 'breadth' with 'depth'.

General physicians ensure the delivery of efficient, cost-effective and safe care for the community and contribute to workforce development as leaders in medical education and health policy. General physicians provide the backbone of rural physician practice and occupy key roles and positions in larger regional centres, outer metropolitan hospitals and tertiary centres. The increasing demand for acute hospital beds requires hospitalisations to be more efficient as well as providing better and safer care. General physicians now work alongside emergency physicians in many hospitals as acute care physicians to fast track and coordinate care from the outset.

General physicians are also able to provide the necessary support to primary care providers in general practice and other ambulatory settings following discharge and over the longer term. A major differentiating feature between general physicians and general practitioners is the specialised diagnostic and management expertise of the general physician. Put simply, general practitioners may refer patients to consultant general physicians when there are diagnostic issues, or acute or complex management needs, beyond the capability of the general practitioner to provide.

General physicians, by virtue of their ability to adapt to changing needs, have occupied niche areas in medicine which benefit from physicians who possess a broad perspective and expertise. These areas include perioperative medicine, obstetric medicine, acute stroke medicine, palliative care, clinical pharmacology, clinical informatics, and quality and safety systems.

General physicians provide a considerable portion of specialist tuition for medical students, junior doctors, physician trainees, and other health professionals in hospitals and universities. They are also taking up increasing numbers of roles and positions in academic research, with particular focus on health services research, clinical epidemiology, quality and safety improvement, and clinical education.

## Challenges for general physicians

A career as a specialist in general medicine is not for the faint hearted. General physicians must demonstrate an ability to stay abreast of important advances in clinical medicine across a broad domain of specialties. They must exhibit openness and flexibility in attitude and thinking, which allows them to respond in an adaptive way to new challenges and priorities. They need to be cognisant of, and sensitive to, evolving societal, workplace, legislative and technological developments. Finally, they must be able to recognise circumstances which necessitate the seeking of assistance from other specialists and health professionals in providing optimal patient care. The major challenge for general medicine is to provide the best, safest and most efficient patient care in all settings.

The challenges for the specialty as a whole are the need for more doctors to join its ranks and for the public and the medical profession more generally to be fully aware and respectful of the important roles of general physicians in health care delivery. The specialty needs to be valued in order to grow and make greater contributions to the healthcare system. The status of general physicians in some quarters has been diminished by negative but erroneous perceptions of role and relevance in a medical marketplace dominated by superspecialisation. Access to Advanced Training posts, particularly in some tertiary hospitals, has been limited and the opportunities for adequate training exposures in other specialties have been constrained.

*(For further information on the role and future of general medicine within Australasia refer to the IMSANZ-RACP joint policy document "Restoring the Balance: An action plan for ensuring the equitable delivery of consultant services in general medicine in Australia and New Zealand 2005-2008" found at [http://www.imsanz.org.au/resources/documents/IMSANZRestoringtheBalanceFeb06\\_000.pdf](http://www.imsanz.org.au/resources/documents/IMSANZRestoringtheBalanceFeb06_000.pdf))*

Notwithstanding these challenges, the ability of general physicians to deal with the challenges inherent in caring for a broad patient population with a wide scope of problems, and the capacity to engage with changes in medical technology, models of care and the wider social and political milieu provide considerable personal and professional satisfaction. This sense of achievement is heightened further when general physicians involve themselves in the design and operationalisation of better systems of care and in the education and training of the next generation of health professionals. The increasing adoption of dual training offers a means for acquiring skills as both a general physician and a physician in another specialty which further enhances career flexibility, intellectual interest and future employability.

## CURRICULUM OVERVIEW

### General Medicine – Advanced Training Curriculum

This curriculum outlines the broad concepts, related learning objectives and the associated theoretical knowledge, clinical skills, attitudes and behaviours required and utilised by general medicine physicians within Australia and New Zealand.

The purpose of Advanced Training is for trainees to build on the cognitive and practical skills acquired during Basic Training. It is recognised that although the Basic Training Curriculum and the Professional Qualities Curriculum have many elements similar to this curriculum, the former curricula alone do not provide the depth of knowledge or the abilities to practice competently as a consultant general physician. Advanced Training in General Medicine presupposes that the trainee is competent in the Basic Training Curriculum competencies.

At the completion of the General Medicine Advanced Training Program, trainees should be competent to provide, at consultant level, unsupervised comprehensive medical care in general medicine.

Attaining competency in all aspects of this curriculum is expected to take three years of training. It is expected that all teaching, learning and assessment associated with the General Medicine Advanced Training Curriculum will be undertaken within the context of the physician's everyday clinical practice and will accommodate discipline specific contexts and practices as required. As such it will need to be implemented within the reality of current workplace and workforce issues and the needs of health service provision.

There may be learning objectives that overlap with or could easily relate to other domains; however, to avoid repetition, these have been assigned to only one area. In practice, however, it is anticipated that within the teaching/learning environment, the progression of each objective would be explored.

Note: The curricula should always be read in conjunction with the relevant College Training Handbook available on the College website.

### Professional Qualities Curriculum

The Professional Qualities Curriculum (PQC) outlines the range of concepts and specific learning objectives required by, and utilised by, all physicians, regardless of their specialty or area of expertise. It spans both the Basic and Advanced Training Programs and is also utilised as a key component of the Continuing Professional Development (CPD) program.

Together with the various Basic and Advanced Training Curricula, the PQC integrates and fully encompasses the diagnostic, clinical, and educative-based aspects of the physician's/paediatrician's daily practice.

Each of the concepts and objectives within the PQC will be taught, learnt and assessed within the context of everyday clinical practice. It is important, therefore, that they be aligned with, and fully integrated into, the learning objectives within this curriculum.

## EXPECTED COMPETENCIES AT THE COMPLETION OF TRAINING

Graduates from this training program will be equipped to function effectively within the current and emerging professional, medical and societal contexts. At the completion of the Advanced Training Program in General Medicine, as defined by this curriculum, it is expected that a new Fellow will have developed the clinical skills and have acquired the theoretical knowledge for competent practice as a general physician. It is expected that a new Fellow will be a medical expert/clinical decision maker, with the ability to:

- undertake timely, comprehensive and systematic clinical assessments
- efficiently formulate diagnosis and management plans in partnership with patients and other health professionals
- provide a learned, comprehensive, rational, evidence-based consultant opinion
- prioritise care according to clinical circumstances and treatment goals
- care for patients at all stages of life from adolescence onwards
- care for complex patients with multiple problems and comorbidities
- care for acute, undifferentiated illness and well defined clinical syndromes
- care for common chronic diseases including end-of-life care
- integrate research evidence and clinical expertise in providing optimal care
- show willingness and capability to manage a diverse spectrum of clinical problems and patient casemix in a variety of clinical settings
- demonstrate rational, cost-effective and appropriate use of interventions, investigations and medication
- competently perform procedures according to current and future practice settings, patient needs, and credentialing requirements
- manage patients in spite of clinical uncertainty.

## CURRICULUM THEMES AND LEARNING OBJECTIVES

**Each of the curriculum documents has been developed using a common format, thereby ensuring a degree of consistency and approach across the spectrum of training.**

### Domains

The domains are the broad fields which group common or related areas of learning.

### Themes

The themes identify and link more specific aspects of learning into logical or related groups.

### Learning Objectives

The learning objectives outline the specific requirements of learning. They provide a focus for identifying and detailing the required knowledge, skills and attitudes. They also provide a context for specifying assessment standards and criteria as well as providing a context for identifying a range of teaching and learning strategies.

## LEARNING OBJECTIVES TABLES

<b>DOMAIN 1</b>	<b>ASSESSMENT, DIAGNOSIS AND EARLY MANAGEMENT OF ACUTE CLINICAL PRESENTATIONS</b>
<b>Theme 1.1</b>	Assessment, Diagnosis and Early Management of Acute Undifferentiated Clinical Presentations
<b>Learning Objectives</b>	
<b>1.1.1</b>	Elicit history and perform a physical examination that ensures all relevant clinical information is collected
<b>1.1.2</b>	Systematically identify cause(s) of acute deterioration in health status and levels of physical and cognitive functioning
<b>1.1.3</b>	Formulate an inclusive differential diagnosis which takes into account interactions with existing comorbidities and concurrent treatments
<b>1.1.4</b>	Select investigations likely to provide evidence for diagnosis or management decisions
<b>1.1.5</b>	Devise management plans for immediate treatment and continuing care
<b>Theme 1.2</b>	Assessment, Diagnosis and Early Management of Acute Differentiated Clinical Presentations
<b>Learning Objectives</b>	
<b>1.2.1</b>	Assess and manage a wide range of common differentiated syndromes, illnesses and diseases
<b>1.2.2</b>	Recognise and manage seriously ill patients, in collaboration with others where appropriate
<b>1.2.3</b>	Identify and manage situations where acute care with curative intent may be inappropriate and other approaches, such as rehabilitative or palliative care, are indicated
<b>1.2.4</b>	Ensure safe and competent performance of procedures according to indications
<b>1.2.5</b>	Ensure appropriate multidisciplinary assessment and management
<b>1.2.6</b>	Assess severity of illness to ensure patients are admitted to appropriate level of care beds
<b>DOMAIN 2</b>	<b>ONGOING MANAGEMENT OF PATIENTS PRESENTING WITH ACUTE ILLNESSES INCLUDING EXACERBATIONS OF COMMON CHRONIC DISEASES AND OF COMPLEX PATIENTS WITH MULTIPLE COMORBIDITIES</b>
<b>Theme 2.1</b>	Transition Through Hospitals
<b>Learning Objectives</b>	
<b>2.1.1</b>	Manage the transition of acute and chronic medical patients through their hospital journey

<b>Theme 2.2</b>	Medical Assessment and Management
<b>Learning Objectives</b>	
<b>2.2.1</b>	Assess and manage a wide range of both common and important syndromes, illnesses and diseases
<b>Theme 2.3</b>	Functional Assessment and Management
<b>Learning Objectives</b>	
<b>2.3.1</b>	Systematically identify cause(s) of deterioration in health status and level of function, especially in those patients with multiple comorbidities
<b>Theme 2.4</b>	Ambulatory Care
<b>Learning Objectives</b>	
<b>2.4.1</b>	Assess and manage patients with a wide range of subacute and chronic presentations in the community
<b>Theme 2.5</b>	Uncertainty
<b>Learning Objectives</b>	
<b>2.5.1</b>	Acknowledge and manage uncertainty in clinical decision making
<b>2.5.2</b>	Apply general medical principles to caring for patients with undifferentiated and undiagnosed conditions
<b>Theme 2.6</b>	Procedures – Complex and Optional
<b>Learning Objectives</b>	
<b>2.6.1</b>	Develop a suite of procedural skills tailored to the intended work environment and clinical needs
<b>DOMAIN 3</b>	<b>LONGITUDINAL MANAGEMENT OF PATIENTS WITH CHRONIC DISEASE</b>
<b>Theme 3.1</b>	Chronic Disease
<b>Learning Objectives</b>	
<b>3.1.1</b>	Describe the epidemiology of common chronic diseases within the community
<b>3.1.2</b>	Utilise best-practice models of chronic disease management
<b>3.1.3</b>	Assess and manage patients with a wide range of subacute and chronic presentations in the community
<b>3.1.4</b>	Contribute to integrated, effective and sustainable systems for chronic disease management
<b>3.1.5</b>	Apply end-of-life decision making and palliative care in patients with chronic disease

