



LIBYAN GENERAL PRACTICE CURRICULUM

Libyan board of General Practice



Contents

Curriculum definition, purpose and development

Guide to using the curriculum

Context of Libyan general practice

Learning life of general practitioners

The three domains of general practice

The triad of general practice and development of a new curriculum framework

The statement areas in each domain of General practice

Curriculum feedback

General curriculum statement chapters

- ❖ Common training outcomes
- ❖ Philosophy and foundation of general practice

Specific curriculum statement chapters

- ❖ Medical student level
- ❖ Senior house officer level
- ❖ GP registrar level
- ❖ GP fellow level

Curriculum definition, purpose and development

Libyan board of general practice ('the curriculum') details what GP fellows need to learn throughout their general practice learning life. The curriculum details the knowledge, skills and attitudes that GPs require for:

- competent, unsupervised general practice
- meeting their community's healthcare needs
- supporting current national health priorities and the future goals of the Libyan healthcare system.

The curriculum emphasises self directed learning, the development of critical self reflection and lifelong learning skills, and the maintenance of professional practice standards.

Who is the curriculum for?

The curriculum is an essential reference for general practice registrars, general practice supervisors, medical educators, regional training providers and anyone involved in the implementation of the training of future GPs. For this reason, the curriculum also details learning objectives for medical students and senior house officers. The acquisition of these skills may also be of interest to many medical specialists.

Curriculum development

This curriculum was developed by reforming the last curriculum & training program curriculum.

Development of the curriculum took into account:

- the discipline of general practice as a medical specialty
- what GPs need to know ('the domains of general practice')
- the lifelong learning needs of GPs (from medical student through to senior house officer training, registrar training and continuing professional development)
- the reasons most people seek the services of a GP ('common patient presentations')
- the evolving general practice environment since the last edition of the curriculum.

Using this framework, new curriculum statements were developed and detailing the training and educational outcomes that relate to various populations, presentations and processes in Libyan general practice.

How has the curriculum changed?

The Libyan board of general practice curriculum incorporates new educational and training needs that have risen out of the evolving Libyan general practice environment such as:

- the increasing focus on competency based training in a move away from a traditional apprenticeship based model
- the incorporation of identified contemporary competencies that need to be added to the GP's traditional skill set, especially management, teaching, research, quality and safety, teamwork, e-health and leadership
- the incorporation of updated information on the general practice environment, such as Libyan general practice statistics, and changing Libyan Government policies
- reformatting of the curriculum content. This was required to increase accessibility, utility and user-friendliness, especially for general practice registrars, general practice supervisors, regional training providers and general practice educational providers.

Implementation of the curriculum update

The Libyan board of general practice appointed a Curriculum Review Working Group to systematically reform the old curriculum content to meet these aims. The Libyan board of general practice recognised that the old curriculum content was sound and robust at that time, but due to enormous changes in the Libyan population and Libyan Government policies. The main task was rewriting and reforming the curriculum to meet the upcoming challenges.

Guide to using the curriculum

Curriculum background

The background to the curriculum provides the basis for the content, structure and development of the curriculum. The key areas of the curriculum are:

- Definition, purpose and development
- Context of Libyan general practice
- Learning life of general practitioners
- The three domains of general practice
- The ‘triad of general practice’ and development of a new curriculum framework.
- The statement areas in each domain of general practice

Curriculum areas

General curriculum chapters

There are two general curriculum:

- Common learning outcomes defines common training outcomes and learning objectives for general practice relevant to consulting with patients in unsupervised general practice
- Philosophy and foundation of general practice includes the philosophy, concepts and principles that define the roles of GPs and the discipline of general practice.

Specific curriculum chapters

The specific curriculum chapters are arranged to the level of experience in medical feild:

- medical student
- senior house officer
- GP registrar
- GP fellow

A full list of the statement chapters appears at the end of this section.

Learning objectives across the GP professional life

This section describes the objectives of education and training for each stage of the GP's learning life. The objectives in this section are stated in measurable outcomes for the educational benefit of learners and teachers. This enables lesson planning and assessing learning outcomes across the general practice learning life.

Note that each learning objective level assumes a previously attained learning (as detailed in the previous level). For example, the GP registrar level assumes that the previous learning objectives of the senior house officer level and the medical student level have been attained.

Learning objectives numbering

The learning objectives are numbered for easy referencing and mapping across the broad range of general practice training, learning and assessment programs and processes.

Each learning objective code/number consists of:

- 'M', 'S', 'R' or 'F' to indicate the learning life level objective of the (M = medical student, S = senior house officer, R = GP registrar, F = GP fellow), (_) sign indicate the learning life level objective within whole journey
- this is followed by a unique three letter code which identifies the statement area that the specific training outcome comes from
- which is followed by the domain number (see *the three domains of general practice*) and dimensions
- followed by the curriculum item number.

For example:

MPOP1.1 identifies the first training outcome of the first domain (ie. Communication and clinical knowledge and skills) in the in population health statement of the *Medical student level*.

Libyan General Practice Curriculum

Curriculum statement by area	
Statement name	Code or abbreviation
General curriculum statement	
Common training outcomes	CTO
Philosophy and foundation of general practice	PHI
Specific curriculum statement in People and their populations	
Aged care	AGE
Children and young people's health	CYP
Disability	DIS
Doctors' health	DOC
Genetics	GEN
Men's health	MEN
Population health and public health	POP
Rural general practice	RUR
Women's health	WOM
Specific curriculum statement in Presentations	
Acute serious illness and trauma	ACU
Chronic conditions	CHR
Dermatology	DER
Drug and alcohol medicine	DRU
Eye and ear medicine	EAE
Mental health	MHE
Musculoskeletal medicine	MSK
Occupational medicine	OCC
Oncology	ONC
Pain management	PAI
Palliative care	PAL
Sexual health	SEH
Sports medicine	SPO
Specific curriculum statement in Processes of general practice	
Critical thinking and research	CTR
Undifferentiated conditions	UND
E-health	EHE
Integrative medicine	INT
Multidisciplinary care	MDC
Practice management	PMA
Procedural skills	PRO
Quality and safety	QAS
Quality use of medicine	QUM
Teaching, mentoring and leadership in general practice	TML

Context of Libyan general practice

General practice has a core set of clinical characteristics and practices unique within medicine. These characteristics and practices are defined by the general practice curriculum developed and maintained by the Libyan general practice council and reflected in the standards set for clinical practice and the award of fellows of Libyan board of general practice.

General practice training is intended to equip graduates with core clinical skills and the ability to assess and address their learning needs over a professional lifetime. General practitioners encounter a wide range of clinical presentations according to social, demographic, cultural and epidemiological circumstances. In addition, GPs may need to develop, maintain and expand their skills as supervisors, teachers, mentors, researchers and leaders. These factors combine to form unique local practice characteristics, regional clinical trends and national characteristics.

Definition of general practice

The term ‘general practice’ is not consistently used in international literature. The terms ‘family medical practitioner’, ‘family physician’, primary health care doctor and ‘family doctor’ are also used to describe the primary care medical practitioner.

In Libyan board of medical specialities, the Libyan general practice council definition of general practice as:

‘General practice provides person centred, continuing, comprehensive and coordinated whole person healthcare to individuals and families in their communities’.

General practice involves the ability to take responsible action on any medical problem the patient presents, whether or not it forms part of an ongoing patient-doctor relationship. In managing the patient, the clinician, called ‘general practitioner’ in Libya, may make appropriate referral to other doctors, healthcare professionals and community services.

Learning life of general practitioners

Examining the steps to becoming a GP qualified for unsupervised practice in Libya helps define training needs at each stage of the path to becoming a competent GP.

Prior to entering general practice vocational training, medical practitioners will already have had many years of training by a range of individuals, organisations and institutions. A uniform general practice curriculum from the earliest stage of medical education helps support trainers. This forms a solid foundation for general practice training.

Learning life stages

In Libya, the stages of the GP's learning life have been identified as:

- medical student
- senior house officer
- GP registrar
- GP fellow

Some students may enter this training path at different stages of the learning lifecycle. For example, an international medical graduate may enter at various points in the cycle depending on previous levels of qualifications.

Due to the comprehensive nature of general practice, some of these steps crossover with training pathways to other medical specialties and therefore have competing training priorities.

Medical student

A medical student is defined as a student who is enrolled in a primary medical degree and will undertake a general practice placement.

Medical student teaching in Libya has undergone major change in recent times. Consistent with the principle of the journey of general practice, medical student teaching now emphasises active learning, learning of key principles and preparation for lifelong learning. In addition, the places where medical students are trained have also changed, with students spending more time in community health settings, small urban and rural hospitals, as well as the more traditional tertiary teaching hospitals.

The content of medical courses has changed with the rise of evidence based medicine, the rapid increase in medical knowledge, new developments in areas such as molecular medicine and genetics, and the incorporation of issues driven by consumers and regulatory bodies.

Medical students have also changed. Libya's medical schools admit students who have a degree in from different higher schools and changes in the medical school age distribution in each year due to past political changes & decisions,

resulting in a more diverse age group than in past. More than half of medical students are female. In the last years, The medical schools toturs advices on focusing on inspiring medical students to take general practice specitlity as future vocation. In addition, The Libyan ministry of health goes to focus on empowering primary health care services as a priority to help reforming the goverened health system. Althought for now, general practice teaching has a small place in undergraduate medical curricula where the medical students are planning to become GPs. However, these learning requirements need to intersect and overlap with the needs of students planning careers outside of general practice, or for the many students who have not yet decided on their future career paths as general practitioner.

General practice: the foundation discipline

While there will be many undergraduates not planning a career in general practice, there will be many areas of curriculum overlap that will be of mutual benefit for all future graduates, regardless of their final vocation.

There are many skills that are common to all medical specialties, and these generalist skills are the core values of the medical specialty of general practice. General practice training can provide the basic foundation, or at least a significant proportion, of the professional skills required for other medical disciplines, including the patient-doctor relationship, advocacy and decision making and dealing with uncertainty and difficulty in complex situations.

Generalist skills involve a holistic approach to managing the health of individuals – a skill that should ideally cross all medical speciaties. Rather than just dealing with diseases, GPs manage health within biomedical, psychological and social contexts based on firm epidemiological foundations. Medical management decisions are patient centred; made jointly between the doctor and the patient while understanding the personal significance of illness.

At the practice level, GPs are required to manage the complex micro-economy of a practice, deploying resources to maximum effect and to work closely with hospital colleagues, practice teams, community services and multidisciplinary teams. Doctors must build partnerships and advocate for patients and their profession, often in difficult and complex situations.

Many of the defined general practice skills, such as those described across the domains of general practice, are mutually necessary training requirements for medical specialties. These include elements in which general practice training departments have considerable expertise, such as communication skills, healthcare ethics and the behavioural sciences (*Figure 1*).

In addition, as general practice is the first point of contact for the majority of people seeking healthcare and often therefore the point of referral, knowledge of general practice is an essential part of the education of all multidisciplinary health team members.

This helps to develop better links between primary care, hospitals and community based care, given that quality of healthcare is increasingly concerned

with continuity, co-operation and communication between different health services as medical practice moves to a multidisciplinary approach.

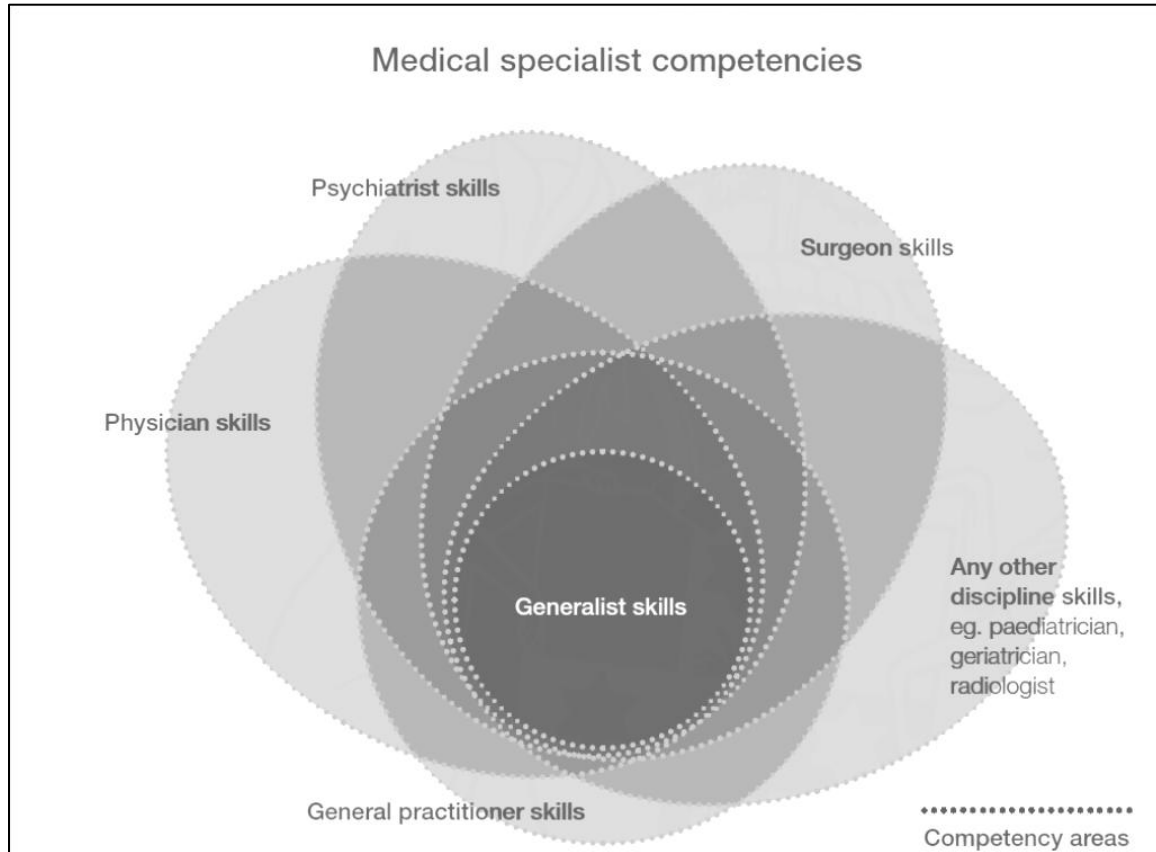


Figure 1. Generalist training common to all medical specialties sits within the discipline of general practice training and provides the foundation for many medical specialties

The senior house officers training

Senior house officers are defined as junior doctors who are undertaking supervised work or training in a hospital, but who have not yet enrolled in a vocational training in general practice setting.

Junior doctors undertaking postgraduate work while working in hospitals may enter specialist training paths at various times. General practice education training needs to recognise the multiple priorities and demands that affect senior house officers, as some may have chosen a future career in areas other than general practice.

This will usually involve self directed learning and mentoring as the senior house officers takes the step toward vocational training in general practice setting.

The GP registrar training

Completion of vocational training in general practice setting and the Libyan medical board of general practice equip medical practitioners with the core competencies required for unsupervised practise in Libya.

The GP fellow development

After qualifying as a GP Libyan fellow, and as part of professional learning life requirements, all GPs need to ensure ongoing professional development and continuing quality assurance activities in order to maintain core general practice competencies.

As part of continuing professional development, many GPs also choose to become general practice educators and supervisors, or to participate in the ongoing development of general practice standards through the Libyan board of general practice scientific committee.

General practitioners may also need to develop skills beyond basic vocational requirements. For example, a rural GPs may need to maintain a level of emergency and anaesthetic skills not required by an inner city GPs.

In all of these situations, GPs need to self direct their learning requirements and may need to comply with regulatory requirements to be eligible to provide services, or to be eligible for medical indemnity cover.

Other GPs may take further formal postgraduate training and the learning professional life of GPs needs to recognise the diversity of ongoing learning activities in which GPs participate.

Principles of the lifelong learning of GPs

Over a GP's professional lifetime each level of learning builds upon the previous learning level and assumes that all previous requirements have been met. In reality, the path is continuous rather than consisting of discrete steps. Most learning levels will overlap to some extent, so that:

- a medical student may have a special interest in women's health and decide to study beyond the undergraduate curriculum
- a first years of senior house officers may have already decided to develop a special interest in public health, but has decided to train as a vocational GP on their way to their final goal and may already have acquired high level skills in their special interest area.

Adult learning principles and concepts

The Libyan board of general practice Curriculum for Libyan General Practice is based on the following key adult learning educational concepts and principles that are applied across the GP learning life:

- needs focused training – directed toward meeting the healthcare needs and priorities of the Libyan community
- learning as a continuum – integrates vocational training with undergraduate, postgraduate and continuing medical education
- lifelong learning – encourages a commitment to continuous improvement of knowledge and skills throughout a GP's learning life
- experiential learning – emphasises training as a supervised 'real world' clinical experience of consulting with patients who present with common and significant conditions, typical to general practice
- purpose driven learning – clearly states purposes and curriculum requirements to enable learners to make informed choices about learning pathways
- integrated training – balances and integrates experiential, information based and reflective learning
- adult learning – uses models of learning based on recognition of different learning styles and needs
- self directed learning – expects adult learners to exercise significant autonomy in making choices about their learning
- feedback – requires high quality and regular feedback to learners on their performance as an integral and critical part of teaching and supervision
- assessment – regular assessment of learner achievement of curriculum learning objectives during and at the end of training to determine satisfactory completion of training requirements.

GPs as mentors and teachers

The maintenance of high quality general practice education and training depends on the recruitment and training of medical educators in each generation of GPs.

The nature of this teaching varies from informal settings to strictly regulated training programs with summative examination processes.

In reality, each level is often involved in the education of those in earlier lifecycle stages. For example, a senior house officer may educate or mentor medical students, a GP registrar may teach procedural skills to a senior house officer, and a GP fellow may teach all levels of GPs.

A good clinician does not necessarily make a good teacher, and attention to the levels of training and teaching skills required at each level of the learning life helps to maintain and improve ongoing educational skills levels.

For example, as part of continuing professional development, GP fellows may consider their role in teaching medical students or general practice registrars and may need to examine their skill requirements.

GP fellows as leaders

The increasing complexity of primary healthcare and the increased role of multidisciplinary patient care and incorporation of quality improvement measures at the practice level require GP fellows to acquire the skills necessary to be effective leaders.

GP fellows need to be able to set organisational values and strategic direction within a practice (which is different from management) that involves directing people and resources to achieve organisational goals. It also involves developing multidisciplinary team approaches to quality and safety within the practice.

The acquisition of leadership skills, closely related to the skills required for teaching and mentoring, need to be incorporated at all levels throughout the GP's learning life.

GP fellows as researchers

'Primary care research is the missing link in the development of high quality, evidence based healthcare for populations'.

General practice research not only improves patient care and enables teachers to contribute to their discipline, but also stimulates intellectual rigor and critical thinking, which is identified in this curriculum as a core competency.

The rise of evidence based medicine and the concurrent need for equipping students with appropriate analytical skills means that skills that were normally only part of the domain of researchers are now commonplace among medical practitioners. In addition, the increasing use of clinical audits as a means to quality improvement in the general practice setting requires the application of basic research skills.

Planning and accountability

A uniform general practice curriculum across the professional learning life provides a transparent process to ensure that, in addition to professional requirements, the community expectations and obligations of GPs are met.

Defining requirements at each level provides a common ground for negotiating medical student curricula with other medical specialties to achieve cross-discipline curricular consistency. Such a process is likely to be iterative as knowledge and fields evolve. However, an explicit process will clarify mutual learning objectives, plan skills development and ultimately ensure that patient care needs are met.

An explicit lifecycle learning approach also provides an open, transparent and robust process by which governments, regulators and other general practice stakeholders and community groups can influence the curriculum process across the entire field of medical education to ensure both professional and societal accountability.

The three domains of general practice

The three domains of general practice represent the critical areas of knowledge, skills and attitudes necessary for competent unsupervised general practice. They are relevant to every general patient consultation.

The Libyan board of general practice Curriculum for Libyan General Practice bases lifelong teaching and learning on these domains.

The three domains of general practice

Domain 1

Communication and clinical knowledge and skills

- Communication skills and the patient-doctor relationship (eg. communication skills, patient centredness, health promotion, whole person care)
- Applied professional clinical knowledge and skills (eg. physical examination and procedural skills, medical conditions, decision making)

Domain 2

Population health in the context of general practice

- Population health in the context of general practice (eg. epidemiology, public health, prevention, family influence on health, resources)

Domain 3

Professional and Organisational role

- Professional and ethical role (eg. duty of care, standards, self appraisal, teacher role, research, self care, networks)
- Organisational and legal dimensions (eg. information technology, records, reporting, confidentiality, practice management).

The three domains of general practice provide a comprehensive, robust framework for ensuring that the key skill areas of general practice are included in education and training.

The triad of general practice and development of a new curriculum framework

Combining the domains of general practice with lifelong learning provides a powerful conceptual framework for positioning the curriculum in the Libyan clinical context in which the knowledge and skills are applied. This can be represented as the ‘triad of general practice’ (Figure 2).

The framework enables educators to train GPs across the diverse and wide range of clinical presentations, which vary according to social, demographic, cultural and epidemiological circumstances.

Even though local practice characteristics, regional clinical trends or national characteristics may vary, this model provides a common ground for the essential discipline of general practice knowledge across the learning life cycle and domains of general practice.

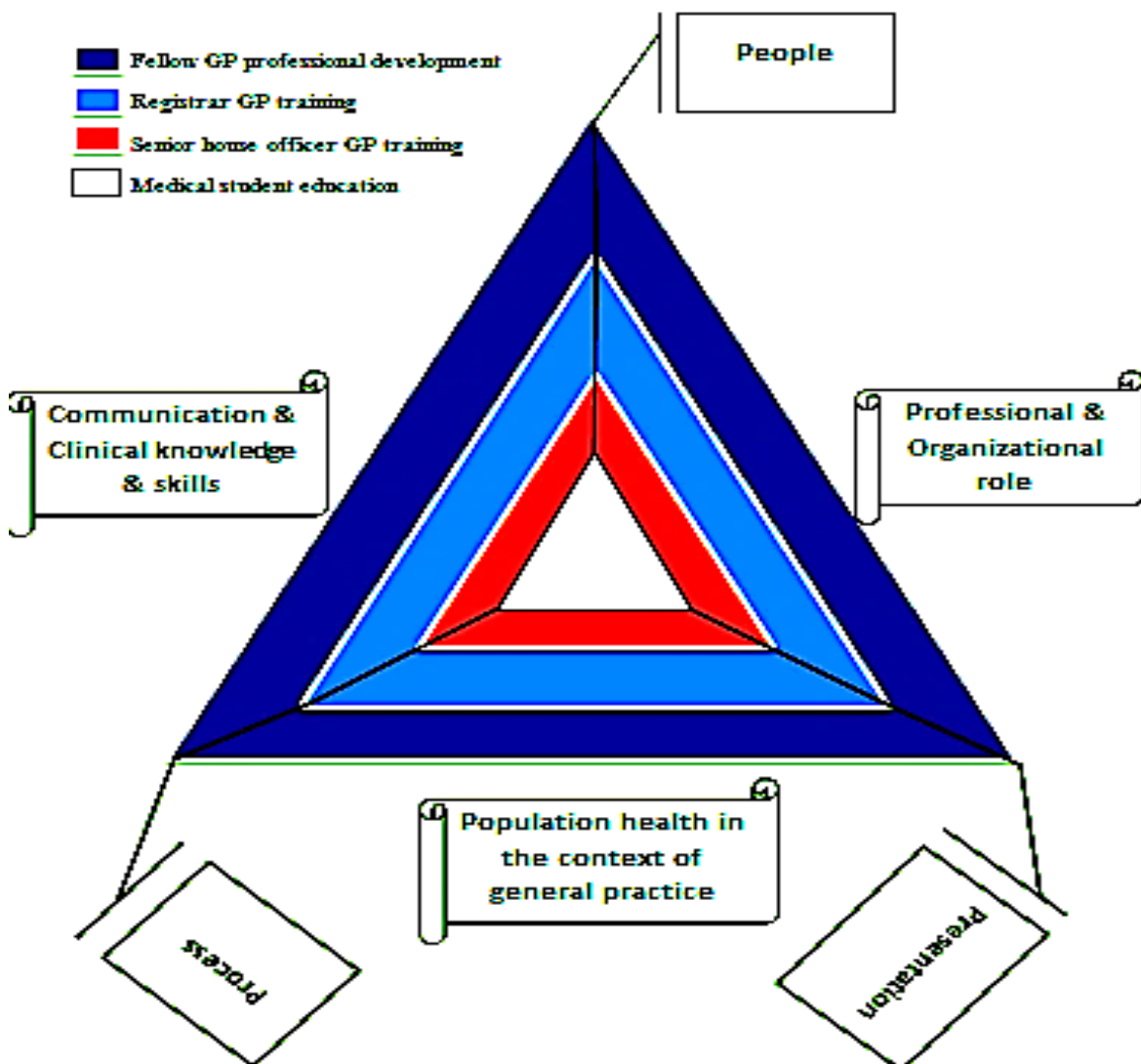


Figure 1 General practitioner lifelong experience triad

Figure 2. The ‘triad of general practice’ provides a model of the discipline of general practice that meets the training requirements across the GP learning life

The statement areas in each domain of General practice

Definition

Population health and public health

Population health in general practice has been defined as: The prevention of illness, injury and disability, reduction in the burden of illness and rehabilitation of those with a chronic disease. This recognises the social, cultural and political determinants of health. This is achieved through the organised and systematic responses to improve, protect and restore the health of populations and individuals. This includes both opportunistic and planned interventions in the general practice setting.

Population health is the study of health and disease in a population as specified by geographical, cultural or political guidelines. This includes defining health problems and needs, identifying the means by which these needs may be met, and providing the health services required to meet these needs. Other related terms commonly used in general practice include:

- *community medicine*, which tends to apply more to the integration of population based health interventions in a clinical context
- *community health*, which is often used to describe the application of broad based public health interventions at a community or individual level.

Public health is the efforts organised by a society to protect, promote and restore people's health. Population health and public health are the combination of sciences, skills and beliefs directed to the maintenance and improvement of the health of all people through collective or social actions.

There is considerable overlap between population and public health, and differing models of this interface have been developed. A continuum can be considered between population health activities within general practices, public health activities with the community and what have been termed 'new public health' movements. These include the engagement of communities, organizational development and specialisation or leadership in fields such as policy development. Some health professionals use the terms population health and public health interchangeably, but there are subtle nuances between these two disciplines.

Preventive medicine is the application of preventive measures into medical practice by focusing clinical skills on the health of defined populations in order to

promote and maintain health and wellbeing and prevent disease, disability and premature death.

Health promotion is a range of practices including health education, community development, preventive services, policy advocacy and regulations that seek to better health at the individual and population level and goes beyond simple prevention.

In general practice, population health represents an extension and expansion of existing clinical roles toward an emphasis on prevention and a focus on groups or populations, rather than on individual patients. This may involve activities such as immunisation, risk assessment and management, patient education and screening in which general practitioners are already engaged within their practice. General practice public health also involves notification of diseases of public health importance to the relevant government agency.

Rural general practice

Rural general practice provides its own diversity of contexts and characteristics of general practice.

In rural and remote Libya, geographical and demographic features lead to great diversity in both the range of presentations general practitioners may encounter and the facilities that may be available to administer primary care.

Rural GPs are more likely to: provide in-hospital care as well as private consulting room care, provide after hours services, engage in public health roles expected of them by discrete communities in which there are few doctors to choose from, engage in clinical procedures, engage in emergency care, encounter a higher burden of complex or chronic health presentations.

The extent to which the GP will engage in any of these activities and roles, however, will depend on the rural or remote practice context and the range of general practice skills in which they are required. For example, some rural doctors in smaller rural towns are based primarily at the local hospital, but the practice they conduct is still predominantly primary medical care, even though some secondary and tertiary care is also possible due to the hospital facilities.

Rural GPs often value:

- professional autonomy
- the range of medicine practised
- practising to the extent of their clinical knowledge and skills
- value the communities in which they work
- being valued by the community.

In addition, rural GPs are more likely to experience professional and social isolation than their peers in urban contexts.

While rural practice requirements conform to the core curriculum set for the Fellowship of the Libyan board of general practice, they will also involve specific

skill sets appropriate to the rural and/or remote health context. These skill sets may be practised at an extended or advanced level, depending on patient requirements.

Doctors' health

Doctors' health is the understanding and practise of safe-health behaviours that are necessary to attain 'a state of complete ideal physical, mental, social wellbeing and not merely the absence of disease and infirmity.'

These behaviours include:

- self care
- safe, effective and appropriate utilisation of the health system
- involvement in appropriate personal health screening
- practice of appropriate health promoting behaviours.

Doctors' health also includes the provision of appropriate healthcare to other doctors and their family members.

Physician impairment is defined as any physical, mental or behavioural disorder that interferes with the ability to engage safely in professional activities.

Genetics

General practice genetics deals with the general practice management of hereditary issues, problems and conditions, including those involving the mechanisms of hereditary transmission.

Genetic counselling is a procedure by which patients and their families are given support and advice about the nature and consequences of inherited disorders, the possibility of being affected or having affected children, and the various options available for prevention, diagnosis and management of such conditions.

Children and young people's health

Children and young people's health in general practice covers physical, psychological and social primary healthcare from birth to adulthood.

The age ranges of childhood and adolescence overlap, reflecting that the developmental transitions through childhood, adolescence and adult life are not determined only by reference to chronological age. Physiological, psychological and social developmental milestones are also markers of maturation, and these vary considerably between individuals.

The end of adolescence is usually marked by the acquisition of skills and responsibilities such as financial independence, entering the workforce and undertaking lifelong partnerships. More recently these skills and responsibilities have not been attained until a later stage in life. For international epidemiological comparisons, most authorities define adolescence as the period between ages

10–18 years. This statement uses the term ‘young person’ rather than adolescent. This reflects the current preference of professionals working in the field.

Women’s health

The general practice management of women’s health involves a holistic patient centred approach to the physical, mental and emotional health of women, their families, and their relationships. Women’s health needs to be understood in the context of their psychosocial and cultural environment.

Men’s health

Men’s health in general practice is defined as the holistic management of health conditions and risks that are most common or specific to men in order to promote optimal physical, emotional and social health in the general practice setting. While male sexual health is important, men’s health goes beyond sexual and reproductive health.

Aged care

Aged care in general practice is the management and care of the health of the elderly.

Ageing is a natural processes, which cannot be prevented but can be promoted and protected. Elderly people (> 65 years) are an important group within the population, not just for planning & providing health care but also in terms of providing social & other types of care & services. The definition of older varies between individuals, communities and cultures. Certain people have a lower life expectancy than the general population and are therefore likely to need aged care services earlier.

Many elderly people remain fit & active quite late in old age but many may not. The term ‘frail aged’ is used to describe aged people in need of substantial level of care and support. The onset of mental & physical frailty, the advent of chronic diseases (most of which occur more commonly in old age) leads many old people to have several rather than single reasons for needing help , support and care.

Disability

Modern concepts of disability have broadened the traditional focus on individual impairment to one that recognises that the effect of impairment on an individual depends not only on the underlying condition, but also on environmental and social factors. Therefore, a person with an impairment may not necessarily be disabled or handicapped by it. Alternatively, inadequate supports in an

environment may lead to an unnecessary handicap as a result of an impairment. This holistic concept of disability, which combines medical and social models, is reflected in the World Health Organization's International Classification of Functioning, Disability and Health (ICF). The concept of support needs – which can assist the person to overcome some of these limitations – has recently been added to the classification.

There are three main types of disability:

Physical disability – disability associated with physical impairment and physical activity limitation such as when performing day-to-day activities.

Intellectual disability – the presence of significant limitations in intellectual functioning (usually defined as IQ less than 70), and in adaptive behaviour (conceptual, social and practical skills). This type of disability originates before the age of 18 years.

Developmental disability – the presence of physical, intellectual and/or social (autism spectrum disorders) impairment with deficits in adaptive functioning, with an onset in the developmental period. Intellectual disability may be a prominent feature in people with developmental disability.

Important note: unless otherwise stated, this curriculum uses the term 'disability' to include physical, intellectual and developmental disability.

Some disabilities are often associated with comorbid conditions, for example, intellectual disability and epilepsy, cerebral palsy and vision impairment or epilepsy. These comorbidities, and their associated cognitive and communication difficulties, can present barriers to accessing healthcare. Clinicians should not let the disability distract from or overshadow these health problems, rather they should approach them as they would with a person without a disability.

Other disabilities may also be acquired in adult life including sensory, psychiatric, musculoskeletal and neurological disabilities. These can have a significant impact on the affected person's life and as such need to be addressed.

Acute serious illness and trauma

Acute serious illness and traumatic injuries in general practice are conditions that require immediate care to relieve suffering and minimise morbidity and mortality risk. The core skills required for the competent general practice management of acute serious illness and trauma presentations are similar to those required to manage emergency department presentations, including major trauma.

Acute serious illness and trauma can occur in patients of any age. They may involve one or more body systems, and the context of the history may contribute to the required treatment response, for example, the collapsed patient or an accident site.

Acute serious illness can be classified by body systems including cardiovascular, respiratory, gastrointestinal, musculoskeletal, neurological, the immune system, and dermatological and metabolic conditions.

Presentations can also be classed into groups such as paediatric, obstetric, gynaecological, orthopaedic, surgical, general medical, psychiatric, ophthalmologic, eye and ear, and nose.

Traumatic conditions, such as accidents and injury to self and others, can generally be divided according to cause, for example, road trauma, environmental, toxicological, envenomation, assault and occupational injury.

Chronic conditions

Chronic illness is the irreversible presence, accumulation or latency of disease states or impairments that involve the total human environment for supportive care, maintenance of function and prevention of further disability.

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

A chronic condition is defined as including any form of chronic illness, disease or symptom complex or disability, and is often of long duration and generally slow progression.

A distinction needs to be made between chronic illness, which impacts on the wellbeing and the holistic functioning of the patient, and chronic disease, which may have little affect the day-to-day life of the patient other than the medical management required to prevent future mortality and morbidity.

For instance, hypertension and hypercholesterolaemia are chronic diseases that require effective management and monitoring to prevent future cardiovascular events, but these diseases are unlikely to have as significant affect the daily wellbeing of the patient as for example, the chronic illness caused by, for example, rheumatoid arthritis.

Dermatology

General practice dermatology refers to the assessment, treatment and referral of disorders that affect the skin, nail, hair and mucous membranes.

Drug and alcohol medicine

Drug and alcohol medicine in general practice potentially covers all drug and substance use disorders.

There are significant areas of overlap with mental health, as comorbidity is common among substance users.

Pain management and addiction issues, as well as doctor's health, tobacco problems, are also part of this field.

Eye and ear medicine

General practice eye and ear medicine:

- is the assessment and management of acute, subacute and chronic ophthalmic and otorhinolaryngeal conditions that is conducted by general practitioners
- aims to detect and treat diseases early that may threaten the senses of vision and hearing
- promotes preventive activities that will help Libyans reduce the burden of avoidable hearing loss and blindness.

Mental health

General practice mental health in Libya should cover the assessment, management and ongoing care of the full range of mental health disorders seen in the community. General practice is also increasingly involved in the early intervention and prevention of mental disorders and the optimization of mental health.

While general practitioners commonly see high prevalence disorders such as depression, anxiety, substance abuse and personality disorders, most will also encounter a range of less common mental health problems including psychosis.

In addition to obvious mental illness, GPs also see and manage lesser degrees of mental health conditions and distress as part of the full spectrum of mental health seen in the community.

A mental disorder is a diagnosable illness that significantly interferes with an individual's cognitive, emotional or social abilities.

Mental disorders differ in type and severity and some major mental disorders are significant public health issues. These include depression, anxiety, substance use disorders, psychosis and dementia.

Mental disorders are diagnosed by standardised criteria such as those contained in the Diagnostic and Statistical Manual of Mental Disorders⁴ and the International Statistical Classification of Diseases and Related Health Problems (10th revision). The term mental illness is synonymous with mental disorder.

A mental health problem also interferes with a person's cognitive, emotional or social abilities, although usually to a lesser extent than a mental disorder. Mental health problems are more common mental complaints and include mental ill health temporarily experienced as a reaction to life stressors. Mental health problems are less severe and of shorter duration than mental disorders, but may develop into a mental disorder. The distinction between mental health problems and mental disorders is not well defined and is made on the basis of severity and duration.

Comorbid mental health conditions are defined as mental health problems that present in people with another condition. Patients may present with other complaints. For example, they may present with chronic medical conditions such as diabetes, a disability or a substance use disorder for which their mental health problem is a comorbidity. People with mental illness have all of the conditions that people without mental health problems have, and so comorbidity is a common general practice presentation. For these patients, the mental health disorder can complicate the management of their other conditions, which needs to be understood and dealt with by the GP.

Available evidence demonstrates that people with mental illness still struggle on a daily basis to access appropriate healthcare, or be treated with respect or dignity when they do enter our healthcare systems. Patients whose primary problem is a mental health disorder also deserve the full range of care, including preventive services, offered in general practice.

Musculoskeletal medicine

Musculoskeletal medicine embodies all medical disciplines that deal with the diagnosis of acute and chronic conditions affecting the musculoskeletal system in adults and children, including the psychosocial impact of these conditions.

Musculoskeletal conditions may result from a wide range of processes including injury, inflammation, infection, metabolic or endocrinological conditions and the normal aging process.

Musculoskeletal medicine incorporates aspects of orthopaedics, rheumatology, rehabilitation medicine and pain medicine.

Musculoskeletal, or orthopaedic medicine, includes common ailments such as whiplash, back and buttock pain where findings on radiological investigation do not often correlate strongly with the clinical presentation, requiring a detailed clinical examination to assess biomechanical dysfunction and to interpret referred pain patterns. This subspecialty provides professional links between medical practitioners and allied health disciplines such as physiotherapy, occupational therapy, osteopathy, chiropractic, myotherapy and exercise physiology.

Musculoskeletal conditions cause a significant pain burden in the community that often involve complex psychological processes. Psychological conditions can result in somatic pain and many people with chronic pain have comorbid psychological diagnoses.

The successful management of musculoskeletal conditions requires a holistic, patient centred approach.

Occupational medicine

Occupational medicine deals with all aspects of the relationship between the work environment and the health of workers, with the aim of improving health and minimising injuries in the workplace.

General practitioners can bring medical expertise to the human interface of the workplace to help provide improved outcomes in both physical and mental health, assist in the reduction and elimination of preventable accident or injury, and reduce and prevent the potential for negative health impacts from the work environment.

Oncology

The general practice management of cancer involves caring for people with cancer and their carers over the entire spectrum of cancer control including:

- primary prevention such as advising smoking cessation and providing other behavioural advice about diet, weight control, physical activity and sun protection
- promoting and contributing to the delivery of national cancer screening programs for cervical, breast and colorectal cancer
- early detection, investigation, referral and management of symptomatic cancer and appropriate management of symptoms of potential oncological significance
- contributing to care during active treatment, in some cases through direct involvement in care delivery or in other instances through care coordination
- psychological support of patients and families throughout the patient's cancer journey
- early detection and management of recurrence of cancer or side effects of treatment including ongoing monitoring following treatment and through remission
- early detection and understanding for urgent management of cancer related emergencies such as neutropaenic sepsis, spinal cord compression, deep venous thrombosis and pulmonary emboli
- palliation of symptoms associated with the disease and its treatment.

Palliative care

Palliative care is the active total care of patients whose disease is not responsive to curative treatment. Control of pain and other symptoms, and psychological, social and spiritual issues, is paramount to provide the best quality of life for patients and their families. Palliative care is also by definition 'team care' and so careful assessment of symptoms and the needs of the patient should be undertaken by a multidisciplinary team.

The World Health Organization defines palliative care as:

'An approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.

Palliative care:

- provides relief from pain and other distressing symptoms
- affirms life and regards dying as a normal process
- intends neither to hasten or postpone death

- integrates the psychological and spiritual aspects of patient care
- offers a support system to help patients live as actively as possible until death
- offers a support system to help the family/carers cope during the patient's illness and in their own bereavement
- uses a team approach to address the needs of patients and their families/carers, including bereavement counselling if indicated
- enhances quality of life, and may also positively influence the course of illness, and
- is applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy, and includes those investigations needed to better understand and manage distressing clinical complications'.

Pain management

Pain is defined as an unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage.

Pain is always subjective and each person's individual experience of pain is related to their life experiences, such as injury in early life.

Stimuli that cause pain may be associated with actual or potential tissue damage. While this sensation in itself may be unpleasant, there is also an accompanying emotional experience including fear.

Patients who are unable to communicate verbally can still experience pain and may need appropriate pain relieving treatment.

Some people report pain in the absence of tissue damage or any likely pathophysiological cause, which may indicate a psychological basis. Based on subjective reports, there may be no way to distinguish their experience from that due to tissue damage. If a patient regards their experience as pain, and if they report it in the same ways as pain caused by tissue damage, this should be accepted as pain. This definition avoids tying pain to the stimulus.

Experiences that resemble pain but are not unpleasant, such as pricking, should not be called pain. Unpleasant abnormal experiences (dysesthesias) may also be pain, but are not necessarily so because subjectively they may not have the usual sensory qualities of pain. There is a wide range of terms to describe types of pain and pain related symptoms.

Sexual health

The general practice management of sexual health covers physical, emotional, mental and social wellbeing in relation to sexuality, and not merely the absence of disease, dysfunction or infirmity.

Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. According to the

World Health Organization working definition, for sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.

As community based health practitioners, general practitioners are vital to the maintenance of individual sexual health.

Sports medicine

Sports medicine encompasses the range of study into the medicine of exercising people. This involves the assessment and management of sporting people, the prevention of injury through the application of sports science knowledge and the application of exercise physiology knowledge to our community at large.

The core elements for consideration are knowledge of:

- the prevention and management of common sport and exercise related injuries
- the role of inactivity in the aetiology of chronic disease, and
- exercise as a therapeutic tool.

Critical thinking and research

Critical thinking is a core competency for evidence based general practice and an essential precursor to research. It is also essential for evaluating and understanding the implications of research for clinical practice.

Critical thinking involves a continual questioning of the assumptions underpinning all aspects of a general practitioner's professional life and consists of:

- critical appraisal — the process of assessing and interpreting evidence by systematically considering its validity, results and relevance — necessary for the evaluation of research results and their application to clinical practice
- critical evaluation of the context of general practice
- critical introspection to gain an understanding of personal knowledge, experience and values that influence the way medicine is practised.

General practice and primary care research have been described as 'the missing link in the development of high quality, evidence based healthcare for populations'.

Using a broad, conceptual definition, the research process can be summarised as deliberately asking questions within the framework of existing knowledge and seeking answers following a systematic process which includes:

- obtaining appropriate information in an ethical, transparent and reproducible manner
- appropriately analysing the information

- drawing conclusions on the basis of the validity and reliability of the information and meaning of the results, and comparing these results to other studies
- disseminating the implications widely, including to those who may effect change.

The spectrum of research activities is wide and can include evaluation studies, intervention studies, clinical audits, large scale multicentre clinical trials, and patient satisfaction studies. Research activities can use qualitative or quantitative research methods, or a combination of both. However, each of these activities must be conducted according to the established 'rules' of the research process in order to be considered research.

Undifferentiated conditions

Undifferentiated conditions refer to ambiguous, uncertain, unexplained and undiagnosed symptoms, problems, conditions and illnesses presenting to the clinician.

The causes and management of undifferentiated conditions may become clearer through history, examination or investigations, or may become clearer over time as a disease process progresses.

For example, a connective tissue disease such as systemic lupus erythematosus may first present as tiredness, but further investigation or the passage of time may result in the diagnosis becoming clearer. Similarly, the cause of an initial presentation of undiagnosed chest pain would become apparent if a dermatomal rash developed after day, ie. herpes zoster.

Some undifferentiated conditions remain undiagnosed despite thorough assessment and investigation.

Some undifferentiated conditions may have a psychological origin, which presents potential challenges to patient safety because of the potential for missed, delayed or wrong diagnosis.

E-health

E-health is a rapidly evolving component of healthcare and is a basic requirement for providing general practice care in the 21st century.

E-health has been defined as 'the transfer of health resources and healthcare by electronic means'. E-health is 'the electronic collection, management, use, storage and sharing of healthcare information. This information can include individual items such as referrals, test results, discharge summaries, vaccination history, medication history and diagnoses'. E-health encompasses products, systems and services including tools for supporting healthcare.

These tools are used by:

- health professionals
- health authorities

- patients
- the wider general community.

‘E-health systems that securely and efficiently exchange data can significantly improve how clinical and administrative information is communicated between healthcare providers. As a result, e-health systems have the potential to unlock substantially greater quality, safety and efficiency benefits.

E-health has the capacity to benefit all Libyans – individual consumers, healthcare providers and organisations’.

The scope of e-health includes desktop to bedside and population health activities. These present complex information management challenges in supporting individualised patient care and present challenges for GPs in both clinical practice and practice administration.

‘Telehealth’ relates to the direct (eg. video conferencing) or indirect (eg. website delivery) delivery of health information or healthcare to a recipient. Telehealth essentially means ‘healing at a distance’ and involves both the electronic transmission and storage of health information/images in the delivery of both clinical and nonclinical health services utilising a range of telecommunications technologies.

Multidisciplinary care

Multidisciplinary care occurs when professionals from a range of disciplines with different but complementary skills, knowledge and experience work together to deliver comprehensive healthcare aimed at providing the best possible outcome for the physical and psychosocial needs of a patient and their carers. As patient needs may change with time, the composition of the team may also change to meet these needs.

A strong culture of multidisciplinary care is seen as critical to improving the primary healthcare of Libya.

Integrative medicine

Integrative medicine refers to the blending of conventional and evidence based complementary medicines and therapies with the aim of using the most appropriate of either or both modalities to care for the patient as a whole. Integrative medicine, like general practice, embraces and encourages a holistic approach to practice that incorporates patient involvement in self healthcare, prevention and lifestyle interventions. Integrative medicine encompasses more than complementary medicine, although this integration is an important and obvious aspect of integrative medicine.

Integrative medicine also describes a style of clinical practice and is best defined as ‘the practice of medicine that reaffirms the importance of the relationship between practitioner and patient, focuses on the whole person, is informed by

evidence, and makes use of all appropriate therapeutic approaches, healthcare professionals, and disciplines to achieve optimal health and healing’.

For the purposes of the Libyan board of general practice curriculum, complementary medicine will refer to evidence based therapies and medicines that are not conventionally used by doctors, but may complement medical management and be successfully integrated into it – whether the therapy is delivered by a doctor or a suitably trained complementary medicine practitioner.

The National Center for Complementary and Alternative Medicine in Australia classifies complementary and alternative therapies, regardless of any supporting evidence base, into five categories or domains.

Alternative medical systems

Alternative medical systems are built on complete systems of theory and practice. Examples of alternative medical systems that have developed in Western cultures include homeopathic medicine and naturopathic medicine. Examples of systems that have developed in non-Western cultures include traditional Chinese medicine, acupuncture and Ayurveda.

Mind-body interventions

Mind-body medicine uses a range of techniques designed to enhance the mind’s capacity to affect bodily function and symptoms. Some techniques, which were considered complementary and alternative therapies in the past, have become mainstream (eg. patient support groups and cognitive behavioural therapy). Other mind-body techniques are still considered complementary and alternative therapies. These include meditation, prayer, mental healing, and therapies that use creative outlets such as art, music or dance.

Biologically based therapies

Biologically based therapies in complementary and alternative therapies use substances found in nature such as herbs, foods, and vitamins. Some examples include dietary supplements and herbal products. Some uses of dietary supplements have been incorporated into conventional medicine, for example, folic acid for prevention of neural tube defects and cholecalciferol when serum vitamin D levels are below normal for the prevention of osteoporosis.

Manipulative and body based methods

Manipulative and body based methods in complementary and alternative therapies are based on manipulation and/or movement of one or more parts of the body. Some examples include chiropractic or osteopathic manipulation and massage.

Energy therapies

Energy therapies involve the use of energy fields. They are of two types. Biofield therapies involve the existence of energy fields that have not been scientifically proven. Some forms of energy therapy manipulate biofields by

applying pressure and/or manipulating the body by placing the hands in, or through, these fields. Examples include qi gong, Reiki and therapeutic touch. Bioelectromagnetic based therapies involve the unconventional use of electromagnetic fields such as pulsed fields, magnetic fields, or alternating current or direct current fields.

Due to the changing nature of evidence and clinical practice there is a grey area about whether some particular therapies are classified as complementary or conventional.

Quality and safety

Quality in healthcare means the best possible health outcomes given the available circumstances and resources, consistent with patient centred care.

Safety in healthcare is reducing the risk of unnecessary harm to an acceptable minimum level. Patient safety is the freedom from hazards due to medical care or medical error in the general practice setting and is considered to be one of the dimensions of the quality framework for general practice. Harm can arise in healthcare, by omission or commission, and from the environment in which the healthcare is carried out. In reality, the total absence of harm in the healthcare setting is unachievable and so the concept of safety relates to reducing the risk of unnecessary harm to an acceptable minimum level. An acceptable minimum level refers to the level of risk that is generally acceptable given the level of current knowledge, available resources and the context in which care is delivered weighed against the risk of having or not having treatment.

Systemic errors are based on the concept that although individuals make errors, characteristics of the systems within which they work can make errors more likely. Error inquiry in patient safety then focuses on circumstances rather than on operator characteristics. More errors are likely to be eliminated by focusing on systems than on individuals.

Quality and safety initiatives in general practice often involve quite complex terminology and consistent use of language is required to enable constructive approaches to gaining skills in this area. This curriculum uses patient safety terms and language consistent with the World Health Organization and the taxonomy of the World Alliance for Patient Safety.

Practice management

Practice management involves decisions, actions and resource allocation to enable the provision of professional services to meet the objectives of the organisation.

The management of a medical practice requires understanding of the needs of the health professionals, patients, nonmedical staff and the community.

Management processes involve planning, finance, technology application, information and, most importantly, people.

Procedural skills

Procedural skills encompass the areas of clinical care that require physical and practical skills of the clinician in order to accomplish a specific and well characterised technical task, or medical procedure (or just a procedure).

A procedure is a manual intervention that aims to produce a specific outcome during the course of patient care; it may be investigational, diagnostic, and/or therapeutic, and is usually able to be performed in the ambulatory primary healthcare setting thus excluding:

- manual skills which are part of routine clinical examination
- purely interpretive skills

Inherent in the term of medical procedure is the concept of invasiveness. This may involve discomfort for the patient and a risk of adverse effects and complications associated with the procedure in addition to those associated with the medical condition which initially necessitated the procedure. This aspect of invasiveness is not absolute, as some procedures are more invasive than others, for example, venepuncture compared with urinalysis.

Procedures may require the use of equipment which, in turn, implies the need for appropriately equipped and resourced facilities with quality control processes in place for the successful completion of the procedure.

Procedural skills requirements vary according to the context in which procedures are performed and according to the level of complexity of the required procedure. Procedural skill competency is the type and level of behaviour required in relation to a specific skill to achieve a successful outcome.

Clinicians need to be familiar with the professional, legal and jurisdictional requirements regarding eligibility to perform particular procedures.

Procedural competency often involves the acquisition of specific psychomotor skills. Procedural skills training needs to provide the opportunity to perform and perfect the necessary psychomotor skills, taking into account that the acquisition of knowledge and skills takes place at an individual rate.

Quality use of medicines

The quality use of medicines refers to the process of:

- selecting patient management options wisely
- choosing suitable medicines if a medicine is considered necessary
- using medicines safely and effectively.

The term ‘medicine’ includes prescription, nonprescription and complementary medicines.

This definition of quality use of medicine not only applies to medicines in the general practice setting, but also to all medicines used by individual patients that can affect their health. This whole-health system view is necessary as general practice patients obtain their medications from a range of sources such as those initiated by themselves, other general practitioners, other medical specialists, pharmacists and complementary therapists.

Teaching, mentoring and leadership in general practice

Doctors have long held a tradition of teaching. The Hippocratic Oath refers to the importance of teaching and mentoring. Even the origins of the word ‘doctor’ come from the Old French for ‘teacher’, based on the Latin ‘docere’ (Oxford English Dictionary).

General practitioners possess many teaching skills that are often not recognised. All GPs educate their patients, and these teaching skills can be transferred to teaching medical students, general practice registrars, peers and health professionals. The skills for teaching can be acquired throughout the professional life, beginning in medical school.

Related to mentoring and teaching is leadership, which is being increasingly identified as a key skill vital to the success of healthcare, including general practice.

Leadership involves setting a vision for people, and inspiring and setting organisational values and strategic direction.

Leadership is different from management, which involves directing people and resources to achieve organisational goals set in place by leaders.

While distinct, both leadership and management are critical to achieving organisational success.

Curriculum feedback

Curriculum renewal is always ongoing due to the rapid pace of change of medicine and the general practice environment, and continued feedback is encouraged and welcomed via this page.

Feedback is welcome from all individuals and organisations to ensure that the Libyan public has the opportunity to help shape general practice to meet the needs of the Libyan community.