<b>DOMAIN 4</b>	<b>CONSULTATION AND LIAISON MEDICINE</b>
<b>Theme 4.1</b>	Consultative Support for Other Specialties to Provide Integrated Management of Patients with Complex Medical Needs
<b>Learning Objectives</b>	
<b>4.1.1</b>	Assess and manage the peri-operative and periprocedural patient
<b>4.1.2</b>	Assess and manage common medical problems during pregnancy and the peripartum
<b>4.1.3</b>	Assess and manage medical problems in patients primarily cared for by mental health providers and teams
<b>4.1.4</b>	Work collaboratively with staff in the emergency department
<b>4.1.5</b>	Work collaboratively with staff in the intensive care, coronary care unit and other subspecialty inpatient units
<b>DOMAIN 5</b>	<b>THE DETERMINANTS OF HEALTH</b>
<b>Theme 5.1</b>	Illness Across the Age Spectrum
<b>Learning Objectives</b>	
<b>5.1.1</b>	Describe the transitions from adolescence to early adulthood and the impact of acute or chronic illness on physical, social and occupational development
<b>5.1.2</b>	Recognise interaction of illness and disease on family responsibilities of adults, including reproduction and child rearing
<b>5.1.3</b>	Integrate management of medical conditions with screening and preventive medicine in midlife, including perimenopausal changes
<b>5.1.4</b>	Manage the medical issues of older adults, incorporating lifestyle changes of retirement and changes in family responsibilities
<b>5.1.5</b>	Integrate concepts of frailty, multiple comorbidities and impact on caring for older people
<b>Theme 5.2</b>	Interaction of Illness and Disability on Education and Occupational Aspects of Patients' Lives
<b>Learning Objectives</b>	
<b>5.2.1</b>	Work cooperatively with workplaces or educational facilities to optimise outcomes for students or employees with medical conditions
<b>5.2.2</b>	Explain the interaction of illness on ability to drive
<b>5.2.3</b>	Provide appropriate advice on impact of illness on career or work choices
<b>5.2.4</b>	Fulfil legal requirements for reporting of medical conditions

<b>Theme 5.3</b>	<b>Social Determinants of Health and Health Outcomes</b>
<b>Learning Objectives</b>	
<b>5.3.1</b>	Seek to mitigate inequities of income and poverty on disease patterns in populations
<b>5.3.2</b>	Contribute to health policy development and implementation regarding individual health choices (e.g. immunisation, nutrition, screening)
<b>5.3.3</b>	Seek to mitigate inequitable effects of education on health care decisions and outcomes
<b>Theme 5.4</b>	<b>Family and Cultural Influences on Health and Health Care</b>
<b>Learning Objectives</b>	
<b>5.4.1</b>	Practise taking into account variation in family structures, local cultures, religion or belief systems
<b>Theme 5.5</b>	<b>Psychological and Psychiatric Aspects of Patient Care</b>
<b>Learning Objectives</b>	
<b>5.5.1</b>	Manage the medical care of the patient with accidental or deliberate overdose or self harm, in collaboration with mental health services
<b>5.5.2</b>	Explain the medical aspects of chronic alcohol or substance abuse
<b>5.5.3</b>	Explain the medical aspects of chronic mental health conditions, including medications and their side effects
<b>5.5.4</b>	Work collaboratively with mental health services in care of patients with co-existing medical conditions
<b>5.5.5</b>	Apply knowledge of the mental health conditions of later life and their interaction with medical conditions
<b>DOMAIN 6</b>	<b>EVIDENCE BASED MEDICINE</b>
<b>Theme 6.1</b>	<b>Integrating Evidence and Knowledge in Providing Optimal Care to Individual Patients and for Patient Populations</b>
<b>Learning Objectives</b>	
<b>6.1.1</b>	Define and utilise care systems for individual patients
<b>6.1.2</b>	Use clinical information technology systems in patient care
<b>6.1.3</b>	Integrate evidence related to questions of diagnosis, therapy, prognosis, risk and cause into clinical decision making
<b>6.1.4</b>	Seek, obtain, critically appraise and apply information from a range of evidence sources
<b>6.1.5</b>	Present succinct synopses of relevant critically appraised publications, with recommendations, to patients and their carers and families, and to clinicians and others in the health system
<b>6.1.6</b>	Revise clinical heuristics ('rules of thumb') and accepted clinical practices in the light of new evidence challenging their validity

<b>6.1.7</b>	Identify where important evidence is lacking and contribute to initiatives to obtain more evidence, through further literature searches, or research
<b>DOMAIN 7</b>	<b>LEADERSHIP AND TEAM MANAGEMENT</b>
<b>Theme 7.1</b>	Leadership in Building Effective Teams
<b>Learning Objectives</b>	
<b>7.1.1</b>	Demonstrate excellent interpersonal communication skills to facilitate the function of multidisciplinary teams
<b>7.1.2</b>	Display the ability to mentor and to train others in order to enhance team and individual effectiveness
<b>7.1.3</b>	Demonstrate personal behaviour which contributes to building a productive culture within teams
<b>7.1.4</b>	Provide effective human resource management in leading multidisciplinary teams
<b>Theme 7.2</b>	Leadership in Providing Effective, High Quality and Safe Health Systems
<b>Learning Objectives</b>	
<b>7.2.1</b>	Apply concepts of quality and safety to clinical practice
<b>7.2.2</b>	Apply an evidence based approach to evaluate healthcare quality, and identify opportunities for improvement
<b>7.2.3</b>	Develop, implement and evaluate strategies for improvements in healthcare provision
<b>Theme 7.3</b>	Leadership in Managing Change and Projects Within the Health System
<b>Learning Objectives</b>	
<b>7.3.1</b>	Coordinate and encourage innovation for improvement
<b>7.3.2</b>	Provide strategic planning of change in order to maximise its effectiveness
<b>7.3.3</b>	Use a considered and rational approach to use of resources (e.g. money, staff, space, interventions) in project implementation
<b>Theme 7.4</b>	Leadership in Coordination of Care of Patients
<b>Learning Objectives</b>	
<b>7.4.1</b>	Facilitate the coordinated care of patients across multiple specialties

<b>DOMAIN 1</b>	<b>ASSESSMENT, DIAGNOSIS AND EARLY MANAGEMENT OF ACUTE CLINICAL PRESENTATIONS</b>	
<b>Theme 1.1</b>	Assessment, Diagnosis and Early Management of Acute Undifferentiated Clinical Presentations	
<b>Learning Objective 1.1.1</b>	Elicit history and perform a physical examination that ensures all relevant clinical information is collected	
<b>Knowledge</b>	<b>Skills</b>	
<ul style="list-style-type: none"> <li>identify distinguishing clinical features of common undifferentiated syndromes: <ul style="list-style-type: none"> <li>chest pain</li> <li>dyspnoea</li> <li>syncope</li> <li>headache</li> <li>confusion</li> <li>delirium</li> <li>abdominal pain</li> <li>diarrhoea</li> <li>weight loss</li> <li>anaemia</li> <li>palpitations</li> <li>cough</li> <li>haemoptysis</li> <li>haematuria</li> <li>back pain.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>adapt approach to generic vs. focused history and examination in difficult situations</li> <li>estimate the predictive value of specific symptoms and signs, or combinations of these, in formulating specific diagnoses in particular settings</li> <li>ascertain collateral history from carers, relatives and other health professionals</li> <li>ascertain past investigation results, specialist reports, hospital discharge summaries in providing important background information.</li> </ul>	

<b>DOMAIN 1</b>	<b>ASSESSMENT, DIAGNOSIS AND EARLY MANAGEMENT OF ACUTE CLINICAL PRESENTATIONS</b>	
<b>Theme 1.1</b>	Assessment, Diagnosis and Early Management of Acute Undifferentiated Clinical Presentations	
<b>Learning Objective 1.1.2</b>	Systematically identify cause(s) of acute deterioration in health status and levels of physical and cognitive functioning	
<b>Knowledge</b>	<b>Skills</b>	
<ul style="list-style-type: none"> <li>outline risk factors predictive of recurrent disease or other adverse events</li> <li>explain likely impact on homeostatic reserve and functional status.</li> </ul>	<ul style="list-style-type: none"> <li>assess functional status using validated tools, including cognitive and functional screening tools</li> <li>quantify loss of function from prior levels and time course of the loss</li> <li>identify potential primary and secondary causes of current deterioration</li> <li>formulate a complete and reasoned problem list</li> <li>identify all current medications, particularly those commenced recently, and delivery systems.</li> </ul>	

<b>DOMAIN 1</b>	<b>ASSESSMENT, DIAGNOSIS AND EARLY MANAGEMENT OF ACUTE CLINICAL PRESENTATIONS</b>	
<b>Theme 1.1</b>	Assessment, Diagnosis and Early Management of Acute Undifferentiated Clinical Presentations	
<b>Learning Objective 1.1.3</b>	Formulate an inclusive differential diagnosis which takes into account interactions with existing comorbidities and concurrent treatments	
<b>Knowledge</b>	<b>Skills</b>	
<ul style="list-style-type: none"> <li>describe subtle distinguishing clinical features of common syndromes:             <ul style="list-style-type: none"> <li>pain, including chest, abdominal, headache, joint, limb, back</li> <li>shortness of breath</li> <li>heart failure</li> <li>systemic sepsis</li> <li>acute organ dysfunction</li> <li>functional decline</li> <li>falls</li> <li>syncope</li> <li>confusion.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>use system of differential diagnosis</li> <li>consider whether presentation relates to new disease, acute exacerbation of pre-existing chronic disease, manifestation of drug-drug or drug-disease interactions related to recently commenced, intensified or discontinued treatment, or other interaction between pre-existing disease and patient behaviour</li> <li>ascertain patients' and carers' perceptions of what may have caused this presentation and if a similar presentation has occurred in the past, what empirical treatments have already been trialled, and what results recent investigations, if any, have yielded.</li> </ul>	

<b>DOMAIN 1</b>	<b>ASSESSMENT, DIAGNOSIS AND EARLY MANAGEMENT OF ACUTE CLINICAL PRESENTATIONS</b>	
<b>Theme 1.1</b>	Assessment, Diagnosis and Early Management of Acute Undifferentiated Clinical Presentations	
<b>Learning Objective 1.1.4</b>	Select investigations likely to provide evidence for diagnosis or management decisions	
<b>Knowledge</b>	<b>Skills</b>	
<ul style="list-style-type: none"> <li>list 'second line' and evolving investigative approaches used to diagnose undifferentiated diseases.</li> </ul>	<ul style="list-style-type: none"> <li>select investigations that ensure maximum patient safety through excluding or diagnosing critical patient issues.</li> </ul>	