How to submit your comments on The Libyan board of general practice Curriculum for Libyan General Practitioners

You can contact the curriculum renewal team
via email on
www.lbmlibya.org
or post your feedback to:

Libyan board of general practice committee of Curriculum Renewal in 2024

Please complete the form below to submit your comment

Your details

First name

Surname

Email

Organisation

Occupation

Telephone no. (if applicable)

**The Libyan board of general practice
Curriculum for Libyan General Practice**

Common training outcomes

Contents

Definition

Rationale and general practice context

The three domains of general practice

Training outcomes of the three domains of general practice

Common training outcomes

Definition

The Libyan board of general practice define the common training outcomes for general practice as those ‘training outcomes that are relevant to consulting with all patients in unsupervised general practice’. They outline the minimum skill sets required for competent practice as a general practitioner.

Rationale and general practice context

The Libyan board of general practice developed the common training outcomes after taking into account:

- what GPs need to know (the domains of general practice)
- why most people seek the services of a GP (common patient presentations)
- the health needs and priorities of Libyan’s population.

Common patient presentations

General practice primarily involves providing advice to individual patients in the diagnosis, treatment and management of medical conditions.

General practitioners manage the majority of medical presentations in the community.

The Curriculum for Libyan’s General Practice reflects the type of patient presentations that come to the attention of GPs and therefore highlight:

- problems which significantly contribute to morbidity and mortality
- common presentations which exemplify general practice
- presentations requiring special skills
- health problems which present differently in different population groups
- presentations with a public health significance
- health problems that have been shown to be preventable.

Key educational principles and concepts

This curriculum for Libyan General Practice is based on the following key educational concepts and principles:

Needs focused training

Directed toward meeting the healthcare needs and priorities of the Libyan community.

Learning as a continuum

Integrates vocational training with undergraduate, postgraduate and continuing medical education.

Lifelong learning

Encourages a commitment to continuous improvement of knowledge and skills throughout the GP's learning life.

Experiential learning

Emphasises training as a supervised 'real world' clinical experience of consulting with patients presenting with the common and significant conditions that exemplify general practice.

Purpose driven learning

Clearly states purposes and curriculum requirements to enable learners to make informed choices about learning pathways.

Integrated training

Balances and integrates experiential, information based and reflective learning.

Adult learning

Uses models of learning based on recognition of different learning styles and needs.

Self directed learning

Expects adult learners to exercise significant autonomy in making choices about their learning.

Feedback

Requires high quality and regular feedback to learners on their performance as an integral and critical part of teaching and supervision.

Assessment

Regular assessment of learner achievement of curriculum learning objectives during and at the end of training to determine satisfactory completion of training requirements.

Related curriculum areas

Refer also to the curriculum section:

Learning life of general practitioners for further information on educational principles.

The three domains of general practice

The three domains of general practice represent the critical areas of knowledge, skills and attitudes necessary for competent unsupervised general practice. They are relevant to every patient interaction. Teaching and learning is based on the acquisition of these key knowledge, skills and attitudes.

This section relates the three domains of general practice to the common training outcomes.

Domain 1. Communication and clinical knowledge and skills

- Good communication skills enable a GP to develop a relationship with patients in order to understand both the illness and the patient's experience of that illness, and to move freely between clinical problem solving and the patient's experience of the problem. Communication skills and the patient-doctor relationship includes the following areas:
 - communication skills
 - patient centredness
 - communicating health promotion
 - whole person care.
- The application of professional clinical knowledge and skills requires a comprehensive, patient centred approach. This applies not only to health and disease, but also to the individual's experience of illness in terms of their culture, family and community. This approach includes analysis of the appropriateness and cost effectiveness of all clinical interactions. Applied professional knowledge and skills includes the following areas:
 - physical examination and procedural skills
 - medical conditions
 - decision making.

Domain 2. Population health in the context of general practice

It is an essential component of primary healthcare. The GP has an evolving role with the potential to create change at the individual patient, practice, and community levels within the healthcare system. This requires knowledge of the sociopolitical, economic, geographical, cultural and family influences on the health of patient groups and their communities.

Community medicine in the context of general practice includes the following areas:

- epidemiology
- public health
- prevention
- family influence on health
- resources.

Domain 3. Professional and Organisational role

- The GP's professional relates to their behaviour with respect to patients, colleagues and the community. Professional ethics are based on belief systems of the profession and the community. Professional role includes the following areas:
 - duty of care
 - standards
 - self appraisal
 - teacher role
 - research
 - self care
 - networks.
- Organizational dimensions includes the following areas:
 - information technology/e-health
 - records
 - reporting
 - confidentiality
 - practice management.

Training outcomes of the three domains of general practice

1. Communication and clinical knowledge and skills

CTOT1.1 General practitioners who are competent in this domain will be able to:

_CTO1.1.1 critically appreciate the nature of the relationship between patient and doctor and its therapeutic potential

_CTO1.1.2 understand of different consultation models

_CTO1.1.3 use a patient centred approach

_CTO1.1.4 have the communication skills and attitudes needed to foster effective whole person care

_CTO1.1.5 have the skills to undertake effective individualistic and opportunistic health education and promotion.

_CTO1.2 The minimum knowledge, skills and attitudes in this domain that GPs need to demonstrate are how to:

_CTO1.2.1 establish rapport and be empathic with patients

_CTO1.2.2 develop good listening and language skills appropriate to the patient

_CTO1.2.3 adopt appropriate verbal and nonverbal communication styles for different situations (eg. emotional states, state of health, disadvantage, cultural background)

_CTO1.2.4 elicit the patient's issues, problems and concerns

_CTO1.2.5 engender confidence and trust (and advocate on the patient's behalf where appropriate)

_CTO1.2.6 use body language and touch in an appropriate manner to establish trust in a therapeutic relationship

_CTO1.2.7 find common ground with patients about their problems and expectations

_CTO1.2.8 negotiate an effective management plan and agree on respective responsibilities and limits with the patient and their family

_CTO1.2.9 communicate effectively and appropriately with significant others (eg. partner and family)

_CTO1.2.10 recognise opportunities for health promotion and education and respond appropriately to increase the patient's capacity for self care

_CTO1.2.11 confirm the patient's understanding of the problem, management, advice and follow up.

_CTO1.3 General practitioners who are competent in this domain will need to demonstrate:

_CTO1.3.1 a knowledge of significant medical conditions and approaches to undifferentiated problems

_CTO1.3.2 skills in information gathering, physical examination, the undertaking of procedures and clinical decision making

_CTO1.3.3 a critical appreciation of the need for continuity and integration of care, cost effective investigations, rational prescribing and the need to continually undertake critical self appraisal.

_CTO1.4 The minimum knowledge, skills and attitudes in this domain that GPs need to demonstrate are how to:

_CTO1.4.1 take a history and perform a physical examination relevant to presenting problems

_CTO1.4.2 develop a working diagnosis from their knowledge and experience and the information gathered

_CTO1.4.3 critically use investigations and interpret the results to refine the working diagnosis

_CTO1.4.4 recognise and manage the significantly ill patient

_CTO1.4.5 consider the possibility of serious illness inherent in many common presentations

_CTO1.4.6 competently manage common problems (including undifferentiated illness)

_CTO1.4.7 negotiate, prioritise and implement management plans

_CTO1.4.8 prescribe safely and cost effectively from an informed knowledge base

_CTO1.4.9 use hospital and community based expertise, resources and networks effectively

_CTO1.4.10 make valid and timely decisions about referral and follow up

_CTO1.4.11 develop and maintain essential procedural skills

_CTO1.4.12 recognise their own abilities and limitations, responding appropriately

_CTO1.4.13 accept and manage uncertainty

_CTO1.4.14 be critical and discriminating in the use of information from a range of sources

_CTO1.4.15 consistently apply universal precautions principles.

2. Population health in the context of general practice

_CTO2.1 General practitioners who are competent in this domain will need to:

_CTO2.1.1 have an understanding of demographics, epidemiology, public health problems and health needs of special groups

_CTO2.1.2 be aware of the patterns and prevalence of disease and be able to participate in population based preventive strategies

_CTO2.1.3 have a critical appreciation of the impact on the health of the patient of their sociopolitical, economic, work, spiritual and cultural background and needs, and their relationships with family and significant others

_CTO2.1.4 possess skills in advocacy and in using community resources

_CTO2.1.5 appreciate the importance of a public health perspective in general practice.

_CTO2.2 The minimum knowledge, skills and attitudes in this domain, which GPs need to demonstrate, are how to:

_CTO2.2.1 elicit and take into account a patient's sociopolitical, economic, work, spiritual, linguistic and cultural background and needs, as well as their relationships with family and significant others in relation to their health

_CTO2.2.2 understand and respond to the special needs and characteristics of their practice population including disease prevention and health promotion screening and recall systems, and access and equity issues

_CTO2.2.3 use a working knowledge of, and be involved in assisting the health of the community locally, regionally and nationally. This includes participating in community based prevention and education strategies and accessing available health services such as networking with other GPs, GP organisations and healthcare providers, involvement in the public health system and strategies (eg. notifiable diseases and environmental issues)

_CTO2.2.4 understand and utilise the Libyan healthcare system (including its funding planning, services policies and community resources).

3. Professional and Organisational role

_CTO3.1 General practitioners who are competent in this domain will need to demonstrate:

_CTO3.1.1 the special duty of care that arises when a patient-doctor relationship is established and the patient's needs involve the risk of injury. Doctors have a duty to exercise due care and skill to avoid any such injury and will become legally liable for the consequences of their own negligence

_CTO3.1.2 reflective skills and self appraisal

_CTO3.1.3 maintenance of professional standards, which imply that all doctors have an obligation to keep abreast of, and be informed about technical advances, new techniques and new therapies appropriate to their field of medicine (or field in which they profess to have special skills)

_CTO3.1.4 special duty of care at all times

_CTO3.1.5 professional standards of practice according to contemporary ethical principles

_CTO3.1.6 skills in reflection and professional self appraisal and being committed to lifelong learning and continuous professional improvement

_CTO3.1.7 skills that fulfil their role as teacher, leader and change agent

_CTO3.1.8 an understanding of research, evaluation and audit skills

_CTO3.1.9 use of professional networks and maintenance of their own wellbeing and that of their families.

_CTO3.2 The minimum knowledge, skills and attitudes in this domain that the general practice registrar needs to demonstrate are:

_CTO3.2.1 special duty of care:

- responsibility for the optimal care of patients (including acting on patient cues, respecting patient-doctor boundaries and confidentiality, recognising own limitations, ensuring appropriate reporting and follow up, and undertaking advocacy as appropriate)
- respect for a patient’s culture and values, and an awareness of how these have an impact on the therapeutic relationship
- understand the rights of patients to access competent, compassionate care, to be fully informed and their right to self determination

_CTO3.2.2 reflective skills and self appraisal:

- the capacity for self awareness, reflection and self appraisal
- the skills of lifelong learning
- basic skills in clinical audit, critical appraisal and critical incident analysis, and professional development
- networks for personal and clinical support
- time management and coping skills sufficient to maintain care of self and family

_CTO3.2.3 maintenance of professional standards:

- achieve and maintain professionally defined clinical practice standards
- adhere to the professional codes of ethics
- contribute to the development of general practice by gaining skills in areas such as teaching, research and evaluation.

_CTO3.3 General practitioners who are competent in this domain will need to:

_CTO3.3.1 ensure adequate arrangements are made for the availability and accessibility of care, and to ensure safety netting, screening and recall systems are in place

_CTO3.3.2 have a critical appreciation of patient and practice information technology and management requirements, medical records and legal responsibilities, and reporting, certification and confidentiality requirements

_CTO3.3.3 understand effective practice management principles and processes.

_CTO3.4 The minimum knowledge, skills and attitudes that GPs need to demonstrate are:

_CTO3.4.1 use of personal, organisational and time management skills in practice

_CTO3.4.2 accurate and legible recordings of consultations and referrals to enable continuity of care by GPs and other colleagues

_CTO3.4.3 use and evaluation of practice management skills relating to patient access guidelines, staff management, teamwork, office policies and procedures, and financial and resource management

_CTO3.4.4 manage information and data systems relating to clinical standards, guidelines and protocols; medical records; information technology; communication and transfer of patient related information; screening, recall and related systems; and access and confidentiality

_CTO3.4.5 incorporate medicolegal knowledge and responsibilities relating to certification, confidentiality, legal report writing, prescribing; informed consent, duty of care, and litigation

_CTO3.4.6 work within statutory and regulatory requirements

_CTO3.4.7 meet acceptable practice standards.

**The Libyan board of general practice
Curriculum for Libyan General Practice**

Philosophy and foundation of general practice

Contents

Definition

General practice context

Training outcomes of the three domains of general practice

Definition

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

This foundation defines:

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

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

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

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

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

General practice context

General practice is considered as the primary focus of the Libyan healthcare system. General practitioners should provide ongoing patient centred healthcare for all members of the community based on an understanding of health and illness as a uniquely personal experience, shaped by past experience, cultural, social and contextual dimensions. General practice should manage patient health and illnesses grounded in knowledge from biomedical, psychosocial, intrapersonal and interpersonal perspectives.

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

Libyan general practice in the 21st century is the continuation of a millennium-long tradition of caring for the sick, and the central place of general practice will continue to evolve as part of a dynamic, diverse society, which it will reflect and influence.

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

These include:

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

The patient-centred approach to general practice care

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

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

Managing complexity and uncertainty in general practice

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

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

Issues contributing to complexity and uncertainty in these areas include:

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

General practitioners as patient advocates in complex health systems

In contrast to specialist practice, in which patients are selected to match the service provided, GPs need to be flexible and able to draw on an extensive range of knowledge and skills in meeting the health needs of individual patients, both in the short term and over a long professional relationship.

General practitioners incorporate the expertise of other healthcare providers as appropriate, and this includes the essential role of acting as patient guide and advocate in an increasingly fragmented healthcare system.

Good general practice primary care improves the health of populations

When the health systems firmly based on primary healthcare have been shown to achieve better health outcomes, improve health equality and be cost effective.

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

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

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

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

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

The patient is the centre of concern

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

This principle requires GPs to:

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

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

‘It is important that patients can trust their GP. Sometimes more good is done by just listening.’

This principle requires GPs to:

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

Distinctive problem solving skills

‘I know the community. I know the “horses and zebras”. I often need to juggle several problems at a time. General practice is an art and a science.’

This principle requires GPs to:

- relate the diagnostic process to the community context (eg. disease prevalence)
- recognise serious and urgent problems
- use time as a tool
- tolerate uncertainty
- collaborate with patients on acceptable management plans
- integrate comorbidities into management decisions
- use investigations and technology appropriately
- integrate scientific evidence and other relevant factors toward a solution
- move from one mode or role to another (eg. diagnostician, counsellor) as required by the problem at hand or by the patient’s needs
- engage in reflective practice.

Primary care management

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

This principle requires GPs to:

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

Holistic perspectives

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

This principle requires GPs to:

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

Comprehensive scope

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

This principle requires GPs to:

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

Community based context

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

This principle requires GPs to:

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

Related curriculum areas

Refer also to the curriculum statement:

- Common training outcomes.

Training outcomes of the three domains of general practice

1. Communication and clinical knowledge and skills

- _PHI1.1 Demonstrate respect for patient autonomy.
- _PHI1.2 Work in partnership with the patient as determined by the needs of the patient.
- _PHI1.3 Negotiate patient centred management plans that consider the patient's preference of treatment and priority of treatments.
- _PHI1.4 Use communication skills to underpin effective diagnosis and management of the patient (eg. listening, reassuring, explaining, interpreting).
- _PHI1.5 Use communication skills to build and maintain a therapeutic relationship between patient and doctor.
- _PHI1.6 Apply specific counselling skills in different situations.
- _PHI1.7 Foster continuity of care as determined by the needs of the patient.
- _PHI1.8 Move from one mode to another (diagnostician, counsellor) as required by the problem at hand or the patient's needs.
- _PHI1.9 Relate the diagnostic process to the community context when problem solving.
- _PHI1.10 Recognise serious and urgent problems.
- PHI1.11 Use problem solving skills to collaborate with patients on acceptable management plans.
- _PHI1.12 Integrate comorbidities when problem solving.
- _PHI1.13 Use investigations and technology appropriately when problem solving.
- _PHI1.14 Integrate scientific evidence and other relevant factors when problem solving.
- _PHI1.15 Manage unselected and undifferentiated presentations.
- PHI1.16 Manage patients with chronic health problems.
- _PHI1.17 Have a holistic perspective that is integrative rather than reductionist.
- _PHI1.18 Be able to diagnose and manage a broad range of health conditions across multiple systems.

2. Population health in the context of general practice

- _PHI2.1 Have a holistic perspective, taking into account the patient's social, psychological, cultural and existential dimensions.
- _PHI2.2 Treat a wide range of patients not limited by age, gender, ethnicity or health problem.
- _PHI2.3 Be able to diagnose and manage disease at any chronological stage in the process, including health promotion, prevention, case finding, acute presentations, chronic illness and palliative care.
- _PHI2.4 Be limited only by what may be managed in the particular community (not just primary care).
- _PHI2.5 Respond to the needs of the community.

- _PHI2.6 Adapt to political priorities.
- _PHI2.7 Mediate between medicine and community.

3. Professional and Organisational role

- _PHI3.1 Tolerate uncertainty when problem solving.
- _PHI3.2 Have a capacity for self awareness and recognise boundaries in the patient-doctor relationship.
- _PHI3.3 Practise reflective thinking when problem solving.
- _PHI3.4 Use time as a tool when problem solving.
- _PHI3.5 Triage appropriately when working in teams or integrating the expertise of other healthcare providers.
- _PHI3.6 Work effectively within the healthcare system and know the rules for procedures (eg. prescribing).
- _PHI3.7 Understand the private practice context.

**The Libyan board of general practice
Curriculum for Libyan General Practice**

Medical student level

1. Communication and clinical knowledge and skills

MPOP1.1 Take a patient history including risk factors relevant to socioeconomic determinants of health.

MPOP1.2 Demonstrate the ability to counsel patients about their health risks, especially the risk factors of smoking, nutrition alcohol and physical activity.

MPOP1.3 Outline the use of focused brief advice and other strategies such as cognitive behavioral therapy and motivational interviewing in consultations about the common lifestyle factors of smoking, nutrition alcohol and physical activity.

MPOP1.4 Describe the epidemiology of common conditions in Libya and internationally.

MPOP1.5 Describe Libyan population based health priorities and programs targeting these conditions in Libya.

MPOP1.6 Compare common causes of Libyan mortality to the common causes of Libyan morbidity that reduce quality of life.

MPOP1.7 Describe how socioeconomic determinants of health are related to common illnesses and presentations and be conversant with the evidence supporting this relationship.

MPOP1.8 Describe the principles of screening and apply these to screening for important diseases in clinical practice

MRUR1.1 Demonstrate how to establish rapport and empathy with patients from different socioeconomic, occupational and cultural background within rural communities.

MRUR1.2 Demonstrate the ability to recognize the range of common and significant patient presentations found in rural communities.

MRUR1.3 Outline the basic management of the range of illness and disease occurring in their rural communities including possible serious illness, which may be inherent in many common presentations.

MRUR1.4 Identify cross-cultural issues applying to rural general practice

MDOC1.1 Describe the differences between communicating with doctor-patients and the communication skills required to treat patients.

MDOC1.1 Describe the risks of access to drugs in the workplace, self-medication and the unique occupational health and safety issues faced by doctors with diagnostic knowledge and prescribing ability.

MDOC1.2 Describe the aspects of the professional medical culture that may result in adverse health outcomes for doctors including invulnerability, adjusting to diagnosis of illness and seeking treatment and support from colleagues.

MGEN1.1 Demonstrate sensitivity to the personal beliefs of patients and their family, and the impact this has on a genetic diagnosis and the actions that follow this diagnosis.

MGEN1.2 Describe how common genetic conditions arise and what their impact might be on the individual and their family.

MGEN1.3 Be able to notate a three-generation family tree and recognize modes of inheritance.

MGEN1.4 Describe how DNA technology is applied in diagnostic investigations.

MGEN1.5 Demonstrate a functional understanding of the molecular basis of inheritance and the DNA processes involved in different modes of inheritance.

MCYP1.1 For children:

MCYP1.1.1 outline major communication skills and give examples of each

MCYP1.1.2 describe how to establish rapport with babies and young children

MCYP1.1.3 describe the similarities and differences between the processes of admitting a child to hospital and consulting with children in the community.

MCYP1.2 For young people:

MCYP1.2.1 generate useful questions under each subheading of the HEADSS (Home environment, Education and employment, Eating, peer related Activities, Drugs, Sexuality, Suicidality/ depression, and Safety from injury and violence) schema

MCYP1.2.2 explain confidentiality and its limits to young people.

MCYP1.3 For children:

MCYP1.3.1 describe the clinical characteristics of life-threatening illnesses in childhood

MCYP1.3.2 describe the clinical characteristics of common illnesses in childhood

MCYP1.3.3 discuss evidence based interventions for common problems in the first year of life

MCYP1.3.4 outline developmental milestones

MCYP1.3.5 discuss resilience and the relation to protective and risk factors in a child's family and social environment

MCYP1.3.6 demonstrate health checks in children, including the ability to examine vision in children aged 3–5 years.

MCYP1.4 For young people:

MCYP1.4.1 describe the developmental tasks of adolescence

MCYP1.4.2 discuss cultural factors that might influence a young person's experience of adolescence

MCYP1.4.3 describe the physiology of puberty

MCYP1.4.4 describe the clinical characteristics of common adolescent specific health conditions

MCYP1.4.5 discuss the importance of the sub-stages of adolescent development for understanding risk taking behaviors

MCYP1.4.6 discuss resilience and its relation to protective and risk factors in a young person's family and social environment.

MWOM1.1 Apply principles of women centered clinical care, including encouraging an equal partnership, shared decision making and recognizing the role of gender and power in the patient-doctor relationship.

MWOM1.2 Outline cultural issues in communication pertaining to gender including:

MWOM1.2.1 understanding Libyan society and the healthcare needs of women

MWOM1.2.2 being aware that some cultural groups prefer to see doctors of a particular gender

MWOM1.2.3 acknowledging the health beliefs and health seeking behaviors of women from different cultures

MWOM1.2.4 understanding the influence of the doctor's gender on disclosure of sensitive issues.

MWOM1.3 Demonstrate facilitation of communication with women attending with dependents such as children, disabled/elderly family or friends.

MWOM1.4 Demonstrate sensitive and empathic facilitation of disclosure with regard to intimate issues including sexual health, sexual orientation, gender identity, body image and all forms of abuse.

MWOM1.5 Demonstrate skills in physical examination, in medically justified circumstances, that creates a sense of comfort and safety for the patient.

MWOM1.6 Demonstrate the ability to perform intimate examinations under supervision with sensitivity and care, allowing the woman to control the process, including:

MWOM1.6.1 cervical screening

MWOM1.6.2 pelvic examination

MWOM1.6.3 breast examination.

MWOM1.7 Discuss the effect of biological factors on women's health.

MWOM1.8 Demonstrate knowledge of women's health issues, problems, conditions and diseases, including those associated with fertility and contraception, pregnancy, childbirth and lactation, menstruation and premenstrual cycles, and the uterus, ovaries and breasts.

MWOM1.9 Describe how adolescence, pregnancy, breastfeeding, parenting, menopause and aging are natural events and not pathology.

MWOM1.10 Describe the psychosocial component of women's health.

MWOM1.11 Outline how forms of abuse, including physical, sexual, emotional, financial and psychological, impact on health.

MWOM1.12 Describe the importance of the role of the GP in maintaining and enhancing women's health and wellbeing while avoiding over-medicalization.

MMEN1.1 Identify why men may be less likely to discuss their health problems with healthcare providers.

MMEN1.2 Discuss the need for nonjudgmental communication with male patients.

MMEN1.3 Describe the clinical characteristics of common male specific health conditions and risks in Libya and relate these to each part of the male lifecycle.

MMEN1.4 Describe the impact of gender on lifestyle related diseases.

MMEN1.5 Describe and discuss the demographic diversity that exists within male patients and the affect on masculinity and health. This includes men in rural and isolated areas, non- Libyan born men, older men, and men with a disability, mental illness or other special needs.

MMEN1.6 Describe the presentation of male sexual health emergencies such as testicular torsion.

MMEN1.7 Discuss the social construction of masculinities, e.g. how boys are raised compared to girls and the effect of cultural attitudes on the social development of boys.

MMEN1.8 Summarize the psychosocial and health impacts caused by male unemployment.

MAGE1.1 Describe the impact of sensory impairment on effective patient-doctor communication and measures to address these barriers.

MAGE1.2 Describe the cultural and social barriers to patient-doctor communication with older people.

MAGE1.3 Discuss theories of the physiology of aging.

MAGELM2.2 Summarize the health promotion in the elderly including nutrition and exercise.

MAGE1.4 Describe how physical and psychosocial changes of aging affect lifestyle, including how people cope and situations in which they can no longer cope.

MAGE1.5 Describe common psychological and mental health issues in the elderly.

MAGE1.6 Describe methods of assessing patient mental health status and cognitive function.

MAGE1.7 Describe the impact of multiple health conditions on patient management.

MAGE1.8 Discuss pharmacology in older people, including altered drug metabolism.

MDIS1.1 Describe the centrality of effective and efficient communication in people's physical, emotional and social wellbeing across the lifespan in relation to people with a disability.

MDIS1.2 Identify the roles and responsibilities of each person in a communication exchange when managing a person with a disability.

MDIS1.3 Explain how different types of disability may have an impact on communication.

MDIS1.4 Describe the range of communication techniques, including behaviors that are used by people with disabilities.

MDIS1.5 Demonstrate skills and appropriate strategies to optimize communication with people with communication difficulties due to cognitive and/or physical impairment.

MDIS1.6 Describe the genetic basis, pathophysiology and for major disabilities outline the implications of these conditions for various organ systems including:

MDIS1.6.1 Down syndrome

MDIS1.6.2 fragile X syndrome

MDIS1.6.3 intellectual disability

MDIS1.6.4 autism spectrum disorders

MDIS1.6.5 cerebral palsy

MDIS1.6.6 developmental delay

MDIS1.6.7 acquired brain injury

MDIS1.6.8 quadriplegia and hemiplegia.

MDIS1.7 Explain the importance of making a diagnosis of the underlying cause of a person's disability, where possible.

MDIS1.8 Outline the likelihood of comorbidities that exist with various syndromes/etiological diagnoses and their interactions.

MDIS1.9 Explain the features and implications of the etiological (e.g. Down syndrome, fragile X syndrome) and functional (e.g. cerebral palsy, intellectual disability, autism) diagnostic labels of developmental disability for medical care.

MDIS1.10 Describe how medication and medical and psychiatric conditions may affect behavior.

MDIS1.11 Recognize common psychiatric disorders in people with intellectual disabilities that present as changed or disturbed behavior.

MDIS1.12 Explain the importance of proactive orderly health management and preventive health strategies for people with a disability, particularly people who have a cognitive and/or communication impairment.

MACU1.1 Describe why a patient centered approach is used in the management of acutely ill patients with diminished capacity for autonomous treatment decisions.

MACU1.2 Describe how communication in acutely ill patients may be influenced by age and other factors such as gender, ethnicity.

MACU1.3 Describe the principles involved in breaking bad news to patients and careers.

MACU1.4 Describe the abnormal physiology and manifestations of critical illness.

MACU1.5 Identify how an acute illness may be an acute exacerbation of a chronic disease.

MACU1.6 Discuss the principles of medical triage.

MACU1.7 Describe why resuscitation may need to precede full assessment.

MACU1.8 Demonstrate the basic principles of airway management and ventilatory and circulatory support.

MACU1.9 Describe contemporary practices in basic and advanced life support.

MACU1.10 Demonstrate cardiopulmonary resuscitation.

MACU1.11 Describe how to assess patient vital signs.

MACU1.12 Describe the general clinical presentations of important acute serious illness and trauma.

MACU1.13 Describe the diagnosis and management of common and important acute serious illness and traumatic conditions including eye problems, chest pain, the collapsed patient, acute abdominal pain,

respiratory problems (e.g. asthma), major trauma (e.g. face and spine), and common fractures (e.g. hip fractures in older people, wrist fractures in the young).

MACU1.14 Demonstrate the safe practice of common clinical skills such as intramuscular injections, blood taking (including blood cultures, preparation of intravenous fluids), use of nebulizers, simple suture and current tetanus recommendations.

MCHR1.1 Describe the use of appropriate verbal and nonverbal communication techniques (e.g. open and closed questioning, reflection, summarizing) to gather additional history from patients and, when appropriate, family members, careers and/or other members of the multidisciplinary team, especially relating to lifestyle factors and chronic disease.

MCHR1.2 Outline the assessment of adherence to medication regimens and sympathetically ascertain from the patient or, where appropriate, family members, careers and/or other members of the multidisciplinary team factors contributing to adherence.

MCHR1.3 Explain the need for specific physical examinations to be made in the context of a specific consultation at one point of time and obtain the patient's consent or, where appropriate, the consent of family members or careers to perform those examinations.

MCHR1.4 Outline effective communication of diagnoses of chronic diseases including comorbidities, acute exacerbations and/or acute complications of the disease to patients and, when appropriate, family members, careers and/or other members of the multidisciplinary team.

MCHR1.5 Outline the role of indicated tests and investigations (including pre- and post-test counselling) at different time points in the disease journey for prevalent chronic diseases (including at times of potential acute exacerbation or acute complication) and obtain the patient's consent or, where appropriate, the consent of family members or careers to perform those tests or investigations. Outline the same for tests and investigations that are not indicated.

MCHR1.6 Outline principles for communicating test and investigation results in the context of particular chronic diseases to patients and, when appropriate, family members, careers and/or other members of the multidisciplinary team.

MCHR1.7 Describe the use of a patient centered, supportive approach and develop ongoing relationships that help patients with chronic conditions to take as much responsibility as possible for their own health outcomes.

MCHR1.8 Describe the role of gaining an understanding of the patient's knowledge, attitudes and meaning of their illness.

MCHR1.9 Describe the use of patient centered communication in improving chronic disease health outcomes.

MCHR1.10 Describe the principles in negotiating and documenting appropriate management plans to maximize patients' wellbeing, autonomy

and personal control of their chronic disease outcomes, emphasizing a shared approach to decision making.

MCHR1.11 Describe attitudes and behaviors related to chronic conditions that may be barriers to positive health outcomes, including stigmatization, stoicism, social stereotyping and cultural norms.

MCHR1.12 Describe relevant history and examination skills for high quality management of internal medicine and chronic conditions.

MCHR1.13 Describe the principles of diagnosis, management and monitoring of chronic diseases and comorbidities and how these may relate to the disease course over time.

MCHR1.14 Outline the natural history, prognosis, treatment and management of the chronic conditions commonly encountered in general practice, including the differing ways in which treatments may affect some people.

MCHR1.15 Describe how the presence of comorbidities can affect disease prognosis and management.

MCHR1.16 Describe various physical, psychological and social levels of function and disability.

MCHR1.17 Outline the relevant anatomy, physiology, pathology and psychology appropriate to the management of common chronic conditions, the current best evidence for their management and the potential harms of pharmacological and non-pharmacological forms of treatment.

MCHR1.18 Describe the relevant risk factors for the future development of chronic disease, including adverse effects of medications and other medical interventions used to manage chronic disease.

MCHR1.19 Describe systematic approaches to case management, care coordination and advocacy, including effective follow up and review processes for chronically ill patients.

MCHR1.20 Describe the physical and mental status of patients with chronic conditions.

MDER1.1 Describe the appropriate use of tools to assess readiness to change and techniques that motivate, educate and facilitate behavioral change for chronic disease control.

MDER1.2 Demonstrate how to establish rapport with a patient, career and/or parent.

MDER1.3 Describe the impact of skin disease on work, daily life and psychological wellbeing.

MDER1.4 Demonstrate how to take a history of skin problems without neglecting other health issues.

MDER1.5 Describe patient concerns and understanding about their skin problem.

MDER1.6 Describe the impact of patient concerns and understanding on the individual and their family.

MDER1.7 Demonstrate patient friendly explanations of the pathological process, natural history and treatment of the patient's condition.

- MDER1.7 Describe skin anatomy, physiology and function.
- MDER1.8 Describe the manner in which skin disease manifests.
- MDER1.9 Describe the etiology, symptoms, examination and investigative techniques required to diagnose and manage common dermatological diseases.
- MDER1.10 Identify skin signs of serious or life threatening illness including HIV infection.
- MDER1.11 Demonstrate the ability to clearly summarize the history of a presenting skin problem.
- MDER1.12 Describe the skin condition using standard dermatological terms.
- MDER1.13 Demonstrate how to perform a sensitive, thorough skin examination which includes hair, nails and mucous membranes.
- MDER1.14 Describe the investigative techniques useful for diagnosis.
- MDER1.15 Outline the commonly used topical and systemic therapies available for common skin conditions.
- MDER1.16 Describe the major side effects of the most commonly used medications, especially topical steroids.
- MDER1.17 Outline the principles of basic skin surgery.
- MDER1.18 Describe the difference between 'cure' and 'control' of skin disease.
- MDRU1.1 Demonstrate how to take a drug and alcohol history in a nonjudgmental manner.
- MDRU1.2 Demonstrate how to establish rapport and empathy with patients who present with an alcohol or other drug problem.
- MDRU1.3 Describe an interview style that is empathic and incorporates reflective listening.
- MDRU1.4 Describe common terms and quantities (e.g. standard drinks of alcohol and other common drugs used in our community).
- MDRU1.5 Describe and discuss some of the reasons people have for using drugs.
- MDRU1.6 Demonstrate how harm reduction principles can be incorporated into the medical interview when dealing with alcohol and other drug problems.
- MDRU1.7 Demonstrate how to take a medical history and perform a physical examination relevant to the presenting drug and alcohol problem.
- MDRU1.8 Demonstrate a nonjudgmental attitude when taking a history and adopting a treatment plan.
- MDRU1.9 Describe the main drugs of abuse in the Libyan community.
- MDRU1.10 Outline the main treatments available for common drug and alcohol problems.
- MDRU1.11 Describe the pharmacological and pathophysiological effects of commonly abused drugs.
- MEAE1.1 Describe the impact of sensory impairment on effective patient-doctor communication and measures to address the resulting barriers.

MEAE1.2 Describe the cultural and social barriers to patient-doctor communication with patients with hearing or visual impairment.

MEAE1.3 Describe the use of appropriate communication techniques to gather additional history from patients, and, when appropriate, family members, careers and/or other members of the multidisciplinary team.

MEAE1.4 Outline the role of interpreters in consultations for people with hearing impairment.

MEAE1.5 Outline differences in approaches when examining vision and hearing in children.

MEAE1.6 Describe relevant history and examination skills for high quality management of eye and ear conditions.

MEAE1.7 Describe the principles of diagnosis, management and monitoring of acute, sub-acute and chronic eye and ear conditions and comorbidities. Describe how these may relate to the course of the disease over time.

MEAE1.8 Describe the key identifying complaints of patients with urgent vision/hearing threatening conditions (e.g. 'red flag' conditions such as flashes and floaters).

MEAE1.9 Demonstrate a systematic examination of the eye including competent use of an ophthalmoscope, red reflex, visual acuity and visual field testing including the ability to evert an eyelid.

MEAE1.10 Demonstrate a systematic examination of the ears, nose and throat of children and adults, including competent use of an auroscope/otoscope, and be able to view the tympanic membrane and test for movement by Valsalva or pneumatoscopy.

MEAE1.11 Describe the function of the bionic ear and its indications for use.

MMHE1.1 Demonstrate appropriate respect and concern for patients with mental health concerns and their families and careers.

MMHE1.2 Demonstrate how to establish and maintain appropriate boundaries in the patient-doctor relationship.

MMHE1.3 Demonstrate strategies for managing the emotionally charged encounter, eg. breaking bad news, dealing with grief.

MMHE1.4 Discuss the emotional impact of illness on the patient with other members of the healthcare team.

MMHE1.5 Describe the integration of psychological and neurobiological knowledge in performing a behavioral, emotional and cognitive assessment within the context of a patient's physical findings (including background chronic and current acute problems) with knowledge of their current personal and social circumstances and past experiences.

MMHE1.6 Briefly describe the personality development and personality types.

MMHE1.7 Describe the basics of pathological, pharmacological and hormonal effects on mental functioning.

MMHE1.8 Demonstrate familiarity with psychiatric diagnostic frameworks, eg. International Classification of Diseases, Diagnostic and Statistical manual and describe common psychiatric syndromes and disorders.

MMHE1.9 Demonstrate familiarity with basic tools to aid mental health assessment.

MMHE1.10 Outline the stages of normal psychological development from birth to old age.

MMHE1.11 Briefly outline the principles of sociology and the influences of socioeconomic status, race, gender, and culture on the expectations about, acceptance of, and access to medical treatment.

MMHE1.12 Describe the various schools of psychotherapy and their evidence base.

MMHE1.13 Outline the general principles of treatment of the common psychiatric disorders and syndromes.

MMHE1.14 Identify key members of the mental healthcare team.

MMHE1.15 Understand the principles of classical and operant conditioning.

MMHE1.16 Describe the common risk factors, physical and mental health impact and principles of treatment for substance use disorders.

MMHE1.17 Apply evidence based medicine in mental healthcare.

MMSK1.1 Describe the characteristic natural history of common musculoskeletal conditions and how this knowledge, when combined with good history taking, helps to confirm or exclude many conditions.

MMSK1.2 Demonstrate the ability to take a sound history of the pain including nature, intensity, location, duration, onset, offset, concomitant factors, aggravating factors, relieving factors, radiation, frequency, sleep, irritability, response to previous treatment.

MMSK1.3 Demonstrate the use of pain charts, visual analogue scales and functional assessment charts to interpret and complete a patient's history.

MMSK1.4 Demonstrate an ability to empathetically take a history from a patient suffering pain.

MMSK1.5 Describe the role of effective communication in the principles and practice of patient education and self-management.

MMSK1.6 Outline basic sciences necessary for dealing with the musculoskeletal system including anatomy, physiology, pathology and embryology.

MMSK1.7 Understand the basics of pain physiology and the multiple inputs affecting the modulation of pain.

MMSK1.8 Demonstrate an ability to take a basic history/examination to allow the formulation of a differential diagnosis.

MMSK1.9 Outline investigations that may be useful in solving diagnostic and management problems in practice.

MMSK1.10 Describe the factors involved in deciding whether imaging and related investigations are indicated or not.

MMSK1.11 Describe the adverse effects of inappropriate imaging and investigations in musculoskeletal conditions.

MMSK1.12 Describe why an understanding of and the ability to identify serious diseases early, including red flag emergencies, is central to effective musculoskeletal care.

MMSK1.13 Describe the common musculoskeletal conditions that occur in Libyans and their prognosis.

MMSK1.14 Outline the affect of chronic pain on sleep.

MMSK1.15 Describe the principles of the biopsychosocial health model.

MMSK1.16 Outline the role of analgesics in clinical management of musculoskeletal conditions.

MMSK1.17 Outline management of common musculoskeletal conditions and their efficacies.

MMSK1.18 Outline the principles involved in evaluating the efficacy of treatments for musculoskeletal conditions, including alternative or complementary therapies.

MMSK1.19 Describe the concept of chronic disease self-management.

MOCC1.1 Demonstrate asking for the patient's occupation when taking a history.

MOCC1.2 Describe the negotiating skills needed in OH&S.

MOCC1.3 Describe the implications of work related stress, including on personal relationships and communication.

MOCC1.4 Discuss the possible effects of illness on occupation or the relationship between an occupation and illness.

MOCC1.5 Describe the basic role of biomechanics in workplace injuries and the role of ergonomics in the workplace.

MOCC1.6 Outline the relationship of long and short term occupational exposure limits to noxious substances.

MOCC1.7 Describe management issues in work related stress.

MOCC1.8 Examine and describe workers' compensation insurance certificates, e.g. Work cover certificates.

MONC1.1 Describe the use of patient centered approaches to breaking bad news.

MONC1.2 Describe the use of patient centered approaches to communicating cancer risk information and promoting healthy behaviors.

MONC1.3 Be able to perform a basic history and examination to assess symptoms associated with cancer.

MONC1.4 Describe the usual presentations of common cancers.

MPAL1.1 Describe specific communication skills to be able to best care for patients and their families/careers at the end-of-life, and the families/careers progress beyond the patient's death during their bereavement phase.

MPAL1.2 Describe the pathology, including both malignant and nonmalignant terminal and chronic illness, and some understanding of prognosis and quality of life issues.

MPAL1.3 Describe the anatomical and physical aspects of incurable, life-limiting disease processes.

MPAL1.4 Outline how a significant proportion of patients with incurable diseases require the doctor to exhibit skills for ‘caring’ rather than ‘curing’ and how to help patients and their families/careers to prioritize care on the basis of quality of life.

MPAI1.1 Outline how the relationship between the patient and the doctor is central to a good therapeutic outcome in pain management.

MPAI1.2 Outline the difficulties in communicating the pain experience.

MPAI1.3 Outline patient fears and attitudes toward pain medication use and methods to discuss these.

MPAI1.4 Describe how pain is a personal experience and that there are differences between people who are influenced by age, gender, culture and other factors.

MPAI1.5 Describe how lifestyle choices may assist the patient to manage pain.

MPAI1.6 Describe the processes of nociception, pain transmission, peripheral sensitization and central sensitization.

MPAI1.7 Describe the differences between nociceptive, neuropathic and visceral pain and the implications of these for diagnosis and management.

MPAI1.8 Outline the burden of pain related disability.

MPAI1.9 Outline how pain often accompanies disease processes.

MPAI1.10 Describe the psychological influences and consequences of pain problems that are poorly understood by the medical profession.

MPAI1.11 Demonstrate how to obtain and record a systematic history that includes site, severity, quality, timing, progression, radiation, aggravating and relieving factors.

MPAI1.12 Demonstrate how to examine a patient to exclude serious and life threatening conditions and differentiate between nociceptive, chronic musculoskeletal, neuropathic and visceral pain.

MPAI1.13 Demonstrate a targeted diagnostic approach that screens for serious causes of pain and psychosocial risk factors.

MPAI1.14 Outline the role of an interdisciplinary approach to pain management.

MPAI1.15 Describe the technical aspects and costs of commonly used imaging modalities including their potential for patient discomfort.

MPAI1.16 Classify the major groups of medications used in pain management.

MPAI1.17 Outline different formulations of pain medications (e.g. oral, rectal, intramuscular, subcutaneous, intravenous and epidural formulations).

MPAI1.18 Demonstrate how to access, interpret and use the best available evidence available in the pain management literature.

MSEH1.1 Describe the role of tolerance and acceptance of difference and how this affects communication skills.

MSEH1.2 Demonstrate how to take a sexual history as part of a medical history, according to level of training.

MSEH1.3 Outline the range of normal sexual activity, fertility control and genital infection control.

MSEH1.4 Demonstrate appropriate confident and respectful clinical examination skills.

MSEH1.5 Describe the clinical investigations/tests available for the investigation of genital infection, specifically STIs.

MSPO1.1 Demonstrate how to take a history including the onset, mode of injury and consequent symptoms that relate to the injury.

MSPO1.2 Describe how the sports medicine needs and expectations of patients may differ.

MSPO1.3 Describe the importance of developing a partnership with the patient in sports medicine.

MSPO1.4 Demonstrate good knowledge of anatomy and surface anatomy.

MSPO1.5 Describe the basic concepts of injury type and their differences.

MSPO1.6 Demonstrate a basic physical examination on a patient presenting with a sport related injury.

MSPO1.7 Demonstrate the ability to suggest appropriate initial investigations, a provisional diagnosis and an early management plan.

MSPO1.8 Describe the basic clinical management of more common sporting injuries.

MSPO1.9 Describe the basic concepts and interpretation of imaging modalities.

MSPO1.10 Describe the basic concepts of therapeutics as they pertain to sports medicine (e.g. pharmacology, manual therapies and injection therapies).

MSPO1.11 Outline the principles of the physiology of exercise including hydration and nutrition.

MCTR1.1 Describe the principles underpinning the skills required to communicate evidence for management, diagnosis or screening to patients.

MCTR1.2 Outline the basic principles of clinical epidemiology, including basic statistical concepts.

MCTR1.3 Demonstrate skills in literature searching including the use of PubMed and Cochrane databases.

MCTR1.4 Outline the scientific method and the origins of medical knowledge.

MCTR1.5 Describe the challenges in applying research evidence to individual patients.

MCTR1.6 Demonstrate the beginning of skills in communicating health information to peers.

MUND1.1 Discuss the ability to clearly characterize symptoms of undifferentiated conditions.

MUND1.2 Discuss the ability to counsel patients when managing uncertainty of diagnosis and management.

MUND1.3 Describe the role of history, examination and appropriate investigations in managing undifferentiated conditions.

MUND1.4 Discuss the decision making processes involved in making a diagnosis.

MUND1.5 Discuss fail-safe diagnostic strategies.

MUND1.6 Describe the role of appropriate diagnostic tests in reducing diagnostic uncertainty.

MUND1.7 Describe the role of diagnosis in patient management when dealing with undifferentiated conditions.

MUND1.8 Describe the factors that affect the presentation of undifferentiated conditions such as patient and environmental factors, and the natural history of a disease including transient and self-limiting conditions.

MUND1.9 Describe how early treatment can influence the natural history and presentations of disease.

MUND1.10 Describe how psychological factors impact on undifferentiated conditions and their potential challenges to patient safety including diagnostic errors.

MUND1.11 Outline management options when undifferentiated conditions remain undiagnosed despite thorough assessment and investigation.

MUND1.12 Describe processes for counselling a patient when there is uncertainty regarding diagnosis and management.

MEHE1.1 Describe how the use of a computer in a consultation can be a barrier to the patient-doctor relationship.

MEHE1.2 Outline strategies that can assist in ensuring a patient centred consultation style while using a computer in a consultation.

MEHE1.3 Define basic computer literacy skills.

MEHE1.4 Demonstrate basic computer literacy skills.

MEHE1.5 Describe the role of electronic health records and prescribing systems in healthcare.

MEHE1.6 Outline the role of the internet in patient care.

MMDC1.1 Discuss the importance of negotiating common ground with patients about their problems and expectations from team based care in multidisciplinary care.

MMDC1.2 Outline the structure of effective multidisciplinary management plans with patients including defining respective responsibilities and limits with the patient, family and careers.

MMDC1.3 Outline the need for communicating clearly and clarifying the various roles and responsibilities of the multidisciplinary care team members with the patient, family and careers.

MMDC1.4 Outline issues affecting the patient's understanding of the problem, management, advice and follow up during multidisciplinary care.

MMDC1.5 Describe the key features of multidisciplinary care.

MMDC1.6 Compare multidisciplinary care to care with a single healthcare provider.

MMDC1.7 Describe how to negotiate, prioritize and implement patient multidisciplinary care.

MMDC1.8 Describe the range of members of a multidisciplinary team and outline their skills, roles and responsibilities.

MMDC1.9 Outline how to make appropriate and timely decisions about referral and follow up.

MINT1.1 Demonstrate an ability to take a history about the use of complementary therapies in a nonjudgmental manner.

MINT1.2 Define integrative medicine and complementary medicine.

MINT1.3 Describe the philosophy of integrative medicine.

MINT1.4 Describe the main modalities of integrative medicine.

MINT1.5 Describe the current evidence and risks of widely used complementary medicines.

MQAS1.1 Describe internal cues and thought processes that might facilitate or impede the patient-doctor relationship.

MQAS1.2 Identify factors that contribute to distracting the GP during patient care tasks.

MQAS1.3 Outline occasions when a patient might contribute to maintaining the safety of care.

MQAS1.4 Define a near miss and adverse event.

MQAS1.5 Outline characteristics of effective teams.

MQAS1.6 List common factors that are causes of error in medical practice.

MQAS1.7 Outline the concept of quality healthcare and strategies for improvement.

MPMA1.1 Describe the importance of communicating practice policies and procedures, such as appointment booking to patients and community.

MPMA1.2 Discuss the barriers to effective communication regarding practice operating procedures to patients with disabilities, young people and those from culturally and linguistically diverse backgrounds.

MPMA1.3 Describe the importance of communication skills for patient service delivery, including dealing with complaints.

MPMA1.4 Identify regulations that apply to medical practitioners and their implications for professional practice.

MPMA1.5 Describe the essential features of medical practice legislation, codes and guidelines that affect Libyan jurisdictions.

MPMA1.6 Describe the difference between an employee and contractor.

MPMA1.7 Describe the management roles and responsibilities of a practice owner.

MPRO1.1 Demonstrate the ability to counsel patients regarding the reasons for procedures.

MPRO1.2 Demonstrate the ability to counsel patients regarding any potential outcomes including benefits, risks and complications for procedures.

MPRO1.3 Demonstrate the ability to clearly explain the steps of procedures.

MPRO1.4 Demonstrate how to address patient interests and concerns about procedures.

MPRO1.5 Demonstrate communication skills necessary to obtain informed consent for procedures.

MPRO1.6 Demonstrate applied professional and procedural skill competence.

MPRO1.7 Demonstrate the ability to explain indications, contraindications, patient preparation methods, sterile techniques, pain management and proper techniques for handling specimens and fluids obtained and test results for procedures.

MPRO1.8 Describe the complications and management of procedures.

MQUM1.1 Outline communication issues with patients and careers that promote the quality use of medicines.

MQUM1.2 Describe how a patient's ideas, concerns and expectations, including cultural and personal preferences for the nature of treatment with both conventional and complementary therapies, may influence medicines choice.

MQUM1.3 Demonstrate skills for providing clear advice about medicine administration.

MQUM1.4 Describe the influence of a nonjudgmental and open environment for patient-doctor communication for patients to be able to discuss any concerns regarding their medicine use.

MQUM1.5 Investigate communication methods, tools and patient resources to promote quality use of medicines including treatment adherence in various health settings.

MQUM1.6 Discuss conditions where nonmedicinal alternatives might be considered in place of medicines.

MQUM1.7 Describe the general principles of quality use of medicines.

MQUM1.8 Outline the effect of the limitations of a treating doctor's knowledge, skills and experience on prescribing.

MQUM1.9 Discuss the general factors that influence prescribing such as the clinical condition being treated, the potential benefits and risks of treatment, dosage, length of treatment and cost.

MQUM1.10 Outline the patterns of potential and actual interactions between medicines, the patient and their diseases.

MQUM1.11 Discuss how the following factors can affect medicine choices:

- the individual person and their understanding and expectations of medicines
- the clinical condition
- risks and benefits and the medicine
- dosage and length of treatment
- any co-existing conditions such as other medical conditions, multiple pathologies and individual factors like age, pregnancy, impaired liver, kidney or heart function
- other therapies especially polypharmacy
- monitoring considerations

Libyan General Practice Curriculum

- costs for the individual, the community and the health system
- safety considerations.

MQUM1.12 Outline the requirements for writing/printing unambiguous legal prescriptions using the correct documentation including the use of electronic prescribing software.

MQUM1.13 Outline the importance of accurately listing and documenting patient medications and instructions.

MQUM1.14 Outline the role of current, timely prescribing guidelines and resources in the quality use of medicines.

MQUM1.15 Discuss the general principles of potential and actual drug interactions including polypharmacy.

MQUM1.16 Outline the principles of monitoring treatment outcomes.

MQUM1.17 Outline the key features of adverse medicine events and their reporting requirements.

MTML1.1 Describe the differences and relationships between teaching, mentoring and leadership skills.

MTML1.2 Demonstrate how to make learning contracts.

MTML1.3 Describe adult learning principles.

MTML1.4 Demonstrate appropriate knowledge and experience of subject areas to be effective in teaching.

MTML1.5 Demonstrate provision of reliable evidence based current information and resources.

MTML1.6 Demonstrate effective interviewing and facilitation skills.

MTML1.7 Integrate a variety of interactive teaching methods to engage students, including discussion, interactive lectures using computer based presentations and other audiovisual aids, and small group breakout sessions.

MTML1.8 Describe how to self-critique each session.

MTML1.9 Reflect on the effectiveness of the chosen teaching methods.

MTML1.10 Describe the nature and impact of leadership, especially within the clinical setting.

MTML1.1 Demonstrate ability to respond to the personal learning problems, challenges and triumphs of others.

MTML1.2 Demonstrate awareness of the influence of personal feelings on the student's learning behavior.

MTML1.3 Describe how to build on one's own learning and leadership strengths.

MTML1.4 When involved in teaching, demonstrate how to offer constructive feedback on other students' learning progress.

MTML1.5 Where appropriate, demonstrate involvement in activities that enable students to support each other's learning in undergraduate studies.

2. Population health in the context of general practice

MPOP2.1 Describe what health and health outcomes are, how health is measured, national health and public health priorities and their burden of disease.

MPOP2.2 Discuss the health needs of groups within the Libyan population.

MPOP2.3 Outline preventive programs within Libya including their rationale and evidence for their implementation including in general practice.

MPOP2.4 Describe the roles of various professional groups, services and programs in prevention of disease and health promotion.

MPOP2.5 Describe the global burden of disease and the response of the World Health Organization in relation to primary care and general practice.

MRUR2.1 Outline how the socioeconomic, environmental and social factors of rural and remote areas contribute to poorer health outcomes.

MRUR2.2 Outline differences in basic public health issues relevant to rural communities such as access to clean water, adequate housing and sanitation.