<b>DOMAIN 1</b>		<b>ASSESSMENT, DIAGNOSIS AND EARLY MANAGEMENT OF ACUTE CLINICAL PRESENTATIONS</b>	
<b>Theme 1.1</b>		Assessment, Diagnosis and Early Management of Acute Undifferentiated Clinical Presentations	
<b>Learning Objective 1.1.5</b>		Devise management plans for immediate treatment and continuing care	
<b>Knowledge</b>		<b>Skills</b>	
<ul style="list-style-type: none"> <li>describe pathophysiology of common clinical presentations which may present in a non-specific manner</li> <li>explain risks, benefits and costs (monetary and adverse effects) of diagnostic and therapeutic interventions</li> <li>outline medico-legal aspects of decisions regarding resuscitation, advance health directives and capacity to consent</li> <li>outline hospital policies and processes for admission and discharge of patients with acute undifferentiated illness</li> <li>list hospital resources and protocols for managing acutely ill patients</li> <li>list conditions that may be safely managed out of hospital</li> <li>outline the pathways by which acute patients may present in local area</li> <li>identify community resources that may be able to provide care for acutely ill patients not requiring admission</li> <li>list areas within the hospital local catchment.</li> </ul>		<ul style="list-style-type: none"> <li>initiate appropriate bed management decisions</li> <li>delegate more routine tasks to others while assessing and managing patients of higher acuity</li> <li>negotiate the initial plan and any changes with patient, carers, and colleagues</li> <li>adjust approach depending on needs of the current patient, others needing acute assessment, and staff and hospital resources</li> <li>initiate empirical therapy aimed at stabilising the patient and avoiding irreversible organ failure pending definitive diagnosis</li> <li>recognise when a watch and wait approach is justified</li> <li>identify patients in whom a more conservative, end-of-life care approach is warranted on the basis of advance health directives or advance care plans</li> <li>document sufficient information to outline rationale for clinical decisions, plus an action plan</li> <li>set up clear reporting lines and clinical parameters with junior doctors and nursing staff</li> <li>communicate proactively with senior colleagues regarding pressing patient load or severity issues.</li> </ul>	

<b>DOMAIN 1</b>	<b>ASSESSMENT, DIAGNOSIS AND EARLY MANAGEMENT OF ACUTE CLINICAL PRESENTATIONS</b>	
<b>Theme 1.2</b>	Assessment, Diagnosis and Early Management of Acute Differentiated Clinical Presentations	
<b>Learning Objective 1.2.1</b>	Assess and manage a wide range of common differentiated syndromes, illnesses and diseases	
<b>Knowledge</b>	<b>Skills</b>	
<ul style="list-style-type: none"> <li>• explain symptoms, indicators and methods of management for multisystem disease: <ul style="list-style-type: none"> <li>• diabetes</li> <li>• cardiovascular disease</li> <li>• immune/inflammatory disease</li> </ul> </li> <li>• explain symptoms, indicators and methods of management for common single organ system disease: <ul style="list-style-type: none"> <li>• acute coronary syndromes</li> <li>• community acquired pneumonia</li> <li>• acute exacerbation of chronic obstructive pulmonary disease</li> <li>• urosepsis</li> <li>• cellulitis</li> <li>• acute renal failure</li> <li>• congestive heart failure</li> <li>• uncontrolled hypertension</li> <li>• uncontrolled diabetes</li> <li>• hyperosmolar non-ketotic coma</li> <li>• acute stroke</li> <li>• acute gastroenteritis</li> <li>• acute gastrointestinal bleeding</li> <li>• dementia</li> <li>• epilepsy</li> </ul> </li> <li>• describe the expected in-hospital course, duration and final outcomes</li> <li>• outline indications for referral to specialised units and/or subspecialists</li> <li>• list risk factors predictive of recurrent disease or other adverse events</li> <li>• explain likely impact of illness on homeostatic reserve and functional status.</li> </ul>	<ul style="list-style-type: none"> <li>• perform a focused and time efficient history and examination</li> <li>• select and appropriately refer patients eligible for invasive intervention during acute or subacute phases of illness</li> <li>• negotiate realistic treatment goals and determine and explain prognosis</li> <li>• formulate management plans that recognise treatment interactions with multisystem diseases and comorbidities</li> <li>• rationalise medications and methods of medication delivery</li> <li>• work within a multidisciplinary team to ensure comprehensive assessment</li> <li>• ensure development of a plan of multidisciplinary treatment, rehabilitation and secondary prevention following the acute event</li> <li>• collaborate with colleagues to develop policies and protocols for the investigation and management of common acute medical problems.</li> </ul>	

<b>DOMAIN 1</b>	<b>ASSESSMENT, DIAGNOSIS AND EARLY MANAGEMENT OF ACUTE CLINICAL PRESENTATIONS</b>	
<b>Theme 1.2</b>	Assessment, Diagnosis and Early Management of Acute Differentiated Clinical Presentations	
<b>Learning Objective 1.2.2</b>	Recognise and manage seriously ill patients, in collaboration with others where appropriate	
<b>Knowledge</b>	<b>Skills</b>	
<ul style="list-style-type: none"> <li>• outline advantages and risks of shared care with other subspecialists</li> <li>• describe local health care models, resources and protocols for management of acute presentations</li> <li>• explain advanced methods of life sustaining therapies</li> <li>• describe considerations and methods of safe transfer and retrieval of patients.</li> </ul>	<ul style="list-style-type: none"> <li>• initiate complex life sustaining therapies: <ul style="list-style-type: none"> <li>• noninvasive ventilation</li> <li>• insertion of central lines</li> <li>• inotropic support</li> </ul> </li> <li>• work with specialty colleagues and defer to their opinion when this is in the best interest of patients</li> <li>• critically appraise the accuracy, relevance and implementability of recommendations provided by other specialists</li> <li>• reconcile conflicting advice from other specialties and apply judgement in making clinical decisions in the presence of uncertainty</li> <li>• contribute to developments of guidelines and protocols.</li> </ul>	

<b>DOMAIN 1</b>	<b>ASSESSMENT, DIAGNOSIS AND EARLY MANAGEMENT OF ACUTE CLINICAL PRESENTATIONS</b>	
<b>Theme 1.2</b>	Assessment, Diagnosis and Early Management of Acute Differentiated Clinical Presentations	
<b>Learning Objective 1.2.3</b>	Identify and manage situations where acute care with curative intent may be inappropriate and other approaches, such as rehabilitative or palliative care, are indicated	
<b>Knowledge</b>	<b>Skills</b>	
<ul style="list-style-type: none"> <li>• explain and justify the risks, benefits and costs (monetary and adverse effects) of diagnostic and therapeutic interventions</li> <li>• describe the pathophysiology of impending death with respect to a wide range of illnesses</li> <li>• explain medical and social factors associated with medical futility</li> <li>• outline medico-legal aspects of decisions regarding resuscitation, advance health directives and capacity to consent</li> <li>• identify cultural, spiritual and psychological aspects of death and dying across a wide range of cultures, and describe how to source this information</li> <li>• determine resources available for end-of-life support.</li> </ul>	<ul style="list-style-type: none"> <li>• manage problems commonly associated with end-of-life care, such as pain, dyspnoea, end-organ failure</li> <li>• negotiate with patient and family, non-initiation of, and withdrawal of, life sustaining therapy</li> <li>• discuss with patients and families issues associated with impending patient death</li> <li>• demonstrate an ability to coordinate teams to provide end-of-life care, including palliative care, psychiatry and nursing services.</li> </ul>	

<b>DOMAIN 1</b>	<b>ASSESSMENT, DIAGNOSIS AND EARLY MANAGEMENT OF ACUTE CLINICAL PRESENTATIONS</b>	
<b>Theme 1.2</b>	Assessment, Diagnosis and Early Management of Acute Differentiated Clinical Presentations	
<b>Learning Objective 1.2.4</b>	Ensure safe and competent performance of procedures according to indications	
<b>Knowledge</b>	<b>Skills</b>	
<ul style="list-style-type: none"> <li>identify local requirements for informed consent.</li> </ul>	<ul style="list-style-type: none"> <li>perform Adult Advanced Life Support according to Australian or New Zealand Resuscitation Council Guidelines to a very high level of advanced resuscitation skills</li> <li>perform to a high level, and supervise procedures safely: <ul style="list-style-type: none"> <li>venous and arterial puncture and catheterisation</li> <li>lumbar puncture</li> <li>ascites aspiration and drainage</li> <li>pleural aspiration and biopsy</li> <li>skin biopsy</li> <li>sigmoidoscopy</li> <li>chest drain insertion</li> <li>electrocardiogram</li> <li>urethral catheterisation in males and females</li> </ul> </li> <li>perform procedures at the minimal standard applicable to colleagues with a specialty interest: <ul style="list-style-type: none"> <li>liver biopsy</li> <li>gastroscopy</li> <li>bronchoscopy</li> <li>colonoscopy</li> <li>exercise stress testing</li> <li>transthoracic echocardiography</li> <li>bone marrow aspiration and trephine</li> <li>pneumothorax catheter aspiration</li> </ul> </li> <li>perform audit of activities where required.</li> </ul>	

<b>DOMAIN 1</b>	<b>ASSESSMENT, DIAGNOSIS AND EARLY MANAGEMENT OF ACUTE CLINICAL PRESENTATIONS</b>	
<b>Theme 1.2</b>	Assessment, Diagnosis and Early Management of Acute Differentiated Clinical Presentations	
<b>Learning Objective 1.2.5</b>	Ensure appropriate multidisciplinary assessment and management	
<b>Knowledge</b>	<b>Skills</b>	
<ul style="list-style-type: none"> <li>list the key roles, responsibilities and expectations of health professionals providing acute care 24/7.</li> </ul>	<ul style="list-style-type: none"> <li>demonstrate effective time management and task prioritisation working within a team</li> <li>refer appropriately to allied health disciplines to ensure effective team management</li> <li>draw together information from a range of sources to synthesise a management plan</li> <li>ensure team addresses all salient issues in a timely fashion</li> <li>adapt approach to suit clinical situation and/or strengths of team members</li> <li>communicate medical management plans clearly as part of the development of the multidisciplinary plan</li> <li>conduct a case conference as appropriate.</li> </ul>	

<b>DOMAIN 1</b>	<b>ASSESSMENT, DIAGNOSIS AND EARLY MANAGEMENT OF ACUTE CLINICAL PRESENTATIONS</b>	
<b>Theme 1.2</b>	Assessment, Diagnosis and Early Management of Acute Differentiated Clinical Presentations	
<b>Learning Objective 1.2.6</b>	Assess severity of illness to ensure patients are admitted to appropriate level of care beds	
<b>Knowledge</b>	<b>Skills</b>	
<ul style="list-style-type: none"> <li>outline clinical presentations which require inpatient care and those that can be managed as outpatient</li> <li>explain the importance of minimising unnecessary hospital admissions in times of high bed occupancy and access block in emergency departments</li> <li>outline tools for predicting patient acuity and complexity that mandate inpatient management</li> <li>explain the importance of seeking early multidisciplinary assessment and communicating patient needs to community based health providers</li> <li>describe the roles and functions of acute medical assessment and planning units.</li> </ul>	<ul style="list-style-type: none"> <li>identify patients whose clinical acuity and complexity mandate inpatient management</li> <li>identify patients whose clinical acuity requires intensive supervision in a high dependency unit (HDU), intensive care unit (ICU) or respiratory care unit</li> <li>apply selection criteria in identifying patients presenting acutely who are candidates for admission to medical assessment and planning units</li> <li>apply risk prediction rules in estimating mortality risk and length of stay</li> <li>develop management plans that are based on medical assessment of clinical condition and multidisciplinary assessment of functional capacity</li> <li>develop post-discharge care plans for patients deemed suitable for discharge from medical assessment and planning units and communicate these to community based health providers</li> <li>conduct handover to next treating team.</li> </ul>	