MRUR2.3 Outline the structures and processes in place to address pandemic or epidemic disease, prevent general morbidities and preserve health and wellbeing in rural Libya.

MDOC2.1 Describe contemporary patterns of illness in the medical profession, balancing an understanding of mental health problems and substance use disorders with an understanding of physical health and other health issues.

MGEN2.1 Describe the importance of gene environment interactions in predisposition to disease and/or disability.

MCYP2.1 Describe strategies for health surveillance, prevention and promotion for children and young people

MCYP2.2 Describe a systematic approach for understanding factors affecting breastfeeding, and their management.

MWOM2.1 Describe the particular groups of women that are more likely to suffer health inequalities and describe the impact of these, including barriers to accessing care (e.g. lack of availability of a culturally and/or gender appropriate primary health provider), reduced screening rates and increased health risks.

MWOM2.2 Describe prevention and screening strategies relevant to women and detail the evidence for their use.

MMEN2.1 Describe the epidemiology of common male specific health conditions and risks in Libya and relate them to each part of the male lifecycle.

MMEN2.2 Describe men's health priorities in Libya.

MMEN2.3 Describe the importance of male circumcision.

MAGE2.1 Describe the epidemiological patterns of common medical and psychological conditions that affect older people.

MAGE2.2 Discuss the social and behavioral impact of aging.

MAGE2.3 Discuss how ethnicity, socioeconomic status, gender, family and community supports and geographical location may affect aged care service needs, including acceptance and availability of services and activities.

MDIS2.1 Describe the barriers (including physical, communication, attitudinal) to medical care and community participation that may be encountered by people with disabilities.

MDIS2.2 Describe the effect of sociocultural factors on the behavior and lifestyle of people with disabilities.

MACU2.1 Describe the role of general practice in the management of acute illness and traumatic injury.

MACU2.2 Describe the patterns of presentation and care of acute serious illness and traumatic injury in the Libyan healthcare setting.

MACU2.3 Describe the epidemiology of common presentations of acute serious illness and traumatic injury listed in the previous section: Applied professional knowledge and skills.

MCHR2.1 Outline the meaning of chronic illness and disease, and the variable impact it has on the quality of life of the patient, their family, and the community.

MCHR2.2 Describe appropriate screening procedures required to identify asymptomatic individuals, individuals at risk of common chronic diseases, and those who already have chronic conditions (secondary prevention).

MCHR2.3 Describe the use of evidence based guidelines for chronic disease management.

MCHR2.4 Describe barriers that affect patients accessing optimal care for chronic conditions and practical strategies that can be adopted to overcome these barriers.

MCHR2.5 Describe the environmental, social, cultural and economic factors which contribute to the development and persistence of chronic conditions.

MCHR2.6 Describe the problems faced by patients (and their families and caregivers) in fulfilling underlying needs for better social support, coping skills and sense of patient autonomy and control.

MCHR2.7 Outline the chronic health problems of specific community groups (e.g. people from culturally and linguistically diverse backgrounds and people with developmental disabilities).

MCHR2.8 Outline the balancing of policy decisions that affect populations and the individual (eg. allocation of funding).

MDER2.1 Describe the infectious nature of some skin diseases and the infection control measures needed for patients, siblings, parents and the school or work environment.

MDER2.2 Describe how some occupations, hobbies and lifestyle choices influence and cause some skin diseases.

MDER2.3 Outline the genetics and familial aspects of some skin diseases including atopic dermatitis and psoriasis.

MDER2.4 Describe the impact of complementary therapies, such as herbal cream allergies, on skin conditions.

MDER2.5 Describe screening for skin cancers according to evidence based guidelines including targeting specific high risk populations.

MDER2.6 Describe the goals and relevance of public health campaigns.

MDRU2.1 Consider the possibility of mental illness in all drug and alcohol patients because alcohol, tetrahydrocannabinol, amphetamine, volatile substances and opiate classes are all major contributors to morbidity and mortality.

MEAE2.1 Describe the clinical characteristics of common eye and ear conditions.

MEAE2.2 Describe appropriate screening procedures required to identify asymptomatic individuals at risk for common eye and ear diseases. Also describe procedures for those who already have chronic eye and ear conditions (secondary prevention).

MEAE2.3 Describe barriers that have an impact on patients accessing optimal care for chronic eye and ear conditions and practical strategies that can be adopted to overcome these barriers.

MEAE2.4 Outline the chronic eye and ear problems of specific community groups, for example, people from culturally and linguistically diverse backgrounds, and people with a developmental disability.

MEAE2.5 Outline the demographic groups at increased risk of eye, ear, nose and throat cancers. Discuss preventable causes of vision and hearing loss as it relates to the occupational health and safety of workers.

MMHE2.1 Describe the common risk factors for high prevalence mental health conditions.

MMHE2.2 Outline the main effects mental illness may have on careers, siblings and children of the mentally ill.

MMHE2.3 Describe the roles of members of the mental healthcare team including psychologists, psychiatrists, social workers, GPs, nurses and careers.

MMHE2.4 Outline the principles of preventive mental healthcare for all population subgroups.

MMHE2.5 Understand the range of mental health disorders and problems in the community setting dealt with by GPs.

MMSK2.1 Describe the diversity of conditions encompassed by musculoskeletal conditions.

MMSK2.2 Describe how the different disease processes and natural history of the various musculoskeletal conditions affect prevention and treatment priorities, e.g. the role of early treatment in inflammatory arthritis.

MMSK2.3 Demonstrate the ability to identify modifiable risk factors for musculoskeletal conditions.

MMSK2.4 Describe the potential impact of musculoskeletal conditions on children, family, work and other social roles.

MMSK2.5 Describe how musculoskeletal conditions result in substantial costs to the community.

MMSK2.6 Outline the importance of patient education and chronic disease self-management in musculoskeletal conditions.

MOCC2.1 Understand the need for occupation related immunization.

MOCC2.2 Examine and describe the place of health promotion programs in the workplace.

MOCC2.3 Describe the role of occupation related infection control measures in illness prevention.

MOCC2.4 Describe the need and requirements for first aid training in the workplace.

MONC2.1 Describe the different national cancer screening programs.

MONC2.2 Be able to conduct basic assessment of environmental, lifestyle and familial cancer risks.

MPAL2.1 Describe the role of the GP in the palliative care setting and GPs operating within a multidisciplinary framework to provide palliative care to patients from a holistic, physical, psychosocial and spiritual perspective.

MPAI2.1 Describe the diversity of chronic pain sufferers.

MPAI2.2 Describe how women report pain more than men, and how and why women are at more risk of chronic pain disorders.

MPAILM3.3 Describe how men are at greater risk for some pain disorders (e.g. cluster headaches and pancreatitis).

MPAI2.4 Describe how pain thresholds vary depending upon psychosocial and other factors.

MPAI2.5 Outline how the needs of patients vary as does their ability to access care.

MPAI2.6 Describe how poor pain management may be the result of sociopolitical and cultural values.

MPAI2.7 Describe how suffering due to pain is strongly influenced by 'what the pain means' not only to the patient in pain, but to their significant others.

MPAI2.8 Outline how pain management may include community services.

MSEH2.1 Describe the factors influencing the transmission and impact of STIs using the basic sciences of microbiology, anatomy, pathology, pharmacology and psychology.

MSEH2.2 Describe the principles and importance of education and contact tracing in patient care.

MSEH2.3 Describe the public health issues related to the management of STIs, both in Libya and overseas.

MSPO2.1 Outline key concepts in injury prevention.

MSPO2.2 Describe the population based benefits of exercise, both for the general population and for specific subgroups.

MSPO2.3 Describe the broad based public health effects on well people and people with illness with respect to aerobic exercise versus resistance exercise.

MCTR2.1 Describe the basic statistical techniques for describing and interpreting results of research (e.g. p values, confidence intervals, absolute and relative risk, positive and negative predictive value, number needed to treat, sensitivity and specificity) and be able to use these terms when critically appraising research results.

MCTR2.2 Give a basic description of population health issues in clinical epidemiology.

MCTR2.3 Give a basic overview of research concepts.

MUND2.1 Outline the pattern of common presentations of undifferentiated conditions in the hospital and general practice setting.

MUND2.2 Describe important presentations in undifferentiated conditions that should not be missed.

MUND2.3 Describe the differences in disease presentations and management between primary care and secondary/tertiary care medicine.

MUND2.4 Describe common patterns of psychological conditions that relate to the presentation of undifferentiated conditions.

MEHE2.1 Outline how e-health can be used in preventive care.

MEHE2.2 Outline how systems can be used for reminders and recalls.

MMDC2.1 Describe multidisciplinary care within the Libyan health system including the role of the GP.

MMDC2.2 Describe the impact of cultural and linguistic diversity on multidisciplinary care.

MINT2.1 Describe the general safety issues of complementary medicines.

MINT2.2 Describe the community usage and attitudes toward integrative medicine and complementary medicines.

MQAS2.1 Describe common forms of harm to patients in medical practice.

MQASLM3.2 List examples of factors that may impede a patient making a realistic assessment of their risk.

MPMA2.1 Describe the healthcare system in Libya and contrast this with international examples.

MPMA2.2 Describe and contrast public and private healthcare in Libya.

MPMA2.3 Outline the compensation programs for work and traffic injuries.

MPRO2.1 Describe patterns of potential risks and complications of procedures.

MPRO2.2 Describe sources of information for ongoing identification of risk trends in procedural errors.

MPRO2.3 Describe the epidemiology of hazards and risks to patients and healthcare workers associated with procedural medicine.

MQUM2.1 Outline the promotion of quality use of medicines in patients.

MQUM2.2 Outline the National Medicines Policy and the public health aspects of quality use of medicines.

MQUM2.3 Outline the types and patterns of medicine use including prescribed, over-the counter and self-selected medicines.

MQUM2.4 Discuss the quality use of medicines to antimicrobial use in the hospital and community settings. Also outline the impact of consistent prescribing practices using current microbial prescribing guidelines,

ongoing evaluation of antibiotic use and patient education about the best and appropriate use of antibiotics.

MQUM2.5 Discuss the influence of culture and language on the quality use of medicines in the hospital setting.

MTML2.1 Identify sociocultural and other population health factors, which may inhibit learning and prevent undertaking leadership roles.

MTML2.2 Describe the relevance of the learning experience to the student and how this could vary according to a student's background.

MTML2.3 Describe the use of teaching and learning into clinical practice to assist patient behavior change.

3. Professional and Organisational role

MPOP3.1 Describe principles of confidentiality and notification of communicable diseases to public health authorities.

MPOP3.2 Describe the ethical issues involved in balancing the individual and public good.

MPOP3.3 Describe methods for infectious disease control including immunization, basic hygiene measures (e.g. hand washing), quarantine, and control of disease vectors.

MPOP3.4 Describe the Libyan healthcare system including responsibilities of nation, government and nongovernment organizations and the private sector.

MPOP3.5 Describe the clinical and population health/public health functions within this system.

MPOP3.6 Outline how electronic systems can be used to implement and monitor national health priorities within clinical settings.

MRUR3.1 Describe the professional challenges and rewards of rural general practice and the role of the GP in addressing the rural health inequities.

MRUR3.2 Describe the professional role of a GP in a rural community, including community trust, and the responsibility to practice medicine safely, with due care and strictly within guidelines of professional conduct.

MRUR3.3 Outline ethical questions that arise specifically in rural practice and formulate potential responses.

MRUR3.4 Describe the ethical issues associated with maintaining patient confidentiality in the range of general practice contexts found in rural Libya.

MRUR3.5 Describe local issues that influence the GP's decision to treat the patient locally or to refer to other services.

MRUR3.6 Outline the principles of triage or disaster management in the rural setting.

MDOC3.1 Describe the potential tension in the role of being a patient as well as a doctor.

MDOC3.2 Describe the potential demands on medical students from their own families and social networks to offer assistance, including advocating for others, due to their medical knowledge.

MDOC3.3 Describe the relationship between ill health and physician impairment in the areas of mental and physical health.

MDOC3.4 Describe the hazards related to the knowledge of, and access to, drugs in the workplace.

MDOC3.5 Reflect on own current level of health system usage and potential personal barriers to accessing healthcare.

MDOC3.6 Describe the potential stigma experienced by doctors and students when attempting to access help, especially for addiction including fear of punitive measures.

MDOC3.7 Describe the reasons why a doctor should have their own skilled, confidential GP.

- MDOC3.8 Describe when a doctor should seek healthcare.
- MDOC3.9 Demonstrate compliance with occupational vaccination requirements (eg. hepatitis B immunization).
- MDOC3.10 Demonstrate that you have your own GP.
- MDOC3.11 Demonstrate personal health promotion, self-care, life balance and spirituality issues.
- MDOC3.12 Describe the advantages of confidential personal supportive networks throughout the medical course and during a doctor's medical career.
- MDOC3.13 Describe the professional obligations in assisting colleagues to access support.
- MDOC3.14 Discuss the impact of early identification of self-care problems (e.g. as students); which may affect future career opportunities.
- MDOC3.15 Describe the importance of disability insurance and medical defense insurance.
- MDOC3.16 Describe the role of medical boards in doctors' health.
- MDOC3.14 Discuss the ethical and legal importance of confidentiality when treating doctors.
- MGEN3.1 Describe the ethical and personal issues and privacy implications for the patient, their family and the doctor in genetic diagnosis.
- MGEN3.1 Describe the role of genetic counselling.
- MCYP3.1 Discuss potential conflicts between the best interests of children and young people and the perceived best interests of their parents or careers.
- MCYP3.2 Discuss the evidence that young people value confidentiality.
- MCYP3.3 Outline the legal requirements for notifying children and young people at risk.
- MCYP3.4 Outline the steps involved in notifying children and young people at risk.
- MCYP3.5 Discuss the barriers young people face in accessing healthcare.
- MWOM3.1 Describe the preference of some women to see a primary healthcare provider of a particular culture and/or gender, while also considering the need for all doctors to acquire and maintain skills in women's health.
- MWOM3.2 Demonstrate respect for women's autonomy for health decisions.
- MWOM3.3 Discuss and reflect on own values, attitudes and approach to ethical issues (e.g. termination of pregnancy, cosmetic surgery).
- MWOM3.4 Develop competencies for a team approach to healthcare and inter-professional practice, specifically to enable continuity of care for women seeing more than one healthcare provider.
- MWOM3.5 Describe the legal issues surrounding abortion, access to assisted reproductive technology and age of consent.
- MMEN3.1 Examine the reasons and ethics when a male patient chooses only to see a male doctor.

MMEN3.2 Discuss the impact of male socially constructed attitudes, values and behaviors on their emotional, physiological and physical health and their social relationships.

MMEN3.3 Understand and support the changes required to make the healthcare system and general practice more responsive to men's needs.

MMEN3.4 Examine barriers that men may experience when accessing general practice services, especially young men.

MAGE3.1 Describe how age discrimination has an impact on patient care and access to services.

MAGE3.2 Discuss issues of patient autonomy in older people.

MAGE3.3 Describe the principles behind power of attorney and advanced medical care plans and identify the legislative processes that implement them.

MAGE3.4 Outline the requirements for high quality multidisciplinary care in older people.

MAGE3.5 Summarize the social structure of aged care health services including structures in community, hospital and residential aged care settings.

MAGE3.6 Discuss the role of family and carers in providing aged care, including carer stress.

MAGE3.7 Describe how age discrimination laws may have an impact on elderly patients.

MDIS3.1 Outline the importance of shared responsibility, teamwork and a coordinated and multidisciplinary approach to ensure that patients receive high quality medical care.

MDIS3.2 Critically reflect on your own and the community's attitudes toward people with developmental and acquired disability.

MDIS3.3 Identify the role of the health professional in providing quality healthcare to people with disabilities within a wider service system.

MDIS3.4 Describe the fundamental ethical and legal principles underlying the provision of healthcare, particularly as they apply to people with cognitive and/or communication impairment in a clinical setting. These should include the concepts of duty of care, informed consent and information sharing issues.

MDIS3.5 Outline the repercussions of a diagnosis of a disability in a family member on the lives of parents, siblings and the community.

MDIS3.6 Demonstrate recognition of some of the commonly held attitudes toward sexuality and disability, and understand how they influence the individual's opportunities for full sexual and emotional development.

MDIS3.7 Outline the importance of practice procedures that support the proactive provision of healthcare including procedures for annual health reviews, patient follow up and recall, and the provision of screening and preventive healthcare.

MDIS3.8 Outline the role of guardianship and administrative boards and tribunals.

MDIS3.9 Describe the role that social and financial services have in supporting the person with a disability to play a valued role in their community, and to have the life patterns and opportunities available to their nondisabled peers.

MACU3.1 Discuss the impact of clinician fear, fatigue and stress associated with the treatment of seriously ill patients.

MACU3.2 Describe the personal health risks to doctors providing acute healthcare including personal safety, fatigue and stress, and the potential impact of practitioner impairment on patient health.

MACU3.3 Describe the professional obligations related to infection control in the acute healthcare setting.

MACU3.4 Describe the leadership role of clinicians and teamwork in the emergency and acute care setting.

MACU3.5 Discuss the role of informed consent in the treatment of acutely ill patients.

MACU3.6 Describe processes for obtaining informed consent in acutely ill minors.

MACU3.7 Describe potential threats to personal safety in the treatment of acutely ill patients.

MACU3.8 Describe the application of mental health legislation to patients with severe mental illness.

MACU3.9 Describe the laws that relate to certifying death.

MACU3.10 Describe mandatory reporting requirements, including when the police need to be notified in cases of death.

MCHR3.1 Outline how to provide support at times of crisis and transition (e.g. at time of diagnosis).

MCHR3.2 Describe the GP's role as part of a multidisciplinary team in providing optimal care to people with a chronic disease in the primary care setting.

MCHR3.3 Outline the ethical principles underlying the care of patients with chronic conditions in general practice (e.g. consent, privacy, autonomy, legitimacy) within the hospital setting.

MCHR3.4 Identify and describe the medical, nursing, allied health, pharmacy and other health professionals involved in the care of patients with chronic diseases.

MCHR3.5 Describe methods of managing patients with chronic disease.

MCHR3.6 Describe the full potential of computer records in disease management and prevention, including the use of electronic communication between other healthcare providers and patient recall systems.

MCHR3.7 Describe the various health and community resources available for the support, prevention, diagnosis and management of chronic conditions.

MCHR3.8 Describe the role of assisting patients to contact others with similar conditions and relevant support organizations, such as self-help groups.

MDER3.1 Demonstrate the skills needed to explain conditions, their treatment and prognosis to colleagues and patients.

MDER3.2 Demonstrate empathy for people with skin diseases.

MDER3.3 Recognize that not all treatments are available, cost effective or equally preferred by all patients with the same skin condition.

MDER3.4 Describe the importance of informed consent for procedures.

MDER3.5 Describe the need for accurate and contemporaneous notes for skin conditions.

MDRU3.1 Describe how confidentiality issues may relate to personal and family situations.

MDRU3.2 Display a nonjudgmental approach to drug and alcohol medicine.

MDRU3.3 Describe issues of the vulnerability of health professionals to becoming drug dependent.

MDRU3.4 Outline common responses in the health professional when caring for patients with mental illness and discuss strategies for self-care.

MDRU3.5 Describe the professional responsibilities and the legislative requirements of the prescription of drugs, including drugs of dependence, and the potential for misuse.

MDRU3.6 Outline the principles of confidentiality and consent in the practice setting and the circumstances in which these processes may be modified.

MEAE3.1 Describe the role of the GP in a multidisciplinary team in helping to provide optimal care to people with a chronic eye and ear conditions or disability in the primary healthcare setting.

MEAE3.2 Discuss potential conflicts between the best interests of the patient with a visual disability who still wishes to drive a vehicle, and the safety of the community. Discuss managing conflict when a patient refuses to cease driving or how to report their disability to regulatory authorities.

MEAE3.3 Describe the various health and community resources available for the support, prevention, diagnosis and management of vision and hearing disabilities.

MEAE3.4 Outline the steps involved in notifying a regulatory authority of a patient's unfitness to drive a vehicle when the patient has refused to notify the authority themselves.

MMHE3.1 Demonstrate how to establish and maintain appropriate boundaries in the patient-doctor relationship with appropriate use of mentors to assist.

MMHE3.2 Seek to understand your own reactions to confronting clinical situations relating to the delivery of mental healthcare and be ready to seek counsel from teachers, or other clinical mentors to optimize your own mental health.

MMHE3.3 Outline the role of the GP in relation to population mental health issues.

MMHE3.4 Outline common responses of health professionals when caring for patients with mental illness and strategies for self-care.

MMHE3.5 Describe the conditions under which a patient may be admitted involuntarily in the local context.

MMHE3.6 Outline the principles of confidentiality and consent, and the circumstances in which these processes may be modified.

MMHE3.7 Outline common responses in the health professional when caring for patients with mental illness, and strategies for self-care.

MMSK3.1 Outline the reasons why many musculoskeletal conditions require a multidisciplinary approach to management.

MMSK3.2 Describe how access to services can affect patient outcomes.

MMSK3.3 Demonstrate the ability to organize the medical consultation into its various components of history, examination, differential diagnosis, investigations, diagnosis and management.

MMSK3.4 Outline the jurisdictional legislative requirements for medical practitioners in dealing with work related health and insurance issues, and for motor traffic injury cases.

MMSK3.5 Describe the difference between the terms: impairment, disability, and handicap and their legal implications.

MOCC3.1 Outline the roles of the GP and the occupational health doctor.

MOCC3.2 Describe the roles and importance of professionals in the multidisciplinary work related health team, including occupational therapists and rehabilitation providers.

MOCC3.3 Describe OH&S legislative requirements.

MOCC3.4 Demonstrate awareness of regulatory standards to assess safety and ability to drive, including commercial and dangerous goods vehicles.

MONC3.1 Outline the role of the GP within a multidisciplinary team that cares for people with cancer.

MONC3.2 Outline the role of the GP as a patient advocate.

MONC3.3 Outline the role of the GP in delivering cancer screening programs within the health system.

MONC3.4 Describe the importance of maintaining adequate clinical records and follow up of patients with symptoms that could be related to cancer.

MPAL3.1 Be able to seek help and care for one's own physical, emotional, social and spiritual needs in this emotionally challenging area of work.

MPAL3.2 Outline team care and care planning arrangements that are possible for both funding and organizing care in the general practice palliative care setting.

MPAI3.1 Describe how chronic pain management is a new and developing area and how doctors need to regularly review changes in appropriate drug use and treatment strategies.

MPAI3.2 Describe how pain management requires regular monitoring of effectiveness in improving quality of life.

MPAI3.3 Describe how pain causes distress and distressed patients frequently produce emotional feelings in the doctor.

MPAI3.4 Outline how pain strains the capacity of individuals and relationships.

MPAI3.5 Describe how pain occurs at any time and that accessible and available care is important in reducing anxiety.

MPAI3.6 Outline how barriers to care can exacerbate the distress associated with pain.

MPAI3.7 Describe the therapeutic role of screening and recall for reassessment in pain management.

MPAI3.8 Outline how monitoring a condition requires recording a baseline to measure change against.

MSEH3.1 Reflect on own personal knowledge and beliefs regarding sexuality, culture and health, and be aware of how these beliefs have the potential to affect sexual health management.

MSEH3.2 Demonstrate a developing understanding of ethical practice, confidentiality issues and the requirements for notification of certain STIs.

MSEH3.3 Describe the legal requirements regarding disease notification and laws relating to discrimination that apply to people with HIV and other infections.

MSPO3.1 Describe ethical issues surrounding duty of care toward athletes and potential to conflict with other pressures (e.g. internal pressures self-imposed by the athlete and external pressures, e.g. coaches and clubs).

MSPO3.2 Outline ethical principles of the use of drugs in sport.

MSPO3.3 Describe the concepts of occupational health and safety issues as they pertain to the health and sporting sectors.

MSPO3.4 Describe the issues of duty of care and legal responsibility issues involved in on-field care.

MSPO3.5 Outline legislative requirements in relation to sports and exercise (e.g. drugs in sport).

MCTR3.1 Demonstrate development of skills in self-directed learning, including reflective practice and critical thinking, to identify gaps in knowledge

MCTR3.2 Outline the ethical and legislative requirements of privacy principles when using patient information for research or quality improvement purposes.

MCTR3.3 Outline the quality improvement process.

MUND3.1 Describe appropriate professional behaviors when managing undifferentiated conditions.

MUND3.2 Describe professional differences in diagnostic and management decision making between GPs and specialists.

MUND3.3 Describe the impact of uncertainty for the patient and doctor in clinical decision making, and the potential for missed, delayed or wrong diagnosis.

MUND3.4 Describe the multidisciplinary approaches managing undifferentiated conditions.

MUND3.5 Describe the legal pitfalls and implications of managing undifferentiated conditions.

MEHE3.1 Identify how e-health issues can impact on the GP, staff and patient.

MEHE3.2 Identify change management issues that are associated with e-health.

MEHE3.3 Describe the definitions of 'clean' data and data coding.

MEHE3.4 Outline privacy issues for the patient and the practitioner in e-health issues including the role of social media.

MEHE3.5 Describe issues that can affect e-health (e.g. security and data protection).

MEHE3.6 Outline legal implications in the usage of the electronic health record.

MEHE3.7 Outline the basic infrastructure issues in relation to the day-to-day running of general practice (e.g. program updates).

MMDC3.1 Outline professional responsibilities within a multidisciplinary team including lines of accountability.

MMDC3.2 Describe the importance of respect, trust and inclusiveness for multidisciplinary care team members.

MMDC3.3 Discuss the need for respecting a patient's culture and values within the therapeutic relationship within multidisciplinary care.

MMDC3.4 Describe the role of patient informed consent and privacy when releasing patient information to other members of a multidisciplinary team.

MMDC3.5 Outline the importance of clear communication lines with all members of the multidisciplinary care team.

MMDC3.6 Describe the role of systems in providing clear communication with all members of a multidisciplinary team.

MMDC3.7 Describe the need for open discussion with multidisciplinary team members to promote quality care.

MMDC3.8 Outline the role of medical records in coordinating clinical care.

MMDC3.9 Outline the need for accurate and legible recordings of consultations and referrals, to enable continuity of care.

MINT3.1 Describe the principles for the appropriate use of integrative medicine in conventional medical practice.

MINT3.2 Describe important integrative medico-legal and ethical issues.

MQAS3.1 Describe the elements of valid consent.

MQAS3.2 Describe factors that would facilitate discussion of patient safety among peers.

MQAS3.3 Describe the concept of 'professional boundaries'.

MQAS3.4 Describe the symptoms of stress and fatigue and apply these to the workplace.

MQAS3.5 Describe a clinician's patient safety related legal obligations to their medical registration board and medical indemnity insurer.

MQAS3.6 Outline the difference between a 'person based' and a 'systems based' approach to patient safety.

MQAS3.7 Discuss the implementation of quality improvement of healthcare systems.

MPMA3.1 Discuss the Code of Ethics Statement in practice management.

MPMA3.2 Explain the role of business ethics in a medical practice.

MPMA3.3 Describe and compare stages of a medical career.

MPMA3.4 Analyze issues relating to balancing professional and personal life.

MPMA3.5 Outline patient billing in general practice including private fees, bulk-billing and third party payments.

MPMA3.6 Describe the major costs in operating a general practice and provide examples of how these can be controlled.

MPMA3.7 List and describe job roles in a solo and group general practice.

MPMA3.8 Describe and provide examples of GPs working in a health team.

MPMA3.9 Describe and compare the role of a GP in the community with the role of medical specialists in a hospital.

MPMA3.10 Describe the infrastructure needs for general practice.

MPMA3.11 Outline basic principles of quality management.

MPMA3.12 Give examples of medical risk and business risk in general practice.

MPMA3.13 Understand processes for managing information in general practice, including health and business information.

MPMA3.14 Explain regulations relating to health information and their application.

MPMA3.15 Describe how health information is recorded and used.

MPMA3.16 Describe the use of patient recall systems.

MPRO3.1 Detail procedural requirements to a level appropriate for the medical student skill setting.

MPRO3.2 Outline processes of maintaining appropriate skill competency levels.

MPRO3.3 Describe how psychomotor impairment or medical conditions may affect an individual's ability to successfully and safely perform technical tasks and work practices.

MPRO3.4 Describe the ethical and legal requirements for patient informed consent for procedures.

MPRO3.5 Describe how organizational system processes need to include a mechanism for the ongoing identification and minimization of procedural related risks (see *Quality and safety* curriculum statement for more detail).

MPRO3.6 Describe organizational facilities and equipment requirements necessary to provide an acceptable standard of care for procedures.

MPRO3.7 Describe any professional, legal and jurisdictional requirements regarding eligibility to perform particular procedures.

MQUM3.1 Discuss how personal limitations of knowledge, skills and experience have the potential to affect prescribing and outline management when quality use of medicine issues are outside these limitations.

MQUM3.2 Discuss how multidisciplinary care may help reduce medication errors especially within the context of a clinical handovers.

MQUM3.3 Describe systems for reporting adverse medicine events.

MQUM3.4 Discuss how non therapeutic factors could affect prescribing choices such as industry sources, advertising and the media.

MQUM3.5 Outline the importance of disclosing any potential conflicts of interest (e.g. Between treatment and research).

MQUM3.6 Outline the importance of communication with co-workers, multidisciplinary care teams and the broader health sector to ensure continuity of patient care, ensuring that any changes to medicines are appropriately documented and managed.

MQUM3.7 Outline the legal requirements of prescriptions.

MQUM3.8 Discuss the importance of accurate patient records to ensure that all health providers are aware of a patient's current medicine use and ensuring that patient safety information is detected, recorded and shared (such as allergies and drug reactions).

MQUM3.9 Outline how to access current information on medicines.

MQUM3.10 Outline how teamwork and system approaches can be used to improve the quality use of medicines.

MTML3.1 Demonstrate insight into personal learning gaps.

MTML3.2 Demonstrate the ability to change between the roles of student and teacher, and the roles of leader and follower.

MTML3.3 Develop peer support systems for students.

MTML3.4 Encourage peer support and learning through self-role-modelling.

MTML3.5 Encourage reflection by students.

MTML3.6 Describe the importance of learning to recognize one's own limits.

MTML3.7 Structure a learning plan to address identified gaps in knowledge or skills.

MTML3.8 Encourage students to participate in planning curriculum.

MTML3.9 Develop educational activities in collaboration with a supervising mentor academic.

MTML3.10 Encourage and support student discussion and clinical questioning on a peer-to-peer basis.

MTML3.11 Describe the professional roles of doctors in teams.

MTML3.12 Outline the professional importance of teaching.

MTML3.13 Demonstrate how to organize time to enable student-teacher access and discussion.

MTML3.14 Work in collaboration with academic teachers, peers and teams.

MTML3.15 Undertake assessment of student learning and course materials.

MTML3.16 Discuss teamwork in teaching, learning, mentoring and leadership.

**The Libyan board of general practice
Curriculum for Libyan General Practice**

Senior house officer level

Assumed level of knowledge – medical student

1. Communication and clinical knowledge and skills

SPOP1.1 Demonstrate how to explain to patients how common illnesses and presentations are related to lifestyle factors especially for smoking, nutrition, alcohol and physical activity.

SPOP1.2 Counsel patients on their need for preventive measures such as immunizations.

SPOP1.3 Describe the principles of communicating health risks to patients.

SPOP1.4 Demonstrate discussion of risks with patients.

SPOP1.5 Demonstrate the ability to counsel women about cervical smears and chlamydia screening, perform a Pap test and explain any results.

SPOP1.6 Describe common infectious diseases in Libya, including their diagnosis, treatment and management (including immunization and other forms of prevention).

SRUR1.1 Demonstrate use of appropriate verbal and nonverbal skills for a rural setting.

SRUR1.2 Demonstrate how to communicate to patients the restrictions of appropriate doctor-patient boundaries associated with living within a close knit rural community.

SRUR1.3 Demonstrate development in the competent management of the range of common and significant patient presentations in the rural setting.

SRUR1.4 Demonstrate improvement in procedural and clinical skills required for effective general practice in their rural communities, including those skills required for the management of emergencies.

SDOC1.1 Describe how the culture of medicine affects a doctor's ability to communicate their own health needs to other doctors.

SDOC1.2 Describe how to recognize the signs of a colleague in difficulty.

SDOC1.3 Demonstrate the ability to treat other doctors equitably and appropriately.

SDOC1.4 Describe the potential pitfalls of self-treatment.

SDOC1.5 Discuss how to increase personal resilience by developing strategies for dealing with overwork, bullying and lack of control within the workplace.

SGEN1.1 Describe how to undertake pre-pregnancy counselling and advise on available prenatal testing and discuss patient options.

SGEN2.1 Demonstrate knowledge of common genetic conditions and the GP's role in the multidisciplinary team that cares for patients with these conditions.

SCYP1.1 For children:

SCYP1.1.1 demonstrate the ability to reflect on the use of communication skills in each consultation with children and their families

- SCYP1.1.2 demonstrate the ability to reflect on the structure of each consultation with children and their families
- SCYP1.1.3 demonstrate how to negotiate time alone with parents when the child is better protected from hearing their parents' explicit concerns.
- SCYP1.2 For young people:
 - SCYP1.2.1 demonstrate the ability to reflect on the strengths and weaknesses of each consultation with a young person
 - SCYP1.2.2 demonstrate the ability to negotiate time alone with a young person when appropriate.
- SCYP1.3 For children:
 - SCYP1.3.1 demonstrate how to institute the immediate management of life-threatening illness
 - SCYP1.3.2 discuss the elements of management plans to protect children who may not be seriously ill at the time of presentation, but could become seriously unwell in the near future
 - SCYP1.3.3 describe and implement evidence based strategies in the management of sleep deprivation and feeding difficulties in the first 12 months of life
 - SCYP1.3.4 demonstrate how to perform a supra pubic bladder tap or catheter urine, where appropriate
 - SCYPLP1.3.5 show how to monitor growth and development.
- SCYP1.4 For young people:
 - SCYP1.4.1 demonstrate the management of common adolescent specific health conditions
 - SCYP1.4.2 demonstrate how to assess risk and protective factors, where appropriate.
 - SCYP1.4.3 discuss the management of dangerous conditions (often called 'red flag' conditions), such as anxiety, depression, substance use disorder, eating disorder and suicidality.
- SWOM1.1 Demonstrate the ability to meet all the objectives listed for medical students at a more complex level of skill in all areas.
- SWOM1.2 Show competency in the skills of physical examination, in medically justified circumstances, that create a sense of comfort and safety for the patient.
- SWOM1.3 Demonstrate the ability to perform intimate examinations independently with sensitivity and care, allowing the woman to control the process including:
 - SWOM1.3.1 cervical screening
 - SWOM1.3.2 pelvic examination
 - SWOM1.3.3 breast examination.
- SWOM1.4 Provide emotional support for the psychosocial component of women's health.
- SMEN1.1 Outline how men may not perceive or discuss their own health risks.

SMEN1.2 Explain to patients how common illnesses and presentations are related to lifestyle factors, especially for smoking, nutrition, alcohol and physical activity.

SMEN1.3 Identify situations where men may use healthcare less commonly than women, but may still have significant morbidity and risk behaviors.

SMEN1.4 Identify occupational conditions more common in men such as deafness, back problems, stress and injury.

SMEN1.5 Identify important testicular or penile emergencies such as testicular torsion or paraphimosis.

SMEN1.6 Demonstrate the ability to catheterize a male patient.

SAGE1.1 Describe how consultation environmental factors such as privacy, background noise and location can affect communication with the elderly.

SAGE1.2 Describe how families and careers may affect patient communication.

SAGE1.3 Explain and discuss investigations and therapies of common diseases of the elderly to the patient and his/her careers and family.

SAGE1.4 Demonstrate how to take a history and examination in order to elicit common diseases that affect the aged, involving careers when appropriate.

SAGE1.5 Investigate and refer appropriately for diseases affecting the aged.

SAGE1.6 Describe how the biological process of aging affects the interpretation of investigations and the metabolism of drugs.

SAGE1.7 Discuss the special issues of drug therapy in the aged, including changes in pharmacokinetics and the special risks of drug therapy including polypharmacy.

SDIS1.1 Demonstrate courteous and respectful treatment of people with disabilities.

SDIS1.2 Work effectively with careers, support workers and advocates to optimize health outcomes for people with disabilities.

SDIS1.3 Develop skills in obtaining recent and past medical history from careers and available patient records.

SDIS1.4 Describe the known etiological factors in each of the major developmental disabilities and know how to approach the task of establishing an etiological diagnosis, including how to access relevant information and resources.

SDIS1.5 Appreciate the availability and importance of preconception review, advice and medications (eg. folate replete diet and supplementation in anticonvulsant use).

SDIS1.6 Demonstrate awareness of the likelihood of comorbidities that exist with various syndromes/etiological diagnoses and their interactions.

SDIS1.7 Describe possible underlying factors in changed, or challenging behavior, as a presentation in people with intellectual disability and acquired brain impairment.

SDIS1.8 Demonstrate an understanding of the clinical management of the sexual health of people with disabilities and in particular, developmental disabilities.

SDIS1.9 Outline the possible challenges of performing procedures on people with disabilities and be able to discuss ways in which these may be anticipated and managed.

SDIS1.10 Demonstrate awareness that the indicators (especially symptoms) of serious illness may be difficult to elicit in people with cognitive impairment, and determine ways to overcome these difficulties.

SACU1.1 Integrate a patient centered approach into the management of acutely ill patients who may have a decreased ability to make autonomous treatment decisions because of their illness.

SACU1.2 Integrate clear, culturally appropriate communication into the management of patients with acute illness and trauma.

SACU1.3 Demonstrate how to discuss serious illness and bereavement with patients and their career, including breaking bad news.

SACU1.4 Recognize and evaluate acutely ill patients.

SACU1.5 Identify which acutely ill patients require immediate resuscitation and when to call for assistance.

SACU1.6 Identify the clinical presentations of important acute serious illness and trauma.

SACU1.7 Demonstrate the assessment of a sick child.

SACU1.8 Accurately and efficiently diagnose and manage common and important acute serious illness and traumatic conditions, including eye problems, chest pain and respiratory problems (eg. asthma).

SACU1.9 Perform and interpret an electrocardiogram.

SACU1.10 Demonstrate cardiopulmonary resuscitation of children and adults, including the use of a defibrillator.

SACU1.11 Demonstrate how to control hemorrhage.

SACU1.12 Demonstrate how to suture a wound.

SACU1.13 Demonstrate how to use a nebulizer.

SACU1.14 Demonstrate male and female catheterization.

SACU1.15 Demonstrate basic airway management and ventilatory and circulatory support.

SACU1.16 Diagnose cause of death and write death certificates.

SCHR1.1 Demonstrate the use of appropriate verbal and nonverbal communication techniques (eg. open and closed questions, reflection, summarizing) in the hospital setting to gather additional history from patients and, when appropriate, from family members, careers, and other members of the multidisciplinary team, especially relating to lifestyle factors and chronic disease.

SCHR1.2 Demonstrate the nonjudgmental assessment of adherence to medication regimens and sympathetically ascertain from the patient, or where appropriate, family members, careers, and/or other members of the multidisciplinary team, factors contributing to adherence in the hospital setting.

SCHR1.3 Demonstrate the ability to effectively communicate diagnoses of chronic disease(s) including comorbidities, acute exacerbations and/or acute complications of the diseases to patients and, when appropriate, family members, careers, and/or other members of the multidisciplinary team.

SCHR1.4 Demonstrate the ability to explain the role of indicated tests and investigations (including pre- and post-test counselling) at different time-points in the disease course for prevalent chronic diseases (including at times of potential acute exacerbation or acute complication) and obtain patient consent (or the consent of a family member or career where appropriate) to perform those tests/investigations. Demonstrate the same for tests and investigations that are not indicated.

SCHR1.5 Demonstrate the ability for communicating test and investigation results in the context of particular chronic diseases to patients and, when appropriate, family members, careers, and/or other members of the multidisciplinary team in the hospital setting.

SCHR1.6 Demonstrate use of a patient centered, supportive approach and develop ongoing relationships that help patients with chronic conditions to take as much responsibility as possible for their own chronic disease outcomes.

SCHR1.7 Demonstrate an ability to gain an understanding of the patient's knowledge, attitudes and meaning of their illness in the hospital setting.

SCHR1.8 Demonstrate the use of patient centered communication in improving chronic disease health outcomes in the hospital setting.

SCHR1.9 Demonstrate the negotiation and documentation of appropriate management plans to maximize patients' wellbeing, autonomy and personal control of their chronic disease health outcomes, emphasizing a shared approach to management decisions in the hospital setting.

SCHR1.10 Outline approaches for the long term management of patients who do not respond to, or co-operate with, medical management.

SCHR1.11 Demonstrate history and examination skills for internal medicine and chronic conditions that are relevant to high quality hospital based medicine.

SCHR1.12 Demonstrate the ability to assess physical, psychological and social levels of function and disability in the hospital setting.

SCHR1.13 Demonstrate the appropriate use of tools to assess readiness to change and techniques that motivate, educate and facilitate behavioral change for chronic disease control in the hospital setting.

SCHR1.14 Demonstrate the ability to be responsive and empathetic to fluctuations in the physical and mental state of patients with chronic conditions in the hospital setting.

SCHR1.15 Demonstrate support for overcoming barriers to positive health outcomes for people with chronic attitudes and behaviors including stigmatization, stoicism, social stereotyping and cultural norms.

SCHR1.16 Demonstrate the ability to identify the relevant risk factors for the future development of chronic disease, including adverse effects of

medications and other medical interventions used to manage chronic disease in the hospital setting.

SCHR1.17 Demonstrate use of all information sources (eg. patient records, including referral letters, prescriptions, previous results of tests and investigations to gather relevant patient history) when formulating management plans.

SCHR1.18 Demonstrate systematic approaches to case management, care co-ordination and advocacy, including effective follow up and review processes for chronically ill patients in the hospital setting.

SDER1.1 Describe the patient's experience of the skin disease.

SDER1.2 Integrate a comprehensive patient centered approach into the assessment and management of people with skin disease.

SDER1.3 Distinguish between what is primarily a skin disease and a dermatological manifestation of systemic disease (e.g. a face rash may be a manifestation of systemic lupus erythematosus).

SDER1.4 Manage emergency dermatological presentations.

SDER1.5 Demonstrate the appropriate selection and use of local anesthetic agents.

SDER1.6 Describe best practice use of skin antiseptics.

SDER1.7 Describe and perform basic skin surgery, including the excisional biopsy of small skin lesions.

SDER1.8 Manage skin wounds through primary and secondary intention healing.

SDER1.9 Manage safe and appropriate use of diathermy and cryotherapy.

SDRU1.1 Demonstrate effective engagement with a patient who has a substance use disorder.

SDRU1.2 Describe the fine line between acceptance of the patient and indulgence toward the consequences of unacceptable behavior.

SDRU1.3 Describe hazardous alcohol and other drug use from the history and examination.

SDRU1.4 Demonstrate skills in encouraging safer drug use before dependence occurs (e.g. An early intervention phase).

SDRU1.5 Communicate effectively and appropriately with significant others (e.g. family of person with substance use disorder).

SDRU1.6 Demonstrate ability to provide objective health information on drugs to the patient, and also to community groups if required.

SDRU1.7 Demonstrate how to take a medical history and perform a physical examination relevant to the presenting drug and alcohol problem.

SDRU1.8 Demonstrate a nonjudgmental attitude when taking a history and adopting a treatment plan.

SDRU1.9 Describe the main drugs of abuse in the Libyan community.

SDRU1.10 Outline the main treatments available for common drug and alcohol problems.

SDRU1.11 Describe the pharmacological and pathophysiological effects of commonly abused drugs.

SEAE1.1 Describe how consultation environmental factors such as privacy, background noise and location can affect communication with vision and hearing impaired patients.

SEAE1.2 Demonstrate the appropriate use of interpreters, families and careers during patient-doctor communication.

SEAE1.3 Explain and discuss investigations and therapies of common diseases of eyes and ears to the patient, their careers and their family.

SEAE1.4 Demonstrate history and examination skills for eye and ear conditions that are relevant to high quality hospital-based medicine (including the ability to identify Little's area and attempt to control epistaxis).

SEAE1.5 Demonstrate an ability to interpret results of physical examination findings to formulate a diagnosis when a hearing loss is present (e.g. Rinne's/Weber tests).

SEAE1.6 Demonstrate the ability to cauterize the anterior nose with silver nitrate.

SEAE1.7 Demonstrate the ability to remove foreign bodies from eyes, ears, nose or throat (tonsillar bed) under direct vision and know when to refer for specialist care.

SEAE1.8 Investigate and refer appropriately patients with eye and ear conditions.

SEAE1.9 Discuss the special issues of drug therapy using topical ophthalmic and otological medications including the risks of toxicity.

SEAE1.10 Be familiar with the use of a slit lamp, where available, and become confident in the ability to judge the depth of an injury to the eye and systematically examine the eye with this apparatus.

SEAE1.11 Demonstrate the ability to accurately document patient presentations with eye, ear, nose and throat conditions.

SEAE1.12 Identify red flag diagnoses that require urgent and immediate specialist advice or treatment to prevent hearing/visual loss or misdiagnosis of potential carcinoma.

SMHE1.1 Demonstrate effective communication with patients with mental health concerns and their families and careers.

SMHE1.2 Demonstrate appropriate respect and concern for patients with mental health concerns and their families and careers.

SMHE1.3 Discuss strategies for managing the emotionally charged encounter, e.g. breaking bad news, dealing with grief.

SMHE1.4 Demonstrate how to establish and maintain appropriate boundaries in the patient-doctor relationship.

SMHE1.5 Integrate effective communication into consultations with the patient who is emotionally distressed and their families.

SMHE1.6 Integrate psychological and neurobiological knowledge when performing a behavioral, emotional and cognitive assessment within the context of a patient's physical findings (including background chronic and current acute problems) with knowledge of their current personal and social circumstances and past experiences.

SMHE1.7 Identify the common mental health comorbidities that occur in the context of physical illness or disability.

SMHE1.8 Demonstrate ability to take a psychiatric history, perform a mental status and risk assessment in the hospital setting.

SMHE1.9 Utilize the most recent psychiatric diagnostic frameworks, eg. International Classification of Diseases and the Diagnostic and Statistical Manual.

SMHE1.10 Describe common psychiatric presentations.

SMHE1.11 Utilize basic tools to aid mental health assessment, eg. mini mental state examination.

SMHE1.12 Perform a focused mental health assessment.

SMHE1.13 Describe the impact of acute and chronic physical illness and disability on the mental health of patients in the hospital setting.

SMHE1.14 Describe resources available for patients with mental illness that take into account cultural and gender context.

SMHE1.15 Be familiar with the common pharmacological and psychological treatments available for patients with common mental health disorders.

SMHE1.16 Discuss the emotional impact of illness on the patient with other members of the healthcare team.

SMHE1.17 Describe the common pharmacological and psychological treatments to patients.

SMHE1.18 Outline the roles and functions of key members of the mental healthcare team in the hospital and community setting.

SMHE1.19 Describe the use of psychological techniques in the management of patients with physical illness, e.g. motivational interviewing for lifestyle change or medication concordance.

SMHE1.20 Identify support services for patients with substance use disorders, and negotiate initial engagement with these services.

SMSK1.1 Demonstrate the ability to take a full history including presenting musculoskeletal complaint, history of the presenting complaint and to make a provisional diagnosis in the acute hospital setting.

SMSK1.2 Demonstrate the ability to identify and interpret pain behaviors such as limping, moaning, grimacing, other body language and use of aids in a patient suffering from musculoskeletal pain.

SMSK1.3 Demonstrate empathetic communication with patients in the hospital setting.

SMSK1.4 Demonstrate the pursuit of opportunities to interview relatives of patients who present to hospital with a musculoskeletal pain problem to enhance history taking and information gathering.

SMSK1.5 Demonstrate an ability to reassure patients in pain and provide lucid explanations as to diagnosis, physiology and prognosis to patients with musculoskeletal problems.

SMSK1.6 Demonstrate the ability to counsel patients about musculoskeletal conditions.

SMSK1.7 Demonstrate the importance of an ongoing relationship of trust in chronic healthcare.

SMSK1.8 Demonstrate the ability to perform a complete and thorough musculoskeletal history and examination.

SMSK1.9 Demonstrate how to identify psychosocial stressors of musculoskeletal conditions ('yellow flags') and incorporate them into pertinent management strategies.

SMSK1.10 Describe the investigations available to rule in, or out, emergency and urgent ('red flag') diagnoses and their relative advantages/disadvantages.

SMSK1.11 Outline basic clinical biomechanics.

SMSK1.12 Demonstrate an ability to differentiate between pain types, eg. acute, chronic, somatic (nociceptive), somatic referred, neuropathic, visceral and nonorganic.

SMSK1.13 Outline the concept of non-organic pain.

SMSK1.14 Demonstrate the ability to formulate a management plan for musculoskeletal conditions, including appropriate referral and incorporating psychosocial issues.

SMSK1.15 Demonstrate a thorough knowledge of medications commonly used in the management of musculoskeletal conditions.

SMSK1.16 Demonstrate the ability to search for and access evidence based resources for musculoskeletal conditions.

SOCC1.1 Describe informed consent issues with respect to the patient and their employer.

SOCC1.2 Demonstrate the use of basic negotiating skills when aiming for best outcomes for both patient and employer.

SOCC1.3 Describe the impact of work related injuries on the patient's family, especially in serious work related injuries in the emergency situation.

SOCC1.4 Write work injury related certificates, especially first certificates for work related emergency presentations, minor trauma and musculoskeletal diagnoses.

SOCC1.5 Outline early management options for work related emergency presentations, minor trauma and musculoskeletal diagnoses.

SONC1.1 Recognize the psychological impact of a cancer diagnosis on patients and their families and demonstrate approaches to breaking bad news.

SONC1.2 Conduct a detailed assessment of cancer risk and provide basic advice on behavior change to reduce risk.

SONC1.3 Demonstrate knowledge of the presentation, diagnosis and management of common cancers in general practice.

SONC1.4 Have a basic understanding of the management of common cancers and side effects.

SONC1.5 Demonstrate appropriate investigation of symptoms associated with cancer.

SPAL1.1 Demonstrate skills in taking a thorough history (physical, emotional, psychosocial and spiritual) in a patient with a life-limiting illness.

SPAL1.2 Demonstrate skills in competently communicating 'bad news' and discussing prognosis, and empathically being able to redefine realistic goals for 'hope' and 'care' at the end-of-life.

SPAL1.3 Demonstrate skills in being able to elicit reporting of common symptoms seen in palliative care, be able to use symptom checklists and screening tools when needed, and organize a prioritized management checklist in line with the patient's and/or their family's wishes.

SPAL1.4 Demonstrate skills in being able to organize appropriate investigations in a palliative patient, taking into consideration the context of the patient's illness.

SPAL1.5 Demonstrate skills in being able to perform a thorough examination in a patient with a life-limiting illness.

SPAL1.6 Describe the drugs commonly used in palliative care and their indications, doses and routes of administration.

SPAI1.1 Demonstrate a compassionate approach to pain and suffering.

SPAI1.2 Identify the psychosocial risk factors for successful pain management.

SPAI1.3 Recognize that words cannot completely convey the patient's pain experience.

SPAI1.4 Describe how a clinician's personal attitudes to pain can affect the patient-doctor relationship.

SPAI1.5 Demonstrate how to diagnostically differentiate between nociceptive, neuropathic and visceral pain and how to justify such a diagnosis.

SPAI1.6 Demonstrate how to make an appropriate referral for patients with undifferentiated pain problems.

SPAI1.7 Demonstrate how to take a history to exclude 'red flag' conditions and differentiate between nociceptive, chronic musculoskeletal, neuropathic and visceral pain.

SPAI1.8 Show how to perform an examination to exclude red flag conditions and differentiate between nociceptive, chronic musculoskeletal, neuropathic and visceral pain.

SPAI1.9 Demonstrate the management of acute nociceptive and visceral pain with appropriate pharmacological and non-pharmacological measures.

SPAI1.10 Describe the strengths and limitations of commonly used imaging modalities in determining the cause of pain.

SPAI1.11 Show how to use the major groups of pain medications in common acute and chronic pain conditions.

SPAI1.12 Describe the pharmacology of regimens of common painkillers including those for children and infants.

SPAI1.13 Recognize that treatment is easier if a patient understands the etiology, management and prognosis of their pain.