<b>DOMAIN 2</b>	<b>ONGOING MANAGEMENT OF PATIENTS PRESENTING WITH ACUTE ILLNESSES INCLUDING EXACERBATIONS OF COMMON CHRONIC DISEASES AND OF COMPLEX PATIENTS WITH MULTIPLE COMORBIDITIES</b>	
<b>Theme 2.1</b>	Transition Through Hospitals	
<b>Learning Objective 2.1.1</b>	Manage the transition of acute and chronic medical patients through their hospital journey	
<b>Knowledge</b>	<b>Skills</b>	
<ul style="list-style-type: none"> <li>outline the pathways by which patients with acute and chronic illnesses present to hospital in the local area</li> <li>explain in detail local hospital resources and protocols for managing patients</li> <li>list hospital policies and processes for admission and discharge of patients.</li> </ul>	<ul style="list-style-type: none"> <li>identify potential primary and secondary causes for current deterioration</li> <li>formulate a complete and reasoned problem list, differential diagnosis, and management plan</li> <li>review necessity of all medications and the evidence base for their continued use in the individual patient</li> <li>consider oral and once daily medications to improve ease of administration and compliance</li> <li>demonstrate a high level of written and verbal communication skills and document sufficient information to outline rationale for clinical decisions, plus an action plan</li> <li>develop systems that allow regular comprehensive assessment of all patients and completion of all care related tasks</li> <li>prioritise patient care on the basis of need while being mindful of available healthcare resources</li> <li>use a method for tracking patients and the relevant follow-up actions required</li> <li>work with multidisciplinary teams in providing indicated care</li> <li>set up clear reporting lines and clinical parameters with junior doctors and nursing staff</li> <li>communicate proactively with senior colleagues and duty managers regarding pressing patient load or severity issues</li> <li>initiate appropriate bed management decisions.</li> </ul>	

<b>DOMAIN 2</b>	<b>ONGOING MANAGEMENT OF PATIENTS PRESENTING WITH ACUTE ILLNESSES INCLUDING EXACERBATIONS OF COMMON CHRONIC DISEASES AND OF COMPLEX PATIENTS WITH MULTIPLE COMORBIDITIES</b>	
<b>Theme 2.2</b>	Medical Assessment and Management	
<b>Learning Objective 2.2.1</b>	Assess and manage a wide range of both common and important syndromes, illnesses and diseases	
<b>Knowledge</b>	<b>Skills</b>	
<ul style="list-style-type: none"> <li>explain methods of assessment and management strategies for patients with multisystem disease in whom disease specific treatments may interact and potentially conflict with one another</li> <li>explain symptoms, methods of assessment and management for patients with multiple illness processes and complex comorbid conditions</li> <li>describe the expected in-hospital course and duration and final outcomes</li> <li>list potential indications for referral to specialised units and/or subspecialists</li> <li>outline risk factors predictive of recurrent disease or other adverse events</li> <li>recognise impact of homeostatic reserve and functional status.</li> </ul>	<ul style="list-style-type: none"> <li>perform a highly focused and time efficient history and examination</li> <li>generate a detailed problem list, especially for the management of patients with multisystem diseases and comorbidities</li> <li>acknowledge complexity, then tailor and prioritise investigations and management for individual patient circumstances</li> <li>appropriately select and refer patients eligible for invasive intervention during acute or subacute phases of illness</li> <li>collaborate with colleagues to develop locally appropriate policies and protocols for the investigation and management of common acute medical problems.</li> </ul>	

<b>DOMAIN 2</b>	<b>ONGOING MANAGEMENT OF PATIENTS PRESENTING WITH ACUTE ILLNESSES INCLUDING EXACERBATIONS OF COMMON CHRONIC DISEASES AND OF COMPLEX PATIENTS WITH MULTIPLE COMORBIDITIES</b>	
<b>Theme 2.3</b>	Functional Assessment and Management	
<b>Learning Objective 2.3.1</b>	Systematically identify cause(s) of deterioration in health status and level of function, especially in those patients with multiple comorbidities	
<b>Skills</b>		
<ul style="list-style-type: none"> <li>demonstrate thorough assessment of functional status using validated tools, including cognitive and functional screening tools</li> <li>quantify loss of function from prior levels, and time course</li> <li>ensure development of a plan of multidisciplinary rehabilitation and secondary prevention following acute events</li> <li>negotiate realistic treatment goals and determine and explain prognosis.</li> </ul>		

<b>DOMAIN 2</b>	<b>ONGOING MANAGEMENT OF PATIENTS PRESENTING WITH ACUTE ILLNESSES INCLUDING EXACERBATIONS OF COMMON CHRONIC DISEASES AND OF COMPLEX PATIENTS WITH MULTIPLE COMORBIDITIES</b>	
<b>Theme 2.4</b>	Ambulatory Care	
<b>Learning Objective 2.4.1</b>	Assess and manage patients with a wide range of subacute and chronic presentations in the community	
<b>Knowledge</b>	<b>Skills</b>	
<ul style="list-style-type: none"> <li>describe epidemiology and determinants of diseases in the local community</li> <li>outline local support systems and resources available to facilitate management of patients outside a hospital setting</li> <li>list barriers to access (e.g. waiting list times, local service availability, patient mobility and travel)</li> <li>summarise content of local and international evidence-based guidelines and care pathways.</li> </ul>	<ul style="list-style-type: none"> <li>develop a comprehensive management plan for patients with complex care needs and their carers</li> <li>incorporate primary, and secondary preventative approaches into care plan</li> <li>ensure care plan is culturally appropriate, and feasible in local circumstances</li> <li>communicate information to relevant health professionals, the patient and caregivers</li> <li>work with community multidisciplinary teams and support primary care health professionals, in order to facilitate effective patient care</li> <li>follow-up patients with complex disease following hospital admissions, and on primary referral from the community</li> <li>appropriately time and proactively manage escalations or transitions of care, e.g. into hospital or residential care</li> <li>monitor and review patient response in a timely manner.</li> </ul>	

<b>DOMAIN 2</b>	<b>ONGOING MANAGEMENT OF PATIENTS PRESENTING WITH ACUTE ILLNESSES INCLUDING EXACERBATIONS OF COMMON CHRONIC DISEASES AND OF COMPLEX PATIENTS WITH MULTIPLE COMORBIDITIES</b>	
<b>Theme 2.5</b>	Uncertainty	
<b>Learning Objective 2.5.1</b>	Acknowledge and manage uncertainty in clinical decision making	
<b>Knowledge</b>	<b>Skills</b>	
<ul style="list-style-type: none"> <li>explain the range of certainty around diagnoses and the benefits and risks of treatments</li> <li>describe maladaptive psychological defences used to protect against acknowledging uncertainty.</li> </ul>	<ul style="list-style-type: none"> <li>demonstrate how the range of certainty around the accuracy of diagnostic tests and the efficacy of treatments may limit their applicability in clinical practice</li> <li>recognise and take action when elements of a history or examination do not fit with expectations or an obvious pattern</li> <li>apply methods for recalling and solving clinical cases that elicited doubt or uncertainty</li> <li>formulate potentially answerable clinical questions to problems encountered in routine practice.</li> </ul>	

<b>DOMAIN 2</b>	<b>ONGOING MANAGEMENT OF PATIENTS PRESENTING WITH ACUTE ILLNESSES INCLUDING EXACERBATIONS OF COMMON CHRONIC DISEASES AND OF COMPLEX PATIENTS WITH MULTIPLE COMORBIDITIES</b>	
<b>Theme 2.5</b>	Uncertainty	
<b>Learning Objective 2.5.2</b>	Apply general medical principles to caring for patients with undifferentiated and undiagnosed conditions	
<b>Knowledge</b>	<b>Skills</b>	
<ul style="list-style-type: none"> <li>describe conditions which may require a long period of diagnosis</li> <li>outline syndromes/conditions which are diagnoses of exclusion.</li> </ul>	<ul style="list-style-type: none"> <li>recognise and acknowledge when the diagnosis is not clear despite appropriate investigation</li> <li>ensure patient safety whilst avoiding inappropriate overuse of investigations</li> <li>engage patients in exploration of the bio/psycho/social components of their illness.</li> </ul>	

<b>DOMAIN 2</b>	<b>ONGOING MANAGEMENT OF PATIENTS PRESENTING WITH ACUTE ILLNESSES INCLUDING EXACERBATIONS OF COMMON CHRONIC DISEASES AND OF COMPLEX PATIENTS WITH MULTIPLE COMORBIDITIES</b>	
<b>Theme 2.6</b>	Procedures – Complex and Optional	
<b>Learning Objective 2.6.1</b>	Develop a suite of procedural skills tailored to the intended work environment and clinical needs	
<b>Knowledge</b>	<b>Skills</b>	
<ul style="list-style-type: none"> <li>specify credentialing requirements for unsupervised practice in these procedures</li> <li>identify opportunities to develop requisite levels of competence.</li> </ul>	<ul style="list-style-type: none"> <li>identify skills that will be required.</li> </ul>	

<b>DOMAIN 3</b>	<b>LONGITUDINAL MANAGEMENT OF PATIENTS WITH CHRONIC DISEASE</b>	
<b>Theme 3.1</b>	Chronic Disease	
<b>Learning Objective 3.1.1</b>	Describe the epidemiology of common chronic diseases within the community	
<b>Knowledge</b>	<b>Skills</b>	
<ul style="list-style-type: none"> <li>explain the prevalence, incidence and risk factors of common chronic diseases: <ul style="list-style-type: none"> <li>chronic obstructive pulmonary disease (COPD)</li> <li>asthma</li> <li>hypertension</li> <li>chronic kidney disease (CKD)</li> <li>arthritis</li> <li>diabetes mellitus</li> <li>congestive heart failure (CHF)</li> <li>cardiovascular disease</li> </ul> </li> <li>summarise the community costs of chronic diseases.</li> </ul>	<ul style="list-style-type: none"> <li>describe remedial risk factors and intervention strategies to patients and carers.</li> </ul>	

<b>DOMAIN 3</b>	<b>LONGITUDINAL MANAGEMENT OF PATIENTS WITH CHRONIC DISEASE</b>	
<b>Theme 3.1</b>	Chronic Disease	
<b>Learning Objective 3.1.2</b>	Utilise best-practice models of chronic disease management	
<b>Knowledge</b>	<b>Skills</b>	
<ul style="list-style-type: none"> <li>outline Stanford model of chronic disease management</li> <li>describe principles of self management for chronic disease</li> <li>summarise concepts of motivational interviewing</li> <li>identify roles as a part of team-based approaches to chronic disease care</li> <li>describe factors in rehabilitation and lifestyle management.</li> </ul>	<ul style="list-style-type: none"> <li>use motivational interviewing to encourage self care and lasting behavioural change in patients</li> <li>work with multidisciplinary teams to optimise patient outcomes</li> <li>identify patients who will benefit from a rehabilitative approach.</li> </ul>	