- SPAI1.14 Identify resources for pain management.
- SPAI1.15 Outline other non-pharmacological pain management approaches.
- SPAI1.16 Demonstrate the application of the results of an online literature search to answer clinical questions about pain diagnosis and treatment.
- SSEH1.1 Demonstrate the ability to take an appropriate sexual history.
- SSEH1.2 Demonstrate developing confidence in approaching discussion of sexuality/sexual problems/sexual assault.
- SSEH1.3 Demonstrate developing confidence in talking about sexual issues and using language that specifically relates to a range of sexual activities and practices.
- SSEH1.4 Demonstrate the ability to provide accurate safer sex information and to understand the barriers to safer sex practice.
- SSEH1.5 Demonstrate the ability to confidently examine patients with STIs.
- SSEH1.6 Describe the range, epidemiology and prevalence of STIs commonly encountered, or infrequently encountered but dangerous to miss, in the general Libyan community.
- SSEH1.7 Describe the appropriate investigations for STIs.
- SSEH1.8 Describe the range of management options for the treatment of common STIs.
- SSEH1.9 Demonstrate knowledge of the interface between sexual and reproductive health and how sexual behavior may influence contraceptive options.
- SSPO1.1 Demonstrate how to take a thorough history and examination to elicit the information needed make a proper diagnosis in the hospital setting, especially in the emergency department.
- SSPO1.2 Demonstrate how to elicit a history that is specific to the type of injury, whether acute, sub-acute or chronic in nature and mode of injury.
- SSPO1.3 Describe the use of empathy and supportive strategies to encourage the patient to show their emotions and express their needs and fears.
- SSPO1.4 Demonstrate how to communicate realistic expectations on recovery to patients.
- SSPO1.5 Describe how to ensure clear communication of referral and follow up procedures.
- SSPO1.6 Demonstrate the application of the concepts of exercise physiology and the role of exercise in disease modification and prevention.
- SSPO1.7 Demonstrate an understanding of applied anatomy and surface anatomy which is very important to assess sports injuries quickly and thoroughly.
- SSPO1.8 Describe concepts of injury causation (trauma versus repetitive micro-trauma) and the natural history of sports related injuries.
- SSPO1.9 Describe the management of the more common sporting injuries and conditions.

SSPO1.10 Describe important conditions that need to be excluded for proper and safe practice of sports medicine.

SSPO1.11 Understand the available investigations and how and when to apply them.

SCTR1.1 Demonstrate the beginning of developing skills for communicating evidence for treatment or screening to patients.

SCTR1.2 Demonstrate the ability to apply best medical evidence in patient care.

SCTR1.3 Detail diagnostic test characteristics, and their use in including and excluding diagnoses.

SCTR1.4 Demonstrate the beginning of developing skills in rational prescribing and ordering of investigations.

SCTR1.5 Demonstrate the use of clinical guidelines and recent evidence to guide patient care decisions.

SUND1.1 Demonstrate the ability to clearly characterize symptoms of undifferentiated conditions.

SUND1.2 Demonstrate the ability to counsel patients when managing uncertainty of diagnosis and management.

SUND1.3 Demonstrate the ability to take a history, examine and appropriately investigate in managing undifferentiated conditions.

SUND1.4 Demonstrate fail-safe diagnostic strategies.

SUND1.5 Request appropriate diagnostic tests to reduce diagnostic uncertainty.

SUND1.6 Identify specific factors that affect the presentation of undifferentiated conditions.

SUND1.7 Identify psychological factors in undifferentiated conditions.

SUND1.8 Identify possible diagnoses that need to be excluded in undifferentiated conditions.

SUND1.9 Discuss management options when undifferentiated conditions remain undiagnosed despite thorough assessment and investigation.

SUND1.10 Demonstrate the ability to counsel a patient when there is uncertainty regarding diagnosis and management.

SEHE1.1 Demonstrate high level communication skills in the consultation (eg. the provision of information and the use of computer based decision aids in patient information).

SEHE1.2 Demonstrate expertise in using the internet to gain evidence based information that supports current practice.

SEHE1.3 Outline e-health systems that support day-to-day general practice (e.g. billing and booking systems, accounts keeping, Medicare Online).

SEHE1.4 Demonstrate mastery of the electronic health record in daily practice (e.g. prescriptions, reports, results checking, updating past history, recall systems, patient databases).

SMDC1.1 Demonstrate the ability to negotiate common ground with patients about their problems and expectations from team based care in multidisciplinary care.

SMDC1.2 Make effective management plans with patients including defining respective responsibilities and limits with the patient, family and careers.

SMDC1.3 Demonstrate how to communicate clearly and clarify the various roles and responsibilities of the multidisciplinary care team members with the patient, family and careers.

SMDC1.4 Discuss the patient's understanding of the problem, management, advice and follow up during multidisciplinary care.

SMDC1.5 Demonstrate the ability to negotiate, prioritize and implement patient multidisciplinary care.

SMDC1.6 Describe the role and functioning of multidisciplinary care.

SMDC1.7 List the members of a multidisciplinary team for individual patients and outline the skills, roles and responsibilities of each member and their functions.

SMDC1.8 Demonstrate ability to make appropriate and timely decisions about referral and follow up.

SINT1.1 Demonstrate an ability to assist patients to make decisions about what treatment modality is best for them.

SINT1.2 Demonstrate management of common conditions using or offering integrative medicine where appropriate.

SINT1.3 Describe important interactions and side effects (common and/or severe) associated with complementary medicines.

SQAS1.1 Describe internal cues that occur during a clinician's interactions with patients.

SQAS1.2 Distinguish patient related factors that are likely to impede effective communication.

SQAS1.3 Differentiate between an effective handover of clinical care from an ineffective handover.

SQAS1.4 Differentiate between a near miss and an adverse event.

SQAS1.5 Explain why the distinction between near misses and adverse events is important.

SQAS1.6 Distinguish between effective leadership and the ability to take direction and work within teams when necessary.

SQAS1.7 Outline quality improvement settings within your current workplace setting.

SPMA1.1 Demonstrate effective communication of hospital, institutional or organization operating policies and procedures such as appointment booking to patients.

SPMA1.2 Demonstrate effective skills for overcoming barriers to communicating hospital, institutional or organizational practice operating procedures to patients such as patients with disabilities, young people and people from culturally and linguistically diverse backgrounds.

SPMA1.3 Outline communications skills required for dealing with complaints in the hospital, institutional or organizational setting.

SPMA1.4 Describe the complex interaction between the healthcare environment, patient and doctor.

SPMA1.5 Outline how physical or cognitive disability can limit access to healthcare services.

SPMA1.6 Describe legal/institutional requirements for health records.

SPMA1.7 Outline the role of the health record in continuity of care.

SPMA1.8 Outline how time management affects patient care and hospital function.
9 Demonstrate an ability to prioritize daily workload, including demonstrating punctuality in the workplace.

SPMA1.10 Demonstrate an appropriate standard of professional practice and work within personal capabilities.

SPMA1.11 Explain the principles of medical triage.

SPMA1.12 Outline the elements of effective discharge planning (eg. early, continuous, multidisciplinary).

SPMA1.13 Follow organizational guidelines to ensure smooth discharge.

SPRO1.1 Demonstrate the ability to counsel patients regarding the reasons for procedures.

SPRO1.2 Demonstrate the ability to counsel patients regarding any potential outcomes, including benefits, risks and complications of procedures.

SPRO1.3 Demonstrate the ability to clearly explain the steps of procedures.

SPRO1.4 Demonstrate how to address patient interests and concerns about procedures.

SPRO1.5 Demonstrate applied professional and procedural skill competence.

SPRO1.6 Demonstrate the ability to explain indications, contraindications, patient preparation methods, sterile techniques, pain management and proper techniques for handling specimens and fluids obtained and test results for procedures.

SPRO1.7 Describe the complications and management of procedures.

SQUM1.1 Demonstrate the ability to communicate the reasons for prescribing (including the potential benefits and risks in the hospital setting) to patients and careers.

SQUM1.2 Consider the patient's ideas, concerns and expectations when negotiating medicine use (including patient cultural and personal preferences for the nature of treatment with both conventional and complementary therapies in the hospital setting).

SQUM1.3 Demonstrate how to provide clear advice about medicine administration when recommending medicines in the hospital setting.

SQUM1.4 Outline how to create a nonjudgmental and open environment for patient-doctor communication for patients to discuss any concerns regarding their medicine use. Also promote the identification of other medicines that the patient may be taking not initiated by the treating doctor.

SQUM1.5 Describe communication methods, tools and patient resources to promote quality use of medicines (including treatment adherence in the hospital setting).

SQUM1.6 Describe conditions where nonmedicinal alternatives could be considered in place of medicines.

SQUM1.7 Describe the principles of quality use of medicines in the hospital setting.

SQUM1.8 Describe how to prescribe within the limitations of the treating doctor's knowledge, skills and experience in the hospital setting.

SQUM1.9 Describe the potential benefits and risks of treatment. Also describe the medication dosages, length of treatment, and the cost effective choices of particular medications when prescribing.

SQUM1.10 Describe the potential drug-disease, drug-patient and drug-drug interactions for clinical presentations in the hospital setting.

SQUM1.11 Describe how the following factors can affect medicine choice in the hospital setting:

- the individual person and their understanding and expectations of medicines
- the clinical condition
- risks and benefits and the medicine
- dosage and length of treatment
- any co-existing conditions, e.g. other medical conditions, multiple pathologies and individual factors such as age, pregnancy, impaired liver, kidney or heart function
- other therapies especially polypharmacy
- monitoring considerations
- costs for the individual, the community and the health system
- safety considerations.

SQUM1.12 Demonstrate how to write and print unambiguous legal prescriptions using the correct documentation in the general practice setting.

SQUM1.13 Demonstrate how to accurately list patient medications and instructions in the general practice setting.

SQUM1.14 Describe how to apply current, timely prescribing guidelines and resources to the quality use of medicines in the hospital setting.

SQUM1.15 Outline and discuss the potential and actual drug interactions, including the management of polypharmacy in the hospital setting.

SQUM1.16 Describe the principles of monitoring treatment outcomes including benefits and adverse events.

SQUM1.17 Describe the management of adverse medicine events within the hospital setting, including event reporting requirements.

SQUM1.18 Outline the use of electronic prescribing software.

STML1.1 Demonstrate a sound understanding of the application of communication skills in the teaching, mentoring and leadership context, particularly in the areas of:

STML1.1.1 developing and maintaining rapport

STML1.1.2 empathy

STML1.1.3 communicating a nonjudgmental, respectful and supportive attitude

- STML1.1.4 appropriate use of nonverbal behavior
- STML1.1.5 articulating context, intent and planning (what's happening, and what will happen next)
- STML1.1.6 code switching, as in addressing different audiences (patient, family members, staff, students, leaders).
- STML1.2 Demonstrate a sound understanding of the application of communication skills in the teaching role, particularly in:
 - STML1.2.1 facilitating learning as well as delivering content
 - STML1.2.2 supporting student centered learning as well as delivering a normative curriculum
 - STML1.2.3 mentoring students and offering a learning role model as well as teaching clinical skills
 - STML1.2.4 developing and offering a safe, supportive learning environment.
- STML1.3 Demonstrate an inclusive, team based communication approach to teaching and leadership that, where appropriate, involves:
 - STML1.3.1 orienting students to the learning environment
 - STML1.3.2 orienting staff and patients to the student's role
 - STML1.3.3 orienting students, staff and patients to the teacher's role
 - STML1.3.4 communicating with the student as an integral member of the healthcare team
 - STML1.3.5 clearly articulating team roles, responsibilities and expectations.
- STML1.4 Apply adult learning principles in the teaching context.
- STML1.5 Assess the learning needs of students, particularly gaps in learner knowledge and skills.
- STML1.6 Develop a teaching agenda that focuses on what students should learn (e.g. normative curriculum) as well as what they want to learn (student centered learning intent), particularly by:
 - STML1.6.1 assisting learners to 'learn' rather than you 'teaching' what you know
 - STML1.6.2 drawing on the learner's own knowledge, skills and experience
 - STML1.6.3 supporting learner autonomy, and learner identification of the appropriate level of autonomy in the circumstance
 - STML1.6.4 allowing for variation in learning style.
- STML1.7 Develop learning objectives that enable the learner to understand what they need to achieve in terms of learning outcomes.
- STML1.8 Facilitate a student's progress through the compilation of a learning portfolio with particular reference to mentoring, including:
 - STML1.8.1 needs assessment
 - STML1.8.2 learning objectives and plan
 - STML1.8.3 periodic evaluation and formative feedback
 - STML1.8.4 systematic collection of evidence of learning
 - STML1.8.5 periodic revision of the learning plan

- STML1.8.6 submission of the final portfolio.
- STML1.9 Structure a learning environment to enable learning objectives to be met, particularly by:
 - STML1.9.1 providing a safe environment for learning
 - STML1.9.2 managing work rounds to ensure time for teaching and learning
 - STML1.9.3 applying theory to real scenarios
 - STML1.9.4 facilitating opportunistic teaching and learning in the experiential setting.
- STML1.10 Structure an educational activity to enable learning objectives to be met, particularly by:
 - STML1.10.1 planning and structuring the learning experience in advance where possible (i.e. specific patients, breakout opportunities, follow up group debrief)
 - STML1.10.2 structuring learner expectations so that learners know what they are expected to know as a result of any one learning unit or opportunity
 - STML1.10.3 communicating goals/objectives
 - STML1.10.4 adjusting teaching to the learning environment
 - STML1.10.5 giving positive and constructive feedback individually and in the group setting
 - STML1.10.6 using audiovisual and electronic teaching aids
 - STML1.10.7 providing follow up learning opportunities, eg. interpretation of tests, referral letters, references, URLs and self-directed learning resources.
- STML1.11 Provide active learning opportunities for the learner by:
 - STML1.11.1 involving the learner in examination of the patient
 - STML1.11.2 involving the learner in discussion of the patient
 - STML1.11.3 asking or reflecting questions back to the learner
 - STML1.11.4 encouraging them to reflect on and assess the case and learning arising from it
 - STML1.11.5 supporting teaching with evidence, standards and guidelines
 - STML1.11.6 developing a learner's clinical problem solving skills
 - STML1.11.7 allowing time for practice of skills or procedure and provide feedback
 - STML1.11.8 providing guidance to appropriate reading materials
 - STML1.11.9 providing feedback.
- STML1.12 Demonstrate an understanding of the appropriate use of a range of teaching methods to enable learners to meet their learning needs and satisfy normative learning objectives, such as:
 - STML1.12.1 lectures
 - STML1.12.2 small group discussion, particularly to promote active learning and relationship building
 - STML1.12.3 role-plays
 - STML1.12.4 bedside teaching

- STML1.12.5 teaching in the clinic
- STML1.12.6 teaching micro-skills
- STML1.12.7 setting clear learning expectations
- STML1.12.8 discussing/questioning, asking questions that promote learning (e.g. clarifications, Socratic questions, probes, reflective questions).
- STML1.13 Motivate learners by:
 - STML1.13.1 asking learners to commit to a diagnosis or plan
 - STML1.13.2 probing for supporting evidence/thought processes
 - STML1.13.3 directing attention
 - STML1.13.4 psychomotor skills
 - STML1.13.5 demonstrating techniques and teaching procedures
 - STML1.13.6 checking for understanding and retention
 - STML1.13.7 presentation skills, eg. lecture, small group, delivering information/ teaching skills in short periods of time
 - STML1.13.8 giving feedback, particularly on specific knowledge or skills or techniques or evidence
 - STML1.13.9 inviting questions (now or later).
- STML1.14 Structure an evaluation process that will enable improvement of the educational process, particularly in relation to:
 - STML1.14.1 360 degree evaluation (student, faculty, self-assessment)
 - STML1.14.2 creating the agenda and opportunity for future learning
 - STML1.14.3 offering quality assurance
 - STML1.14.4 implementing assessment processes that will enable learning outcomes to be measured
 - STML1.14.5 delivering content to the limit of their own knowledge and skills.

Assumed level of knowledge – medical student

2. Population health in the context of general practice

SPOP2.1 Describe the roles of different parts of the health system in conducting screening and surveillance for diseases in the hospital and community context.

SPOP2.2 Explain the role of GPs in working with hospital based services to reduce the burden of diseases within a community.

SRUR2.1 Demonstrate application of public and population health principles in a rural setting.

SRUR2.2 Observe and outline the relationship between socioeconomic disadvantage and poor health in rural communities, ideally through clinical experience in a range of rural health facilities.

SDOC2.1 Describe the personal health risks of medical practice and the role of maintaining a work-life balance.

SDOC2.2 Describe the importance of, and strategies for, negotiating safe working hours.

SDOC2.3 Discuss balance between working life and personal relationships.

SGEN2.1 Understand the genetic implications in multifactorial common medical conditions.

SCYP2.1 Demonstrate the skills required for health surveillance, prevention and promotion.

SWOM2.1 Describe the particular groups of women that are more likely to suffer health inequalities and describe the impact of these in the hospital setting, including barriers to accessing care (e.g. lack of availability of a culturally and/or gender appropriate primary health provider), reduced screening rates and increased health risks.

SMEN2.1 Identify the effects of male violence (to self and others) in the consultation.

SMEN2.2 Describe the differences in men's health according to social, cultural and economic factors.

SAGE2.1 Identify common medical and psychological conditions that affect older people.

SAGE2.2 Outline the care issues resulting from age discrimination.

SAGE2.3 Describe the stresses encountered by those who care for the aged.

SDIS2.1 Outline the advances in international descriptions of disability in terms of organ impairment, activity limitation and participation restriction, and their influence on medico-legal statements.

SDIS2.2 Be aware of the research evidence related to the health status, need for screening and health needs of people with disabilities.

SDIS2.3 Describe the range of social, financial and legal services available to support people with a disability and their families and careers, and know where to find further information about these services.

SACU2.1 Describe how cultural, occupational or other factors may affect patient management in the acute care setting.

SACU2.2 Demonstrate the ability to identify conflicts that may exist between patients and their careers, and act in the best interests of the patient.

SCHR2.1 Demonstrate the ability to identify barriers impacting on patients' accessing optimal care for their chronic conditions in the hospital setting and practical strategies patients can adopt to overcome these barriers.

SCHR2.2 Demonstrate appropriate screening procedures required to identify asymptomatic individuals at risk of common chronic diseases, and those who already have chronic conditions (secondary prevention).

SCHR2.3 Review opportunities for the prevention of chronic disease, especially among high risk groups.

SDER2.1 Describe the relationship between skin disease and the physical environment.

SDER2.2 Describe the impact of skin disease in psychological, social and financial terms.

SDER2.3 Demonstrate that the promotion and practice of the principles of preventive care is highly relevant to the skin, including sun protection measures and the prevention of occupational dermatoses.

SDER2.4 Demonstrate screening for skin cancers according to evidence based guidelines including targeting specific high risk populations.

SDRU2.1 Demonstrate the ability to discuss confidentiality issues with the patient and issues regarding doctor responsibility, to both the patient and the community, regarding their drug use.

SDRU2.2 Identify those at high risk of drug and alcohol problems in the hospital setting and utilize strategies to screen for mental health disorders.

SDRU2.3 Discuss the diagnosis and management of mental health disorders with the careers and family of patients with a drug and alcohol condition.

SDRU2.4 Identify sources of support for careers and families of patients with mental illness.

SEAE2.1 Review opportunities for the prevention of eye, ear, nose and throat disease especially among high risk subpopulations.

SMHE2.1 Identify those at high risk of mental illness in the hospital setting and utilize strategies to screen for mental health disorders.

SMHE2.2 Discuss the diagnosis and management of mental health disorders with the careers and family of patients with mental illness.

SMHE2.3 Identify sources of support for careers and family of patients with mental illness.

SMSK2.1 Describe the patterns of differing conditions across different populations, for example, age groups (children and adults) or gender.

SMSK2.2 Describe methods involved in primary, secondary and tertiary prevention of musculoskeletal disorders.

SMSK2.3 Describe the different disease processes and natural history associated with arthritis and related disorders, osteoporosis, other diseases of the musculoskeletal system and connective tissue and musculoskeletal injuries.

SMSK2.4 Describe the implications of different disease natural histories for primary and secondary prevention and prevention/reduction of morbidity.

SMSK2.5 Describe the socioeconomic and geographical inequities in access to services for musculoskeletal conditions.

SMSK2.6 Describe how chronic disease self-management can affect the health of people with musculoskeletal conditions.

SMSK2.7 Demonstrate the ability to intervene with patients to address modifiable risk factors.

SMSK2.8 Describe the economic impact of the musculoskeletal conditions including those conditions that contribute most to these costs.

SOCC2.1 Describe how to promote risk awareness in the workplace.

SOCC2.2 Demonstrate appropriate occupation related immunization.

SOCC2.3 Demonstrate how to identify potential occupational risks within the prevocational doctor's workplace to patients and staff.

SOCC2.4 Describe how to report potential occupational risks within the prevocational doctor's workplace to patients and staff.

SONC2.1 Implement national cancer screening programs in the hospital situation and be competent in conducting investigations (e.g. a Pap test) as part of cancer screening.

SPAL2.1 Describe how to assess and describe each patient's links to family and friends.

SPAL2.2 Demonstrate an ability to advocate for equity of access to multidisciplinary palliative care services, particularly for those from disadvantaged groups and their families/ careers.

SPAI2.1 Outline the numbers of people with chronic pain in the community.

SPAI2.2 Outline the prevalence and incidence of common pain syndromes in the general population.

SPAI2.3 Describe the pain management needs of older people and the dying.

SPAI2.4 Identify ways to work within the local cultural expectations to maximize the benefits for the individual patient.

SPAI2.5 Outline the loss of worth arising from lack of employment, or the loss of societal interaction and its subsequent effects on health.

SSEH2.1 Describe the differences in the patterns of STIs and the specific health issues that may exist within different groups in the Libyan community, e.g. recently arrived refugees, youth, the culturally and linguistically diverse, and intravenous drug users.

SSEH2.2 Describe the extent of HIV in Libyan community with regard to case identification and management within a hospital environment.

SSPO2.1 Demonstrate an ability to counsel for promoting exercise and injury prevention.

SSPO2.2 Identify subgroups that benefit from exercise and the levels of exercise appropriate to each group.

SCTR2.1 Demonstrate the ability to use basic statistical techniques for describing and interpreting results of research (e.g. p values, confidence intervals, absolute and relative risk, positive and negative predictive value, number needed to treat, sensitivity and specificity) and be able to use these terms when critically appraising research results.

SUND2.1 Describe the pattern of common presentations of undifferentiated conditions in their current workplace(s).

SUND2.2 Describe the patterns of commonly missed conditions in undifferentiated conditions in their current workplace(s).

SUND2.3 Describe the patterns of important conditions that should not be missed in undifferentiated conditions in their current workplace(s).

SUND2.4 Describe common patterns of psychological conditions that relate to the presentation of undifferentiated conditions in their current workplace(s).

SEHE2.1 Demonstrate how e-health can improve the care of patients using recall and data specific patient searches.

SMDC2.1 Outline the role of the GP in multidisciplinary care in the Libyan health system.

SMDC2.2 Outline the special issues in multidisciplinary healthcare when working with patients from culturally and linguistically diverse backgrounds, including the impact on their relationships with family and significant others.

SINT2.1 Outline the impact of integrative medicine on the community and medical profession.

SQAS2.1 Describe common causes of harm to patients in hospital and how this may differ from the general practice setting.

SPMA2.1 Describe the legal requirements in patient care (eg. mental health legislation, death certification, prescribing laws).

SPMA2.2 Complete medico-legal documentation appropriately.

SPMA2.3 Liaise with legal and statutory authorities.

SPMA2.4 Demonstrate compliance with informing authorities of notifiable diseases.

SPMA2.5 Describe logistic processes of disease outbreak management.

SPRO2.1 Describe patterns of potential risks and complications of procedural errors.

SPRO2.2 Describe sources of information for ongoing identification of risk trends in procedural errors.

SPRO2.3 Describe the epidemiology of hazards and risks to patients and healthcare workers associated with procedural medicine.

SQUM2.1 Describe how to promote the quality use of medicines in patients.

SQUM2.2 Outline the National Medicines Policy and the place of quality use of medicines in the hospital setting.

SQUM2.3 Outline the common patterns of medicine use including prescribed, over-the-counter and self-selected medicines.

SQUM2.4 Demonstrate the application of the quality use of medicine to antimicrobial use in the hospital setting including consistent prescribing practices, using current microbial prescribing guidelines and educating patients about the best and appropriate use of antibiotics.

SQUM2.5 Describe the influence of culture and language on the quality use of medicines in the hospital setting.

STML2.1 Demonstrate the effective use of teaching skills and learning resources effectively when educating patients about preventive care and lifestyle information during consultations.

STML2.2 Describe the impact of patient diversity on educating patients in the clinical context, e.g. those in rural settings, the role of gender, for people from culturally and linguistically diverse backgrounds.

Assumed level of knowledge – medical student

3. Professional and Organisational role

SPOP3.1 Demonstrate a nonjudgmental approach to patients and their lifestyle choices.

SPOP3.2 Counsel patients about the need for testing for infectious diseases, including the need for disease notification if a test is positive.

SPOP3.3 Discuss principles of patient information and recall systems, screening and measures and program to improve patient safety in clinical care including electronic systems.

SRUR3.1 Describe the role of the rural GP in their community, including both primary and secondary, and sometimes tertiary secondary care.

SRUR3.2 Document exposure to, and work within, a rural environment to the professional limit of the skills acquired and supervision necessary.

SRUR3.3 Describe the ethical questions that arise in rural practice and potential responses.

SRUR3.4 Outline how best to balance the potential conflicts in a professional role and the ethical concerns arising both from the complexity of rural practice and patients, and from the multiple roles that GPs fill in small communities.

SRUR3.5 Demonstrate preliminary steps taken in ensuring a balance of work, self-care and family both at present and for a future medical career.

SRUR3.6 Outline time management strategies to balance the competing demands of consulting rooms and community hospital commitments in rural practice.

SRUR3.7 Identify local issues that influence your general practice's decision to treat a patient locally or to refer on.

SRUR3.8 Articulate the operational principles of triage and disaster management relevant to rural general practice.

SRUR3.9 Appropriately prioritize patient needs, time and other resources available.

SRUR3.10 Demonstrate knowledge of patient consent procedures.

SDOC3.1 Demonstrate an understanding of the association between maintaining good work performance, workplace satisfaction and reduction of stress.

SDOC3.2 Describe the importance of having an independent GP for personal healthcare and how doctors can appropriately access healthcare.

SDOC3.3 Describe barriers that may alter your personal access to healthcare, including moving to a new area or commencing a new job.

SDOC3.4 Demonstrate that you are meeting your own personal and professional health needs.

SDOC3.5 Describe the pitfalls of 'corridor consultations', including how to manage such situations.

SDOC3.6 Discuss the role of personal and professional support networks.

SDOC3.7 Describe professional and personal sources of support that exist outside your workplace.

SDOC3.8 Describe workplace health and safety issues that need to be considered.

SDOC3.9 Describe potential legal issues related to seeking your own healthcare and providing healthcare to doctors.

SGEN3.1 Demonstrate an awareness of the ethical and personal issues and privacy implications for the patient, their family and the doctor in genetic diagnosis.

SGEN3.2 Understand the appropriate use of genetic testing and referral for assessment and care by clinical genetic services in the prevocational setting.

SCYP3.1 Discuss the implications of conflict between the management needs of patients, parents or doctors.

SCYP3.2 Demonstrate a nonjudgmental approach to managing parents of young people.