<b>DOMAIN 3</b>	<b>LONGITUDINAL MANAGEMENT OF PATIENTS WITH CHRONIC DISEASE</b>	
<b>Theme 3.1</b>	Chronic Disease	
<b>Learning Objective 3.1.3</b>	Assess and manage patients with a wide range of subacute and chronic presentations in the community	
<b>Knowledge</b>	<b>Skills</b>	
<ul style="list-style-type: none"> <li>explain best practice clinical guidelines for the treatment of common chronic conditions: <ul style="list-style-type: none"> <li>diabetes</li> <li>ischaemic heart disease</li> <li>hypertension</li> <li>heart failure</li> <li>asthma</li> <li>COPD</li> <li>osteoporosis</li> <li>stroke</li> <li>depression</li> <li>conditions resulting from smoking and alcohol abuse</li> <li>forms of cancer</li> </ul> </li> <li>describe the interplay of psychosocial factors in the morbidity of chronic disease</li> <li>describe the complexities of optimising management for patients with multiple comorbidities</li> </ul>	<ul style="list-style-type: none"> <li>use information from a variety of sources to synthesise a management plan</li> <li>make planning decisions which incorporate patient wishes and priorities, as well as best practice guidelines</li> <li>conduct a case conference as appropriate.</li> </ul>	

<b>DOMAIN 3</b>	<b>LONGITUDINAL MANAGEMENT OF PATIENTS WITH CHRONIC DISEASE</b>
<b>Theme 3.1</b>	Chronic Disease
<b>Learning Objective 3.1.3</b>	Assess and manage patients with a wide range of subacute and chronic presentations in the community
<ul style="list-style-type: none"> <li>outline the key roles, responsibilities and expectations of health professionals providing chronic care.</li> </ul>	

<b>DOMAIN 3</b>	<b>LONGITUDINAL MANAGEMENT OF PATIENTS WITH CHRONIC DISEASE</b>
<b>Theme 3.1</b>	Chronic Disease
<b>Learning Objective 3.1.4</b>	Contribute to integrated, effective and sustainable systems for chronic disease management
<b>Knowledge</b>	<b>Skills</b>
<ul style="list-style-type: none"> <li>outline the relationships between primary care and specialist health services</li> <li>recognise the importance of identifying treatment goals and endpoints in care planning</li> <li>outline the costs and benefits of differing management plans.</li> </ul>	<ul style="list-style-type: none"> <li>provide effective communication of assessments, management plans and outcomes of care to general practitioners (GPs), nurse practitioners and clinical nurse specialists as appropriate</li> <li>define discharge/hand-over endpoints during treatment planning</li> <li>provide clear and effective discharge summaries with recommendations for ongoing care to GPs, nurse practitioners and clinical nurse specialists.</li> </ul>

<b>DOMAIN 3</b>	<b>LONGITUDINAL MANAGEMENT OF PATIENTS WITH CHRONIC DISEASE</b>
<b>Theme 3.1</b>	Chronic Disease
<b>Learning Objective 3.1.5</b>	Apply end-of-life decision making and palliative care in patients with chronic disease
<b>Knowledge</b>	<b>Skills</b>
<ul style="list-style-type: none"> <li>differentiate between palliative, curative and rehabilitative approaches to disease management</li> <li>outline considerations for discussion of end-of-life decisions with patients with chronic disease</li> <li>describe medical and social factors associated with medical futility</li> </ul>	<ul style="list-style-type: none"> <li>discuss disease prognosis and end-of-life decision making with patients and carers in a sensitive and effective manner</li> <li>ensure that care provided to patients is not burdensome or futile</li> </ul>

<b>DOMAIN 3</b>	<b>LONGITUDINAL MANAGEMENT OF PATIENTS WITH CHRONIC DISEASE</b>	
<b>Theme 3.1</b>	Chronic Disease	
<b>Learning Objective 3.1.5</b>	Apply end-of-life decision making and palliative care in patients with chronic disease	
<ul style="list-style-type: none"> <li>describe the pathophysiology of impending death with respect to a wide range of illnesses</li> <li>identify cultural, spiritual and psychological aspects of death and dying across a wide range of cultures, and describe how to source this information</li> <li>explain risks, benefits and costs (monetary and adverse effects) of diagnostic and therapeutic interventions</li> <li>describe medico-legal aspects of decisions regarding resuscitation, advance health directives and capacity to consent.</li> </ul>	<ul style="list-style-type: none"> <li>manage problems commonly associated with end-of-life care, such as pain, dyspnoea, end-organ failure</li> <li>negotiate with patient and family, non-initiation of, and withdrawal of, life sustaining therapy</li> <li>discuss with patients and families issues associated with impending patient death</li> <li>coordinate teams to provide end-of-life care, including palliative care, psychiatry, nursing services.</li> </ul>	

<b>DOMAIN 4</b>	<b>CONSULTATION AND LIAISON MEDICINE</b>	
<b>Theme 4.1</b>	Consultative Support for Other Specialties to Provide Integrated Management of Patients with Complex Medical Needs	
<b>Learning Objective 4.1.1</b>	Assess and manage the perioperative and periprocedural patient	
<b>Knowledge</b>	<b>Skills</b>	
<ul style="list-style-type: none"> <li>identify risks arising from perioperative and anaesthetic procedures in particular patients.</li> </ul>	<ul style="list-style-type: none"> <li>supervise and educate junior staff in surgical teams</li> <li>evaluate the risks and benefits of operative interventions, especially in patients with comorbidities</li> <li>optimise medical management before, during and after operations</li> <li>communicate with the patient, surgeon, anaesthetist and family regarding medical issues and risk stratification</li> <li>manage post-operative 'medical' problems.</li> </ul>	

DOMAIN 4	CONSULTATION AND LIAISON MEDICINE	
Theme 4.1	Consultative Support for Other Specialties to Provide Integrated Management of Patients with Complex Medical Needs	
Learning Objective 4.1.2	Assess and manage common medical problems during pregnancy and the peripartum	
Knowledge	Skills	
<ul style="list-style-type: none"> <li>• explain the pathogenesis and methods of investigation and management of both pre-existing medical conditions, and those that arise during pregnancy:               <ul style="list-style-type: none"> <li>• hypertension</li> <li>• pre-eclampsia</li> <li>• seizures</li> <li>• sepsis</li> <li>• renal and hepatic impairment</li> <li>• thromboembolism</li> <li>• gestational diabetes</li> </ul> </li> <li>• describe possible diagnoses and methods of management of presenting symptoms:               <ul style="list-style-type: none"> <li>• dyspnoea</li> <li>• palpitations</li> <li>• chest pain</li> <li>• headache</li> <li>• dizziness</li> <li>• pruritis</li> <li>• abnormal results of renal and liver function tests</li> <li>• proteinuria</li> <li>• vomiting</li> <li>• numbness</li> <li>• weight loss and gain</li> <li>• abdominal pain.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• communicate with patients, families, carers and other clinicians regarding the risks and benefits of investigations and interventions, including drug therapy.</li> </ul>	

<b>DOMAIN 4</b>	<b>CONSULTATION AND LIAISON MEDICINE</b>
<b>Theme 4.1</b>	Consultative Support for Other Specialties to Provide Integrated Management of Patients with Complex Medical Needs
<b>Learning Objective 4.1.3</b>	Assess and manage medical problems in patients primarily cared for by mental health providers and teams
<b>Knowledge</b>	<b>Skills</b>
<ul style="list-style-type: none"> <li>describe typical and atypical presentations of medical illness in patients with psychiatric conditions</li> <li>identify common comorbidities in patients with psychiatric conditions (e.g. malnutrition, anorexia, smoking, drug abuse)</li> <li>describe adverse effects of psychotropic medications</li> <li>describe methods of optimising care whilst a patient is receiving electroconvulsion therapy (ECT).</li> </ul>	<ul style="list-style-type: none"> <li>perform a competent clinical assessment of the patient with a primary psychiatric disorder and medical comorbidities</li> <li>support colleagues working in psychiatry with medical management of their patients</li> <li>set clear parameters for monitoring medical illness, and/or escalating medical care</li> <li>educate junior medical staff working in psychiatry.</li> </ul>

<b>DOMAIN 4</b>	<b>CONSULTATION AND LIAISON MEDICINE</b>
<b>Theme 4.1</b>	Consultative Support for Other Specialties to Provide Integrated Management of Patients with Complex Medical Needs
<b>Learning Objective 4.1.4</b>	Work collaboratively with staff in the emergency department
<b>Knowledge</b>	<b>Skills</b>
<ul style="list-style-type: none"> <li>describe systems within local emergency departments (EDs)</li> <li>explain local issues with bed management</li> <li>outline local protocols regarding transfer of care</li> <li>outline local discharge procedures and post discharge care/transfer of care.</li> </ul>	<ul style="list-style-type: none"> <li>anticipate and manage changes in acute workload</li> <li>communicate with emergency medicine staff and other colleagues to optimise continuity of patient care and to explore alternatives to hospitalisation, where possible</li> <li>collaborate with emergency medicine staff and other colleagues to develop policies and protocols for the investigation and management of common acute medical problems</li> <li>ensure safe and appropriate transitions of care, continuity of care, and follow-up</li> <li>identify and communicate impending crises</li> <li>coordinate and supervise junior staff from ED and the wards.</li> </ul>

<b>DOMAIN 4</b>	<b>CONSULTATION AND LIAISON MEDICINE</b>	
<b>Theme 4.1</b>	Consultative Support for Other Specialties to Provide Integrated Management of Patients with Complex Medical Needs	
<b>Learning Objective 4.1.5</b>	Work collaboratively with staff in the intensive care, coronary care unit and other subspecialty inpatient units	
<b>Knowledge</b>		<b>Skills</b>
<ul style="list-style-type: none"> <li>describe systems within local ICUs and Coronary Care Units (CCU)</li> <li>explain local issues with bed management</li> <li>explain local issues with consultant team allocation</li> <li>outline local protocols regarding transfer of care.</li> </ul>		<ul style="list-style-type: none"> <li>anticipate and manage changes in acute workload</li> <li>collaborate with ICU/CCU staff and other colleagues to develop policies and protocols for the investigation and management of common acute medical problems</li> <li>ensure safe and appropriate transitions of care, continuity of care, and follow-up</li> <li>identify and communicate impending crises.</li> </ul>

<b>DOMAIN 5</b>	<b>THE DETERMINANTS OF HEALTH</b>	
<b>Theme 5.1</b>	Illness Across the Age Spectrum	
<b>Learning Objective 5.1.1</b>	Describe the transitions from adolescence to early adulthood and the impact of acute or chronic illness on physical, social and occupational development	
<b>Knowledge</b>		<b>Skills</b>
<ul style="list-style-type: none"> <li>outline factors in the transition from adolescence to adulthood: <ul style="list-style-type: none"> <li>issues of consent</li> <li>transfer of responsibility from parents</li> <li>change in health care providers</li> </ul> </li> <li>describe indicators and methods of management of conditions affecting adolescents moving into adulthood: <ul style="list-style-type: none"> <li>cystic fibrosis</li> <li>congenital health disease</li> <li>developmental disorders</li> </ul> </li> <li>identify educational and vocational resources available to adolescents with special needs and interaction of physician with these services.</li> </ul>		<ul style="list-style-type: none"> <li>employ communication strategies appropriate for younger patients</li> <li>communicate and work with education and vocational training providers</li> <li>use referral pathways effectively.</li> </ul>

<b>DOMAIN 5</b>	<b>THE DETERMINANTS OF HEALTH</b>	
<b>Theme 5.1</b>	Illness Across the Age Spectrum	
<b>Learning Objective 5.1.2</b>	Recognise interaction of illness and disease on family responsibilities of adults, including reproduction and child rearing	
<b>Knowledge</b>	<b>Skills</b>	
<ul style="list-style-type: none"> <li>describe the impact of chronic disease and medication on fertility</li> <li>describe the risks of medications on pregnancy and lactation</li> <li>identify supportive medical services, including obstetric medical services and genetic counselling</li> <li>describe how illness and disability may impact on patient's ability to provide care for family members</li> <li>describe the potential psychological impact of disease on family dynamics.</li> </ul>	<ul style="list-style-type: none"> <li>demonstrate counselling skills regarding fertility</li> <li>refer patients to appropriate supportive services</li> <li>work with allied health and rehabilitation services</li> <li>consult and liaise with psychology and psychiatry services.</li> </ul>	

<b>DOMAIN 5</b>	<b>THE DETERMINANTS OF HEALTH</b>	
<b>Theme 5.1</b>	Illness Across the Age Spectrum	
<b>Learning Objective 5.1.3</b>	Integrate management of medical conditions with screening and preventive medicine in midlife, including perimenopausal changes	
<b>Knowledge</b>	<b>Skills</b>	
<ul style="list-style-type: none"> <li>explain methods of management of osteoporosis, particularly in other chronic disease</li> <li>outline methods of screening investigations: <ul style="list-style-type: none"> <li>mammography</li> <li>colonoscopy</li> <li>pap smears</li> <li>prostate screening.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>integrate screening and preventive health with ongoing medical care</li> <li>work with GPs and screening services to ensure patients with chronic disease also present for routine preventive measures.</li> </ul>	

<b>DOMAIN 5</b>	<b>THE DETERMINANTS OF HEALTH</b>	
<b>Theme 5.1</b>	Illness Across the Age Spectrum	
<b>Learning Objective 5.1.4</b>	Manage the medical issues of older adults, incorporating lifestyle changes of retirement and changes in family responsibilities	
<b>Knowledge</b>		<b>Skills</b>
<ul style="list-style-type: none"> <li>outline psychological changes at retirement</li> <li>outline effects of changing roles in parenting, responsibility for ageing or frail parents</li> <li>outline societal norms in relation to midlife and early older age</li> <li>outline management strategies of cardiovascular risk factors in middle aged and older adults.</li> </ul>		<ul style="list-style-type: none"> <li>prioritise preventive medications</li> <li>explain need for ongoing medication to asymptomatic patients.</li> </ul>

<b>DOMAIN 5</b>	<b>THE DETERMINANTS OF HEALTH</b>	
<b>Theme 5.1</b>	Illness Across the Age Spectrum	
<b>Learning Objective 5.1.5</b>	Integrate concepts of frailty, multiple comorbidities and impact on caring for older people	
<b>Knowledge</b>		<b>Skills</b>
<ul style="list-style-type: none"> <li>describe causes and symptoms of frailty in identifying vulnerable older persons</li> <li>understand failure of homeostasis in the older frail person</li> <li>outline nutritional needs of older patients</li> <li>describe measures of function including scales for activities of daily living (ADL)</li> <li>outline the roles of aged care services and aged care assessment teams.</li> </ul>		<ul style="list-style-type: none"> <li>prioritise and rationalise treatment for the frail patient</li> <li>work with medical, nursing and allied health professionals in assessment and management planning</li> <li>provide consultant physician care for residents of aged care facilities.</li> </ul>

<b>DOMAIN 5</b>	<b>THE DETERMINANTS OF HEALTH</b>	
<b>Theme 5.2</b>	Interaction of Illness and Disability on Education and Occupational Aspects of Patients' Lives	
<b>Learning Objective 5.2.1</b>	Work cooperatively with workplaces or educational facilities to optimise outcomes for students or employees with medical conditions	
<b>Knowledge</b>	<b>Skills</b>	
<ul style="list-style-type: none"> <li>describe occupational risk factors contributing to illness:             <ul style="list-style-type: none"> <li>stress</li> <li>exposure to pathogens or toxics</li> <li>other environmental factors.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>counsel patients on effect of illness on capacity for education or work</li> <li>liaise with employers, education providers, licensing authorities to safely manage illness or impairment</li> <li>utilise rehabilitation resources to maximise ability to return to education, employment and independence after illness.</li> </ul>	

<b>DOMAIN 5</b>	<b>THE DETERMINANTS OF HEALTH</b>	
<b>Theme 5.2</b>	Interaction of Illness and Disability on Education and Occupational Aspects of Patients' Lives	
<b>Learning Objective 5.2.2</b>	Explain the interaction of illness on ability to drive	
<b>Knowledge</b>	<b>Skills</b>	
<ul style="list-style-type: none"> <li>explain fitness to drive guidelines</li> <li>outline requirements for driving with medical conditions</li> <li>outline local practices for driving assessments.</li> </ul>	<ul style="list-style-type: none"> <li>refer appropriate patients</li> <li>provide counselling for patients unable to resume driving.</li> </ul>	

<b>DOMAIN 5</b>	<b>THE DETERMINANTS OF HEALTH</b>	
<b>Theme 5.2</b>	Interaction of Illness and Disability on Education and Occupational Aspects of Patients' Lives	
<b>Learning Objective 5.2.3</b>	Provide appropriate advice on impact of illness on career or work choices	
<b>Knowledge</b>	<b>Skills</b>	
<ul style="list-style-type: none"> <li>identify local rehabilitation and vocational services</li> <li>describe the likely long term implications of chronic disease on work, including respiratory disease, cardiac disease and conditions affecting cognition.</li> </ul>	<ul style="list-style-type: none"> <li>liaise with counselling and rehabilitation services.</li> </ul>	

<b>DOMAIN 5</b>	<b>THE DETERMINANTS OF HEALTH</b>	
<b>Theme 5.2</b>	Interaction of Illness and Disability on Education and Occupational Aspects of Patients' Lives	
<b>Learning Objective 5.2.4</b>	Fulfil legal requirements for reporting of medical conditions	
<b>Knowledge</b>	<b>Skills</b>	
<ul style="list-style-type: none"> <li>outline the mandatory reporting requirements for certain professions</li> <li>outline Work Cover or equivalent reporting requirements</li> <li>identify available occupational and environmental health information resources.</li> </ul>	<ul style="list-style-type: none"> <li>provide clear and concise medico-legal and administrative reports.</li> </ul>	

<b>DOMAIN 5</b>	<b>THE DETERMINANTS OF HEALTH</b>	
<b>Theme 5.3</b>	Social Determinants of Health and Health Outcomes	
<b>Learning Objective 5.3.1</b>	Seek to mitigate inequities of income and poverty on disease patterns in populations	
<b>Knowledge</b>	<b>Skills</b>	
<ul style="list-style-type: none"> <li>describe impact of poverty and social disadvantage on risk factors and health behaviour</li> <li>describe the impact of health policies on patient care</li> <li>explain health care priorities and outcomes within and beyond Australia and New Zealand</li> <li>list successful models of indigenous health care in local areas.</li> </ul>	<ul style="list-style-type: none"> <li>integrate culturally appropriate care of Aboriginal and Torres Strait Islander and Māori and Pacific Islander persons into health care planning and patient management</li> <li>be proactive in identifying and removing barriers to access in health care.</li> </ul>	

<b>DOMAIN 5</b>	<b>THE DETERMINANTS OF HEALTH</b>
<b>Theme 5.3</b>	Social Determinants of Health and Health Outcomes
<b>Learning Objective 5.3.2</b>	Contribute to health policy development and implementation regarding individual health choices (e.g immunisation, nutrition, screening)
<b>Knowledge</b>	<b>Skills</b>
<ul style="list-style-type: none"> <li>outline health policies relevant to society.</li> </ul>	<ul style="list-style-type: none"> <li>promote healthy lifestyles for patient and the wider community</li> <li>become involved in local initiatives</li> <li>role model healthy lifestyle choices.</li> </ul>

<b>DOMAIN 5</b>	<b>THE DETERMINANTS OF HEALTH</b>
<b>Theme 5.3</b>	Social Determinants of Health and Health Outcomes
<b>Learning Objective 5.3.3</b>	Seek to mitigate inequitable effects of education on health care decisions and outcomes
<b>Knowledge</b>	<b>Skills</b>
<ul style="list-style-type: none"> <li>outline health education resources available to general population</li> <li>describe concept of health literacy and its affect on decision making processes.</li> </ul>	<ul style="list-style-type: none"> <li>answer complex questions from highly educated health care consumers</li> <li>explain risk-benefit, individual outcomes from evidence-based decisions.</li> </ul>

<b>DOMAIN 5</b>	<b>THE DETERMINANTS OF HEALTH</b>
<b>Theme 5.4</b>	Family and Cultural Influences on Health and Health Care
<b>Learning Objective 5.4.1</b>	Practise taking into account variation in family structures, local cultures, religions or belief systems
<b>Knowledge</b>	<b>Skills</b>
<ul style="list-style-type: none"> <li>explain the impact of supportive cultures and social networks on patient care</li> <li>identify disease patterns and risk factors in specific racial groups</li> <li>explain religious beliefs and practices relevant to local practice</li> <li>describe end of life issues relevant to local practice, and their impact on health care decisions, including autopsies.</li> </ul>	<ul style="list-style-type: none"> <li>practise cultural competency appropriate for the community serviced</li> <li>negotiate health care decisions in a culturally appropriate way</li> <li>interact respectfully with pastoral care workers and representatives of religion.</li> </ul>

<b>DOMAIN 5</b>	<b>THE DETERMINANTS OF HEALTH</b>	
<b>Theme 5.5</b>	Psychological and Psychiatric Aspects of Patient Care	
<b>Learning Objective 5.5.1</b>	Manage the medical care of the patient with accidental or deliberate overdose or self harm, in collaboration with mental health services	
<b>Knowledge</b>	<b>Skills</b>	
<ul style="list-style-type: none"> <li>explain the precipitants of self harm</li> <li>describe the medical effects of overdose or other self harm</li> <li>outline the role of allied health professionals in holistic care of patients and families affected by illness.</li> </ul>	<ul style="list-style-type: none"> <li>manage the medical effects of overdose, e.g. paracetamol, narcotics</li> <li>assess and manage, in cooperation with a multidisciplinary team, patients with co-existing mental health conditions</li> <li>support the patient and family in adjusting to acute and chronic illness</li> <li>contribute to providing a therapeutic environment for patients with significant psychological or psychiatric consequences of illness.</li> </ul>	

<b>DOMAIN 5</b>	<b>THE DETERMINANTS OF HEALTH</b>	
<b>Theme 5.5</b>	Psychological and Psychiatric Aspects of Patient Care	
<b>Learning Objective 5.5.2</b>	Explain the medical aspects of chronic alcohol or substance abuse	
<b>Knowledge</b>	<b>Skills</b>	
<ul style="list-style-type: none"> <li>describe the medical effects of alcohol dependence</li> <li>describe symptoms of alcohol related chronic liver disease and other physical manifestations</li> <li>describe long term cognitive effects of excess alcohol</li> <li>outline nutritional issues in substance abuse</li> <li>describe the medical effects of common drug dependencies including narcotics</li> <li>outline the social consequences of alcohol and drug dependence.</li> </ul>	<ul style="list-style-type: none"> <li>assess the patient with chronic alcohol excess</li> <li>liaise with alcohol and drug services</li> <li>liaise with other allied health professionals in relevant areas.</li> </ul>	

<b>DOMAIN 5</b>	<b>THE DETERMINANTS OF HEALTH</b>	
<b>Theme 5.5</b>	Psychological and Psychiatric Aspects of Patient Care	
<b>Learning Objective 5.5.3</b>	Explain the medical aspects of chronic mental health conditions, including medications and their side effects	
<b>Knowledge</b>	<b>Skills</b>	
<ul style="list-style-type: none"> <li>describe the impact of long term mental health disorders such as depression, bipolar affective disorder, schizophrenia and anxiety disorders on medical aspects of health, e.g. cardiovascular risk factors, atypical presentations of illness</li> </ul>	<ul style="list-style-type: none"> <li>take a comprehensive history</li> <li>collaborate with mental health professionals in rationalising medications</li> <li>work with consultation liaison psychiatry services in providing comprehensive treatment of mentally ill patients.</li> </ul>	

<b>DOMAIN 5</b>	<b>THE DETERMINANTS OF HEALTH</b>	
<b>Theme 5.5</b>	Psychological and Psychiatric Aspects of Patient Care	
<b>Learning Objective 5.5.3</b>	Explain the medical aspects of chronic mental health conditions, including medications and their side effects	
<ul style="list-style-type: none"> <li>describe significant side effects of psychiatric medications in normal doses and as a result of over-dosage.</li> </ul>		

<b>DOMAIN 5</b>	<b>THE DETERMINANTS OF HEALTH</b>	
<b>Theme 5.5</b>	Psychological and Psychiatric Aspects of Patient Care	
<b>Learning Objective 5.5.4</b>	Work collaboratively with mental health services in care of patients with co-existing medical conditions	
<b>Knowledge</b>	<b>Skills</b>	
<ul style="list-style-type: none"> <li>describe available mental health services, including consultation liaison services.</li> </ul>	<ul style="list-style-type: none"> <li>refer to mental health professionals appropriately when mental health issues are affecting medical therapy</li> <li>identify when mental health disorders are unstable or adversely affecting the treatment of co-existing medical conditions.</li> </ul>	

<b>DOMAIN 5</b>	<b>THE DETERMINANTS OF HEALTH</b>
<b>Theme 5.5</b>	Psychological and Psychiatric Aspects of Patient Care
<b>Learning Objective 5.5.5</b>	Apply knowledge of the mental health conditions of later life and their interaction with medical conditions
<b>Knowledge</b>	<b>Skills</b>
<ul style="list-style-type: none"> <li>describe indicators of, and methods of management for, mental health conditions:             <ul style="list-style-type: none"> <li>dementia</li> <li>delirium</li> <li>depression.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>conduct a comprehensive history taking, physical examination and investigation of the older adult with cognitive deficits or declining function</li> <li>work with other health professionals to provide care for older patients with cognitive disorders.</li> </ul>

<b>DOMAIN 6</b>	<b>EVIDENCE BASED MEDICINE</b>
<b>Theme 6.1</b>	Integrating Evidence and Knowledge in Providing Optimal Care to Individual Patients and for Patient Populations
<b>Learning Objective 6.1.1</b>	Define and utilise care systems for individual patients
<b>Knowledge</b>	<b>Skills</b>
<ul style="list-style-type: none"> <li>justify uses and explain limitations of care plans/ pathways</li> <li>explain ways in which time can be efficiently used in coordinating the care of individual patients</li> <li>describe the place of clinical uncertainty in decision making and the balancing of benefits and risks of treatments</li> <li>identify examples of patient harm or suboptimal care as a result of dogma, unquestioned authoritative opinion and failure to apply evidence-based approaches.</li> </ul>	<ul style="list-style-type: none"> <li>use care pathways effectively, including identifying reasons for variations in care</li> <li>demonstrate efficient use of time in the planning of coordinated care for individual patients</li> <li>apply a sceptical approach to opinions that are not supported by evidence</li> <li>apply a self questioning, reflective approach to clinical reasoning</li> <li>apply methods for recalling and solving clinical cases that elicited doubt or uncertainty</li> <li>demonstrate an awareness of the range of certainty around the accuracy of diagnostic tests and the efficacy of treatments which may limit their applicability in clinical practice.</li> </ul>

<b>DOMAIN 6</b>	<b>EVIDENCE BASED MEDICINE</b>
<b>Theme 6.1</b>	Integrating Evidence and Knowledge in Providing Optimal Care to Individual Patients and for Patient Populations
<b>Learning Objective 6.1.2</b>	Use clinical information technology systems in patient care
<b>Knowledge</b>	<b>Skills</b>
<ul style="list-style-type: none"> <li>explain the role of information technology in improving patient information flow</li> <li>describe the concept of decision support</li> <li>identify current trends in use of IT systems within health.</li> </ul>	<ul style="list-style-type: none"> <li>use clinical information systems within the workplace to provide effective information transfers.</li> </ul>

<b>DOMAIN 6</b>	<b>EVIDENCE BASED MEDICINE</b>
<b>Theme 6.1</b>	Integrating Evidence and Knowledge in Providing Optimal Care to Individual Patients and for Patient Populations
<b>Learning Objective 6.1.3</b>	Integrate evidence related to questions of diagnosis, therapy, prognosis, risk and cause into clinical decision making
<b>Knowledge</b>	<b>Skills</b>
<ul style="list-style-type: none"> <li>explain interfaces between research evidence, clinical expertise and judgement, patient values and preferences, and societal expectations</li> <li>describe clinical practices which are based on poor or no evidence</li> <li>explain how study design may affect validity and generalisability of study results</li> <li>rate the quality of evidence according to methodological rigour</li> <li>compare the role of expert opinion and observational evidence.</li> </ul>	<ul style="list-style-type: none"> <li>use evidence to inform decision making whenever feasible</li> <li>rank evidence according to its consistency and freedom from bias</li> <li>make decisions based on clinical judgement in circumstances where evidence is lacking or conflicting</li> <li>reconcile evidence with contrary patient values and preferences</li> <li>reconcile dissonant expert opinion with research evidence.</li> </ul>

DOMAIN 6		EVIDENCE BASED MEDICINE	
Theme 6.1		Integrating Evidence and Knowledge in Providing Optimal Care to Individual Patients and for Patient Populations	
Learning Objective 6.1.4		Seek, obtain, critically appraise and apply information from a range of evidence sources	
Knowledge		Skills	
<ul style="list-style-type: none"> <li>assess evidence sources:               <ul style="list-style-type: none"> <li>primary and secondary databases</li> <li>clinical trials</li> <li>systematic reviews</li> <li>meta-analyses</li> <li>clinical practice guidelines</li> <li>economic analyses</li> <li>clinical prediction rules</li> <li>other reports</li> <li>media</li> <li>internet</li> </ul> </li> <li>explain and justify methods of study design and their suitability for providing valid evidence to answer specific clinical questions relating to diagnosis, therapy, prognosis, clinical prediction rules, and quality and safety</li> <li>outline rules of critical appraisal as applied to published literature.</li> </ul>		<ul style="list-style-type: none"> <li>demonstrate efficient searching of literature databases to retrieve evidence</li> <li>select studies on the basis of optimal trial design, freedom from bias and precision of measurement</li> <li>evaluate value of diagnostic tests in terms of sensitivity, specificity, likelihood ratios, predictive value, cost, reproducibility and patient convenience</li> <li>evaluate value of treatments in terms of relative and absolute benefits, cost, potential patient harm and feasibility</li> <li>evaluate utility of risk and prognostic factors</li> <li>evaluate value of clinical prediction rules as applied to common clinical conditions</li> <li>evaluate the applicability of results of clinical studies to the circumstances of individual patients, especially those with multiple comorbidities</li> </ul>	

DOMAIN 6		EVIDENCE BASED MEDICINE	
Theme 6.1		Integrating Evidence and Knowledge in Providing Optimal Care to Individual Patients and for Patient Populations	
Learning Objective 6.1.4		Seek, obtain, critically appraise and apply information from a range of evidence sources	
		<ul style="list-style-type: none"> <li>particularise research evidence to the needs of individual patients.</li> </ul>	

DOMAIN 6	EVIDENCE BASED MEDICINE	
Theme 6.1	Integrating Evidence and Knowledge in Providing Optimal Care to Individual Patients and for Patient Populations	
Learning Objective 6.1.5	Present succinct synopses of relevant critically appraised publications, with recommendations, to patients and their carers and families, and to clinicians and others in the health system	
Knowledge	Skills	
<ul style="list-style-type: none"> <li>• explain relative and absolute measures of benefit and risk of clinical interventions</li> <li>• explain how framing may affect how information on treatment related outcomes are presented</li> <li>• describe interactions, effect modification and competing risks of multiple treatments aimed at multiple illnesses in individual patients</li> <li>• explain the grading of clinical recommendations according to strength and consistency of research evidence</li> <li>• outline decision aids that can assist patients to conceptualise treatment benefit and harm prior to their making a decision about recommended care</li> <li>• explain ways of sharing information with patients and eliciting their attitudes and priorities</li> <li>• describe variation between patients in the extent to which they wish to be involved in decision making, and factors that predict such variation.</li> </ul>	<ul style="list-style-type: none"> <li>• estimate and express benefit and risks of clinical interventions as applied to the circumstances of individual patients in ways that minimise framing bias</li> <li>• indicate the extent to which intervention effects are altered by concomitant therapies, comorbidities and other aspects of clinical context</li> <li>• translate measures of harm and risk into meaningful concepts for patients</li> <li>• communicate numeric estimates of benefit and harm to patients in a manner they can understand and act upon</li> <li>• elicit patients' understanding of their disease and its management and what they perceive as the most desirable goals of care</li> <li>• determine the level of health literacy of individual patients and their willingness to assume responsibility for care decisions</li> <li>• determine level of understanding of, and commitment to, an agreed care decision.</li> </ul>	

DOMAIN 6	EVIDENCE BASED MEDICINE	
Theme 6.1	Integrating Evidence and Knowledge in Providing Optimal Care to Individual Patients and for Patient Populations	
Learning Objective 6.1.6	Revise clinical heuristics ('rules of thumb') and accepted clinical practices in the light of new evidence challenging their validity	
Knowledge	Skills	
<ul style="list-style-type: none"> <li>• explain origins and forms of clinical heuristics and how they affect clinical reasoning</li> <li>• describe dissonance between clinical heuristics and evidence-based medicine</li> <li>• outline ways of detecting and correcting heuristic related bias in decision making</li> <li>• describe psychological defences against cognitive error in clinical reasoning</li> <li>• explain the epistemological basis of clinical science</li> <li>• describe methods for updating clinical beliefs and practices as new valid evidence becomes available ('push' strategies: new evidence actively disseminated to clinical users; 'pull' strategies: clinicians actively seek evidence as the need arises).</li> </ul>	<ul style="list-style-type: none"> <li>• reflect on cases where heuristics have led to incorrect clinical decisions</li> <li>• characterise one's own reasoning style and determine its alignment with normative, evidence based approaches</li> <li>• determine personal thresholds for questioning the validity of current practice in response to new evidence and changing behaviour and practice</li> <li>• implement methods for becoming aware, in a timely fashion, of important new evidence that may warrant change in current practice</li> <li>• evaluate the relative efficacy of 'push' and 'pull' strategies in continuing professional development and adopt those most suited to personal needs.</li> </ul>	

<b>DOMAIN 6</b>	<b>EVIDENCE BASED MEDICINE</b>	
<b>Theme 6.1</b>	Integrating Evidence and Knowledge in Providing Optimal Care to Individual Patients and for Patient Populations	
<b>Learning Objective 6.1.7</b>	Identify where important evidence is lacking and contribute to initiatives to obtain more evidence, through further literature searches or research	
<b>Knowledge</b>	<b>Skills</b>	
<ul style="list-style-type: none"> <li>analyse why certain areas of clinical practice lack evidence or are associated with poor quality evidence</li> <li>describe methods for searching out potentially useful evidence from 'grey' literature (reports not published in peer-reviewed clinical journals), commentaries and narrative reviews</li> <li>outline barriers to conducting rigorous studies in specific clinical domains: <ul style="list-style-type: none"> <li>scientific method</li> <li>sponsorship and financing</li> <li>professional or cultural factors</li> <li>other logistical issues</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>conduct search for evidence around clinical questions that are known or are considered likely not to have been subject to extensive or high quality research</li> <li>synthesise evidence from disparate sources around obscure or unusual clinical questions</li> <li>facilitate clinical studies that may help to reduce evidence gaps in clinical practice</li> <li>foster both questioning and research among colleagues and subordinates in response to unanswered clinical questions</li> </ul>	

<b>DOMAIN 6</b>	<b>EVIDENCE BASED MEDICINE</b>	
<b>Theme 6.1</b>	Integrating Evidence and Knowledge in Providing Optimal Care to Individual Patients and for Patient Populations	
<b>Learning Objective 6.1.7</b>	Identify where important evidence is lacking and contribute to initiatives to obtain more evidence, through further literature searches or research	
<ul style="list-style-type: none"> <li>explain research methods (experimental or observational, quantitative or qualitative) that can be applied in generating evidence in routine clinical settings</li> <li>outline principles of designing and leading clinical studies.</li> </ul>	<ul style="list-style-type: none"> <li>recruit patients into relevant trials if there is uncertainty about effects of proposed clinical interventions.</li> </ul>	

<b>DOMAIN 7</b>	<b>LEADERSHIP AND TEAM MANAGEMENT</b>	
<b>Theme 7.1</b>	Leadership in Building Effective Teams	
<b>Learning Objective 7.1.1</b>	Demonstrate excellent interpersonal communication skills to facilitate the function of multidisciplinary teams	
<b>Knowledge</b>	<b>Skills</b>	
<ul style="list-style-type: none"> <li>understand methods to describe purpose and vision of change initiatives</li> <li>list the factors required to build an effective team.</li> </ul>	<ul style="list-style-type: none"> <li>communicate goals of projects and engage others in projects as appropriate</li> <li>lead a team through providing engagement and inspiration</li> <li>maintain an outcome focus</li> <li>facilitate communication within meetings so as to respect values, encourage involvement and engage all participants in decision making</li> <li>resolve conflicts within team</li> <li>constructively manage performance of individuals within teams.</li> </ul>	

<b>DOMAIN 7</b>	<b>LEADERSHIP AND TEAM MANAGEMENT</b>	
<b>Theme 7.1</b>	Leadership in Building Effective Teams	
<b>Learning Objective 7.1.2</b>	Display the ability to mentor and to train others in order to enhance team and individual effectiveness	
<b>Knowledge</b>	<b>Skills</b>	
<ul style="list-style-type: none"> <li>list the key factors affecting effective adult education.</li> </ul>	<ul style="list-style-type: none"> <li>demonstrate effective supervision skills</li> <li>demonstrate effective teaching methods which are adapted to the context of the training</li> <li>provide constructive feedback to others to contribute to improvements in the individual's skills.</li> </ul>	

<b>DOMAIN 7</b>	<b>LEADERSHIP AND TEAM MANAGEMENT</b>	
<b>Theme 7.1</b>	Leadership in Building Effective Teams	
<b>Learning Objective 7.1.3</b>	Demonstrate personal behaviour which contributes to building a productive culture within teams	
<b>Knowledge</b>	<b>Skills</b>	
<ul style="list-style-type: none"> <li>list key factors which contribute to a positive healthcare culture.</li> </ul>	<ul style="list-style-type: none"> <li>model personal integrity and honesty</li> <li>encourage an environment of openness and respect in order to lead an effective team.</li> </ul>	

<b>DOMAIN 7</b>	<b>LEADERSHIP AND TEAM MANAGEMENT</b>	
<b>Theme 7.1</b>	Leadership in Building Effective Teams	
<b>Learning Objective 7.1.4</b>	Provide effective human resource management in leading multidisciplinary teams	
<b>Knowledge</b>	<b>Skills</b>	
<ul style="list-style-type: none"> <li>list factors essential to effective human resource management of teams</li> <li>provide effective rostering of team members to ensure safe patient care.</li> </ul>	<ul style="list-style-type: none"> <li>take into account cultural, ethical and religious values and beliefs in leading teams</li> <li>demonstrate knowledge of contemporary industrial rights and responsibilities of a team leader in working with the healthcare team</li> <li>use multiple performance review tools.</li> </ul>	

DOMAIN 7	LEADERSHIP AND TEAM MANAGEMENT	
Theme 7.2	Leadership in Providing Effective, High Quality and Safe Health Systems	
Learning Objective 7.2.1	Apply concepts of quality and safety to clinical practice	
Knowledge	Skills	
<ul style="list-style-type: none"> <li>• explain factors which influence quality and safety in healthcare including human factors, and error theory</li> <li>• differentiate between quality assurance and quality improvement</li> <li>• describe the dimensions of healthcare quality</li> <li>• outline metrics for quality</li> <li>• outline the organisation of quality within health systems</li> <li>• explain epidemiology, theories and determinants of unsafe or suboptimal care</li> <li>• describe the scope, cost, and implications of healthcare related adverse outcomes</li> <li>• explain the role of reasoning error, system error and patient non-adherence in the causation of adverse events</li> <li>• describe principles and methods of quality and safety improvement science, clinical audits and health services research</li> <li>• describe the role of clinician leadership and advocacy in appraising and redesigning systems of care that lead to better patient outcomes</li> <li>• explain the effects of self audit and sentinel event analysis in personal practice</li> <li>• explain human factors affecting safety and describe strategies to prevent human error.</li> </ul>	<ul style="list-style-type: none"> <li>• evaluate quality of processes through well designed audit</li> <li>• encourage patients and carers to take an active role in advocating for their own safety and feeding back concerns to attending clinicians</li> <li>• evaluate the quality and safety systems implemented within the workplace and identify gaps in the structure of these systems</li> <li>• use concepts of quality and safety in participating in quality committees.</li> </ul>	

<b>DOMAIN 7</b>	<b>LEADERSHIP AND TEAM MANAGEMENT</b>
<b>Theme 7.2</b>	Leadership in Providing Effective, High Quality and Safe Health Systems
<b>Learning Objective 7.2.2</b>	Apply an evidence based approach to evaluate healthcare quality, and identify opportunities for improvement
<b>Skills</b>	
<ul style="list-style-type: none"> <li>• establish data systems that enable regular auditing and review of processes of care and patient outcomes for specific patient populations</li> <li>• use clinical guidelines to develop clinical quality indicators</li> <li>• evaluate the quality of healthcare in practice and to identify evidence-based practice gaps using clinical indicator measurement</li> <li>• foster a critical, data driven, evidence-based, multidisciplinary, systems orientated approach to quality and safety issues on the part of colleagues and staff</li> <li>• identify factors which adversely affect provision of healthcare within the clinical environment</li> <li>• conduct retrospective and prospective clinical audits using a variety of techniques</li> <li>• analyse adverse incidents to identify system failures and contributing factors.</li> </ul>	

<b>DOMAIN 7</b>	<b>LEADERSHIP AND TEAM MANAGEMENT</b>	
<b>Theme 7.2</b>	Leadership in Providing Effective, High Quality and Safe Health Systems	
<b>Learning Objective 7.2.3</b>	Develop, implement and evaluate strategies for improvements in healthcare provision	
<b>Knowledge</b>	<b>Skills</b>	
<ul style="list-style-type: none"> <li>• develop quality improvement strategies which lead to better quality of health services</li> <li>• list factors which influence the choice of strategies to improve health care.</li> </ul>	<ul style="list-style-type: none"> <li>• devise and implement quality improvement strategies, such as clinical guidelines, reminders, academic detailing, decision supports, at local level</li> <li>• develop improvement plans which integrate local and system contexts and where possible are based on evidence</li> <li>• establish data systems that enable regular auditing and review of processes of care and patient outcomes for specific patient populations</li> <li>• develop policies informed by clinical practice</li> <li>• objectively evaluate improvement initiatives for outcomes and for sustainability.</li> </ul>	

<b>DOMAIN 7</b>	<b>LEADERSHIP AND TEAM MANAGEMENT</b>	
<b>Theme 7.3</b>	Leadership in Managing Change and Projects Within the Health System	
<b>Learning Objective 7.3.1</b>	Coordinate and encourage innovation for improvement	
<b>Knowledge</b>	<b>Skills</b>	
<ul style="list-style-type: none"> <li>• discuss the importance of innovation</li> <li>• identify the systemic factors which will drive health system change currently and into the future.</li> </ul>	<ul style="list-style-type: none"> <li>• display flexibility in organising healthcare provision in the face of external change</li> <li>• anticipate and plan for changes which ensure that healthcare standards are not adversely affected.</li> </ul>	

<b>DOMAIN 7</b>	<b>LEADERSHIP AND TEAM MANAGEMENT</b>	
<b>Theme 7.3</b>	Leadership in Managing Change and Projects Within the Health System	
<b>Learning Objective 7.3.2</b>	Provide strategic planning of change in order to maximise its effectiveness	
<b>Knowledge</b>	<b>Skills</b>	
<ul style="list-style-type: none"> <li>• outline methodology for providing change of systems and processes within health</li> <li>• describe methods for measuring improvement</li> <li>• describe strategies for sustaining improvement in care.</li> </ul>	<ul style="list-style-type: none"> <li>• develop project plans which identify enablers and barriers, stakeholders and risks</li> <li>• develop project plans which include implementation methods.</li> </ul>	

<b>DOMAIN 7</b>	<b>LEADERSHIP AND TEAM MANAGEMENT</b>	
<b>Theme 7.3</b>	Leadership in Managing Change and Projects Within the Health System	
<b>Learning Objective 7.3.3</b>	Use a considered and rational approach to use of resources (e.g. money, staff, space, interventions) in project implementation	
<b>Knowledge</b>	<b>Skills</b>	
<ul style="list-style-type: none"> <li>• outline the costs and resource requirements of projects and change initiatives.</li> </ul>	<ul style="list-style-type: none"> <li>• provide a budget and resource plan for projects and change initiatives</li> <li>• establish realistic goals and performance targets</li> <li>• use resources responsibly and balance costs against outcomes</li> <li>• show capacity to control the scope of projects.</li> </ul>	

<b>DOMAIN 7</b>	<b>LEADERSHIP AND TEAM MANAGEMENT</b>
<b>Theme 7.4</b>	Leadership in Coordination of Care of Patients
<b>Learning Objective 7.4.1</b>	Facilitate the coordinated care of patients across multiple specialties
<b>Skills</b>	
<ul style="list-style-type: none"> <li>• negotiate with other specialties for an integrated approach to individual patient care so that conflicting care choices are balanced in the best interests of the patient</li> <li>• identify situations where integrated care is in the best interests of individual patients.</li> </ul>	