SCYP3.3 Demonstrate the ability to seek assistance/supervision when appropriate.

SCYP3.4 Demonstrate management of the professional boundaries between doctors and young people.

SCYP3.5 Demonstrate competence in the process of notifying children and young people at risk, where legally or ethically appropriate.

SWOM3.1 Demonstrate willingness to arrange appropriate referral if own personal values prevent provision of a service, such as termination of pregnancy or cosmetic surgery.

SWOM3.2 Describe the GP's role in issues relating to guardianship and informed consent for girls and women presenting to hospital for contraception, sterilization or termination of pregnancy.

SMEN3.1 Demonstrate a nonjudgmental approach to patients and their lifestyle choices.

SMEN3.2 Counsel patients about the need for testing for infectious diseases, including the need for disease notification of a positive test.

SMEN3.3 Discuss community attitudes toward sexual violence, the characteristics of perpetrators and myths about violent acts.

SMEN3.4 Identify when a male patient may choose to see only a male doctor.

SMEN3.5 Identify that men from different cultures may respond to health services differently.

SMEN3.6 Comply with the legal provisions that protect at risk persons. For example, legal rulings restricting behavior (including restraining and apprehended violence orders, reporting to police for criminal activities), sexually transmissible infection notification regulations and contact tracing.

SAGE3.1 Identify how age discrimination has an impact on patient care and access to services.

SAGE3.2 Discuss the sensitive treatment of older patients, including issues relating to patient autonomy.

SAGE3.3 Describe legislation relating to power of attorney and advanced medical plans.

SAGE3.4 Describe effective discharge planning for the elderly including planning for continuity of care, assessment for safety and support services at home and future respite.

SAGE3.5 Describe the indications for and regulatory requirements of various levels of residential care.

SAGE3.6 Describe the effect systems of care may have on the health of the elderly.

SDIS3.1 Demonstrate advocacy for providing quality healthcare to people with disabilities within the working environment.

SDIS3.2 Comply with ethical and legal principles underlying the provision of healthcare, particularly as they apply to people with a cognitive and/or communication impairment in a clinical setting. These should include the concepts of duty of care, informed consent and information sharing issues.

SDIS3.3 Identify practice procedures that support the proactive provision of healthcare including procedures for annual health reviews, patient follow up and recall, and the provision of immunization, screening and preventive healthcare.

SDIS3.4 Consider the appropriate clinical environment for the patient with a disability to optimize their access, ease, comfort and participation in the consultation.

SDIS3.5 Demonstrate how to establish if a patient with a disability has the capacity to give consent and, if not, know from whom consent should be obtained.

SDIS3.6 Demonstrate an understanding of the role of the Public Guardian and the Guardianship and Administration Act or legislative equivalent that applies to your local jurisdiction.

SACU3.1 Describe ethical complexities of caring for acutely ill patients.

SACU3.2 Describe the impact of acute illness and trauma on the ability to give informed consent.

SACU3.3 Participate in decision making and debriefing when ceasing resuscitation.

SACU3.4 Describe the leadership role that may be required of a doctor in emergency situations.

SACU3.5 Show an ability to work well within medical teams during emergencies.

SACU3.6 Outline measures that can be taken to promote clinician self-care.

SACU3.7 Demonstrate how to recognize a clinician in difficulty.

SACU3.8 Describe how to consult colleagues about ethical concerns.

SACU3.9 Demonstrate accurate note taking and recording in emergency situations.

SACU3.10 Demonstrate how to give high priority to acutely ill patients.

SACU3.11 Demonstrate handover procedures for acutely ill patients.

SACU3.12 Demonstrate the ability to liaise patient care between hospitals and emergency services.

SACU3.13 Describe the management of the aggressive patient.

SACU3.14 Outline legal responsibilities regarding death certification, including when to involve the police.

SACU3.15 Describe how to apply mental health regulations for detaining acutely mentally ill patients.

SACU3.16 Describe the importance of maintaining or increasing the level of care while transferring the patient to the acute care setting.

SDER3.1 Demonstrate that the potential risks and complications of procedures undertaken in the hospital environment are acknowledged when counselling patients for informed consent.

SDER3.2 Demonstrate provision of information for skin problems for patients.

SDER3.3 Demonstrate up-to-date knowledge about clinical decision making for general practice skin conditions and their management.

SDER3.4 Demonstrate the processes involved in informing other treating doctors, especially the patient's GP, of the patient's course, outcome and clinical needs in a timely and accurate way.

SDER3.5 Describe the notification requirements of major diseases and the mechanisms through which notification occurs.

SDER3.6 Demonstrate compliance with hospital protocols on infectious disease control. For example managing multiple resistant organisms such as methicillin resistant *Staphylococcus aureus* (MRSA).

SDER3.7 Demonstrate accurate and contemporaneous recording of skin symptoms, signs and treatments undertaken.

SDER3.8 Describe clear referral pathways for patients with skin symptoms.

SDER3.9 Demonstrate unambiguous and appropriate discharge plans for patients.

SDER3.10 Describe personal limitations in knowledge and the importance of seeking appropriate advice.

SDER3.11 Demonstrate the adoption of a team approach to patient care.

SCHR3.1 Demonstrate the capacity to work effectively in a team and as a team leader to provide optimal care to people with a chronic disease.

SCHR3.2 Provide support at times of transition through the healthcare system (e.g. On discharge from hospital).

SCHR3.3 Describe the ethical principles underlying the care of patients with chronic conditions in general practice (e.g. consent, privacy, autonomy, legitimacy,) within the hospital setting.

SCHR3.4 Be aware of ethical considerations of team approaches to healthcare (e.g. sharing of health records).

SCHR3.5 Describe the legal and advocacy aspects of chronic conditions (e.g. certification, confidentiality, legal report writing, legal requirements of prescribing and refusal, withholding and withdrawal of treatment).

SCHR3.6 Demonstrate the use of evidence based guidelines for chronic disease management.

SCHR3.7 Identify and describe the relevant medical, nursing, allied health, pharmacy and other health professionals involved in the care of patients with chronic diseases in the hospital setting.

SCHR3.8 Demonstrate the use of the various health and community resources available for the support, prevention, diagnosis and management of chronic conditions.

SCHR3.9 Describe how hospital links to general practice in methods of managing patients with chronic disease.

SCHR3.10 Demonstrate appropriate and effective referral and liaison of patients with chronic diseases to other members of the multidisciplinary team in the hospital setting.

SCHR3.11 Demonstrate the appropriate referral of assisting patients to contact others with similar conditions and relevant support organizations, such as self-help groups, in the hospital setting.

SCHR3.12 Discuss strategies for time management, taking into consideration demands on time and effort when managing complex medical problems and chronically ill patients.

SDRU3.1 Demonstrate management of common drug and alcohol presentations, intoxication and withdrawal in a nonjudgmental but safe manner.

SDRU3.2 Demonstrate ability to assess patient capacity and competency for making decisions when the patient is intoxicated.

SDRU3.3 Demonstrate maintenance of appropriate professional boundaries with patients who have drug or alcohol problems.

SDRU3.4 Describe professional responsibilities regarding drugs of dependence.

SDRU3.5 Describe the process for referring patients with drug and alcohol conditions in the hospital setting.

SDRU3.6 Be aware of legislative requirements when treating a drug dependent patient.

SEAE3.1 Demonstrate the ability to seek assistance/supervision when appropriate.

SEAE3.2 Demonstrate the capacity to work effectively as part of a team in caring for patients with eye and ear conditions.

SEAE3.3 Demonstrate effective discharge communications for patients with eye and ear conditions, including planning for continuity of care.

SMHE3.1 Describe the role of primary, secondary and tertiary care in the management of patients with mental illness.

SMHE3.2 Demonstrate inclusion of the patient's GP in the management of patients with mental illness in the hospital setting under the guidance of the team leader.

SMHE3.3 Describe your own reactions to confronting clinical mental healthcare situations and role of counsel from teachers, or other clinical mentors for self-care.

SMHE3.4 Outline self-care strategies and avenues for debriefing when caring for mental health patients.

SMHE3.5 Demonstrate communication with other members of the health care team utilizing written, verbal and computer mediated communication, including communication with the patient's GP upon patient admission and discharge from an acute or outpatient care under the guidance of the team leader.

SMHE3.6 Outline procedures for the certification of involuntary patients.

SMHE3.7 Discuss the principles of confidentiality in the context of team care.

SMSK3.1 Demonstrate the ability to work in a multidisciplinary team to manage musculoskeletal conditions.

SMSK3.2 Describe the specific roles of different allied health professionals in the prevention and management of musculoskeletal conditions.

SMSK3.3 Outline the co-ordination of care across disciplines in more complex musculoskeletal complaints including compiling return to work/activity plans.

SMSK3.4 Identify patients who require advocacy and guidance to enable them to access necessary services and social and economic supports to manage their condition.

SMSK3.5 Demonstrate the ability to support patient self-determination, including patients using alternative and complementary therapies.

SMSK3.6 Demonstrate the ability to counsel patients about potential adverse effects of unproven remedies while maintaining professional boundaries.

SMSK3.7 Describe the work related aspects of musculoskeletal conditions and the implications for certifying sickness and work capacity.

SMSK3.8 Outline the basic legislative requirements for sickness certification and fitness for duties.

SMSK3.9 Describe how to formulate a basic rehabilitation program for injured workers.

SMSK3.10 Describe the need for gaining informed consent from patients prior to interventional procedures.

SMSK3.11 Demonstrate the ability to write competent referrals and communications to participate in multidisciplinary care.

SOCC3.1 Describe the personal health risks of medical practice such as fatigue and stress.

SOCC3.2 Outline the personal responsibilities of recognizing the potential risk to others from your own health status.

SOCC3.3 Demonstrate communication with the patient's GP when appropriate.

SOCC3.4 Identify and describe the appropriate circumstances and situations requiring the completion of work insurance medical certificates, e.g. Work cover.

SOCC3.5 Describe how patients may be treated in the private sector where workplace insurance, such as Work cover, is in place.

SONC3.1 Describe the importance of patient autonomy and respect for patient choices when involved in complex decisions about their healthcare.

SONC3.2 Demonstrate how to work professionally within a multidisciplinary team.

SONC3.3 Outline appropriate referral pathways for people with cancer.

SONC3.4 Outline the importance of local support services for people with cancer and their careers.

SPAL3.1 Demonstrate skills in being able to devise comprehensive management plans in partnership with patients and their families/careers to enhance quality of life at the end-of-life.

SPAL3.2 Describe self-care measures in place for the treating GP and other care team members.

SPAL3.3 Demonstrate familiarity with completing death certificates, advanced health directives, enduring guardianship requirements, career's allowance applications and other legislative and administrative requirements relevant to palliative care and end-of-life issues.

SPAI3.1 Describe how to deal with personal attitudes toward pain management and develop an appreciation of how these may influence clinician decision making.

SPAI3.2 Outline how patients have a right to adequate pain relief.

SPAI3.3 Describe the difference between addiction and chronic medication use.

SPAI3.4 Outline how the large volume of current research into pain management may alter treatment.

SPAI3.5 Contribute to an interdisciplinary approach to pain management.

SPAI3.6 Describe how some pain management requires a team approach.

SPAI3.7 Identify barriers to pain management.

SPAI3.8 Describe how to ensure continuity of care.

SPAI3.9 Assess approaches to providing continuous care.

SPAI3.10 Evaluate the strengths and weakness of individual or team care.

SPAI3.11 Investigate approaches that monitor outcomes.

SPAI3.12 Compare opportunistic and scheduled assessment approaches.

SPAI3.13 Consider how to measure and record change.

SPAI3.14 Decide on parameters that indicate change.

SPAI3.15 Establish and record treatment and alternative options considered.

SPAI3.16 Demonstrate an awareness of community services that can assist overall management.

SPAI3.17 Describe approaches to meet legal requirements.

SSEH3.1 Demonstrate developing ability to handle complex medical and psychosocial issues in a nonjudgmental way relating to sexual health.

SSEH3.2 Demonstrate increasing awareness of cultural, age related and gender differences in the approach and reaction to STIs.

SSEH3.3 Reflect on the diversity of sexual experience based on personal experience and undergraduate training, which has encouraged an open

approach to such diversity through patient and peer contact and appropriate teaching.

SSEH3.4 Identify resource groups and individuals who can assist and advise with the management of sexual health issues.

SSEH3.5 Describe ethical clinical practice, notification, public health acts and contact tracing with regard to sexual health.

SSEH3.6 Describe mandatory reporting regulations with respect to STIs and their implementation.

SSPO3.1 Describe the roles of health professionals managing sports related injuries (e.g. medical specialists and physiotherapists).

SSPO3.2 Demonstrate a working knowledge of the importance of duty of care issues in sports medicine.

SSPO3.3 Demonstrate a knowledge of potential sports medical, occupational health and safety related issues.

SSPO3.4 Describe processes and procedures in place to ensure that sports related injuries are appropriately referred when indicated.

SSPO3.5 Demonstrate compliance with any legislative requirements regarding sports medicine.

SCTR3.1 Recognize that some patients may be involved in research or may want to be involved in research and, where appropriate, communicate and comply with the appropriate researchers.

SCTR3.2 Describe and analyze, using critical thinking skills, the harm caused by system errors and failure, and recognize and manage adverse events and near misses.

SCTR3.3 Describe processes for correctly documenting patients involved in research, where appropriate.

SCTR3.4 Describe and demonstrate awareness of the legislative and ethical requirements for patients participating in research.

SUND3.1 Demonstrate appropriate professional behaviors when managing undifferentiated conditions.

SUND3.2 Describe the impact of uncertainty in clinical decision making and the potential for missed, delayed or incorrect diagnoses in specific cases of undifferentiated conditions currently being managed.

SUND3.3 Describe the multidisciplinary approaches for the management of undifferentiated conditions in their current workplace(s).

SUND3.4 Describe the legal pitfalls and implications of managing undifferentiated conditions in their current workplace(s).

SEHE3.1 Demonstrate the correct use of coding in the electronic health record.

SEHE3.2 Describe coding and the impact of data quality on patient care and practice administration.

SEHE3.3 Identify when e-health is complementary to practice management.

SEHE3.4 Identify legal implications for evolving technologies (eg. email consultations).

SEHE3.5 Discuss critically privacy issues surrounding e-health and general practice.

SEHE3.6 Discuss the role of encryption technologies for patient and population data transfer (e.g. email).

SEHE3.7 Describe the legal status of the electronic health record.

SEHE3.8 Describe e-health infrastructure and systems in the general practice setting.

SMDC3.1 Describe the prevocational doctor's roles and responsibilities within the multidisciplinary team.

SMDC3.2 Demonstrate respect, trust and inclusiveness for multidisciplinary care team members include those in general practice.

SMDC3.3 Demonstrate respect for a patient's culture and values, and an awareness of how these impact on the therapeutic relationship within multidisciplinary care.

SMDC3.4 Describe the role of patient informed consent and privacy when releasing patient information to other members of a multidisciplinary team.

SMDC3.5 Communicate and interact clearly with all members of the multidisciplinary team including with general practice.

SMDC3.6 Describe the role of organizational systems in providing clear communication with all members of a multidisciplinary team.

SMDC3.7 Outline the importance of open, supportive environments for open discussion with multidisciplinary team members to promote quality care.

SMDC3.8 Outline the role of medical records in coordinating clinical care within a multidisciplinary setting.

SMDC3.9 Make accurate and legible recordings of consultations and referrals, to enable continuity of care.

SINT3.1 Demonstrate application of ethical principles to simple clinical situations involving complementary medicines.

SINT3.2 Describe how to deal with interdisciplinary issues.

SINT3.3 Demonstrate ability to effectively communicate with medical and nonmedical integrative and complementary medical practitioners.

SQAS3.1 Distinguish between appropriate and inappropriate boundaries in patient relationships.

SQAS3.2 Outline ways of gaining feedback from patients in the general practice setting.

SQAS3.3 Describe how to give constructive feedback on performance to other members of the team.

SQAS3.4 Outline the principles of natural justice and procedural fairness.

SQAS3.5 Differentiate between a just and unjust culture.

SQAS3.6 Describe examples of a positive contribution to creating a 'safety culture' and their application to the current workplace.

SQAS3.7 Identify the symptoms of stress and fatigue and apply these to the workplace.

SQAS3.8 Outline quality assurance processes and how these apply in the hospital setting.

Libyan General Practice Curriculum

SPMA3.1 Describe and demonstrate respect for the roles and responsibilities of team members.

SPMA3.2 Participate fully in teams, recognizing that teams extend outside the hospital (e.g. GPs).

SPMA3.3 Demonstrate preparedness to adopt a range of roles within a team.

SPMA3.4 Understand the characteristics of effective teams.

SPMA3.5 Demonstrate an ability to work with others and resolve conflicts when they arise.

SPMA3.6 Demonstrate flexibility and preparedness to change.

SPMA3.7 Outline the leadership role that may be required of a doctor.

SPMA3.8 Show an ability to work well with others and lead them.

SPMA3.9 Outline the skills of a good leader.

SPMA3.10 Reflect on personal experiences, actions and decision making.

SPMALP3.11 Outline the ethical complexity of medical practice, and follow professional and ethical codes.

SPMA3.12 Demonstrate consultation with colleagues about ethical concerns.

SPMA3.13 Accept responsibility for ethical decisions.

SPMA4.14 Outline the personal health risks of medical practice such as fatigue and stress.

SPMA3.15 Maintain personal health and wellbeing.

SPMA3.16 Recognize the potential risk to others from your own health status.

SPMA3.17 Identify the different types of healthcare teams (e.g. resuscitation team).

SPMA3.18 Demonstrate respect for the leadership role within a team, such as nurse unit manager and trauma resuscitation leader.

SPMA3.19 Demonstrate provision of access to culturally appropriate healthcare.

SPMA3.20 Describe the harm caused by errors and system failures.

SPMA3.21 Document and report adverse events in accordance with local incident reporting systems.

SPMA3.22 Demonstrate recognition and management of adverse events and near misses.

SPMA3.23 Demonstrate consultation with colleagues about ethical concerns.

SPMA3.24 Demonstrate acceptance of responsibility for ethical decisions.

SPMA5.25 Outline the personal health risks of medical practice such as fatigue and stress.

SPMA3.26 Outline measures for maintaining personal health and wellbeing.

SPMA3.27 Recognize the potential risk to others from your own health status.

SPRO3.1 Detail procedural requirements to a level appropriate for the prevocational setting.

SPRO3.2 Outline processes of maintaining appropriate skill competency levels.

SPRO3.3 Describe how psychomotor impairment or medical conditions may affect an individual's ability to successfully and safely perform technical tasks and work practices.

SPRO3.4 Describe the ethical and legal requirements for patient informed consent for procedures.

SPRO3.5 Describe how organizational system processes need to include a mechanism for the ongoing identification and minimization of procedural related risks.

SPRO3.6 Describe organizational facilities and equipment requirements necessary to provide an acceptable standard of care for procedures. Describe any professional, legal and jurisdictional requirements regarding eligibility to perform particular procedures.

SQUM3.1 Outline how personal limitations of knowledge, skills and experience have the potential to affect prescribing and outline where to seek further assistance.

SQUM3.2 Describe how to work effectively within a multidisciplinary setting to help reduce medication errors especially within the context of a clinical handover to and from the hospital setting.

SQUM3.3 Outline professional obligations for reporting adverse medicine events within the hospital setting.

SQUM3.4 Identify potential nontherapeutic influences on prescribing choices such as industry sources, advertising and the media.

SQUM3.5 Outline the importance of disclosing any potential conflicts of interest (e.g. if research is being conducted in the current workplace setting).

SQUM3.6 Demonstrate clear communication with members of the practice team, other multidisciplinary care teams and the broader health sector to ensure continuity of patient care ensuring that any changes to medicines are appropriately documented and managed.

SQUM3.7 Describe the legal requirements of prescriptions in the general practice setting.

SQUM3.8 Demonstrate the ability to keep accurate patient records to ensure that all health providers are aware of a patient's current medicine use and that patient safety information is detected, recorded and shared such as allergies and drug reactions.

SQUM3.9 Describe how to access current information on medicines.

SQUM5.5 Outline how teamwork and practice systems can be used to improve the quality use of medicines in the hospital setting.

SQUM3.10 Describe the use of hospital systems including briefings, clear handover procedures, good record keeping including electronic prescribing tools, patient information materials and checklists to improve quality use of medicines.

STML3.1 Model professional and ethical behavior as a teacher, mentor and leader.

STML3.2 Demonstrate a teaching focus that aims to improve patient outcomes and never to the detriment of the patient.

STML3.3 Manage interpersonal behavior in a manner appropriate to the relevant teacher, mentor or leader roles and responsibilities.

STML3.4 Demonstrate an enthusiastic and motivational attitude to students and to teaching.

STML3.5 Demonstrate accountability for teaching and learning process and outcomes.

STML3.6 Structure an evaluation process that offers quality assurance to peers, faculty and students.

STML3.7 Identify the roles of teachers, mentors and leaders in the current clinical setting.

STML3.8 Demonstrate the ability to work as a leader and a follower within teams.

STML3.9 Incorporate ethical approaches into teaching, mentoring and leading in current clinical setting.

STML3.10 Manage time efficiently and effectively to enable both teaching and mentoring and caregiving in the clinical context.

STML3.11 Articulate, as required, the legal constraints and limitations of the teacher/mentor's role in the specific educational context, e.g. privacy legislation and equal opportunity laws.

STML3.12 Outline how to make a learning environment, promote effective teaching and learning within the current clinical context, including online environments.

STML3.13 Maintain overall responsibility for the patient's care when supervising clinician teaching, although the learners may be given increasing responsibility in patient care.

STML3.14 Recognize the role of teaching, mentoring and leadership in change management in the current clinical environment.

**The Libyan board of general practice
Curriculum for Libyan General Practice**

Registrar level

Assumed level of knowledge – Senior House Officer

1. Communication and clinical knowledge and skills

RPOP1.1 Give focused brief advice and consider the appropriateness of other strategies such as cognitive behavioral therapy and motivational interviewing in consultations about the common lifestyle factors of smoking, nutrition, alcohol and physical activity.

RPOP1.2 Explain to patients that lifestyle factors may cause many common illnesses and modification of these risk factors needs to be part of a management plan.

RPOP1.3 Counsel patients about recommended screening tests including tests that are not universally recommended, but which patients may request (e.g. prostatic specific antigen or chest X-ray).

RPOP1.4 Describe methods for liaising with other health professionals within the healthcare system to optimize healthcare and advocate on behalf of the patient.

RPOP1.5 Describe strategies for implementing a public health approach in the general practice setting.

RPOP1.6 Describe preventive guidelines in Libyan general practice and the rationale and evidence for their development.

RPOP1.7 Undertake a needs assessment in a community to identify health priorities. This could include capacity to interpret printed information and papers, interpreting health data and skills in liaising with key stakeholders in the community.

RPOP1.8 Apply principles of epidemiology and biostatistics sufficient to critically interpret papers.

RPOP1.9 Describe the epidemiology of illness in special populations including rural areas of Libya.

RPOP1.10 Describe the impact of rural and remote practice on equity and access to health services.

RRUR1.1 Demonstrate the adaptation of appropriate verbal and nonverbal communication styles to the needs of patients in rural communities.

RRUR1.2 Demonstrate a capacity to use health promotion and education to increase patient willingness to look after themselves, especially in relation to major risk factors in rural communities.

RRUR1.3 Show how to communicate to patients appropriate doctor-patient boundaries, associated with living within a close-knit rural community.

RRUR1.4 Demonstrate multicultural awareness of people from culturally and linguistically diverse backgrounds living within the patient catchment of the medical practice.

RRUR1.5 Demonstrate specific cultural awareness of the indigenous populations living within the patient catchment of the medical practice.

RRUR1.6 Demonstrate the competent management of the range of common and significant patient presentations in the rural setting.

RRUR1.7 Demonstrate further improvement in procedural and clinical skills required for effective general practice in their rural communities, including those skills required for the management of emergencies.

RRUR1.8 Competently implement procedures for evacuation, disaster, trauma management and retrieval.

RDOC1.1 Demonstrate an understanding of the special issues around communicating with other doctors, both as a patient and as a treating doctor.

RDOC1.2 Describe the importance of negotiating basic expectations early in the consultation when treating a doctor-patient including costs, length of appointment, time of appointment and after hours care.

RGEN1.1 Demonstrate the ability to undertake prenatal counselling, recognize complexity and refer accordingly, and support the parents over the consequences of testing.

RGEN1.2 Demonstrate how to recognize and manage the general practice aspect of the care of patients with genetic conditions over time, including considerations of the patient within their family and community.

RGEN1.3 Describe the implications and consequences of predictive, predisposition testing for later onset disorders.

RGEN1.4 Outline the diagnosis and management of general practice genetic conditions

RCYP1.1 For children:

RCYP1.1.1 demonstrate how to conclude consultations so that parents and children leave feeling that they have been understood and that common ground was negotiated in developing the management plan

RCYP1.1.2 demonstrate maintenance of parent trust without inappropriate prescribing or investigating

RCYP1.1.3 demonstrate how to empower parents to have the knowledge and confidence needed to monitor the safety of unwell children.

RCYP1.2 For young people:

RCYP1.2.1 demonstrate the ability to develop young people's trust

RCYP1.2.2 demonstrate the ability to accurately assess young people, where appropriate.

RCYP1.2.3 demonstrate the ability to discuss confidentiality and its limits

RCYP1.2.4 demonstrate the ability to communicate appropriately with parents or careers without breaching confidentiality.

RCYP1.3 For children:

RCYP1.3.1 demonstrate recognition and institution of management of life-threatening illness

RCYP1.3.2 show how to assist families to manage common concerns, illnesses and disabilities

RCYP1.3.3 demonstrate the diagnosis and management of common breastfeeding problems

RCYP1.3.4 demonstrate the management of children at risk of abuse, neglect, homelessness or non-accidental injury

RCYP1.3.5 demonstrate the ability to monitor growth and development

RCYP1.3.6 detect elements in a child's environment that favor wellbeing, and elements that diminish or risk wellbeing

RCYP1.3.7 outline how to assist in developing parenting skills.

RCYP1.4 For young people:

RCYP1.4.1 demonstrate minimization of preventable morbidity by appropriate management of medical conditions common in young people

RCYP1.4.2 describe how to assist young people in managing their sexual health

RCYP1.4.3 demonstrate the ability to recognize young people at risk of suicide and institute immediate management

RCYP1.4.4 demonstrate the ability to recognize young people at risk of abuse or neglect and institute immediate management

RCYP1.4.5 demonstrate how to recognize young people whose behavior is a risk to their health and respond constructively

RCYP1.4.6 describe how to recognize common psychological and psychiatric problems in adolescent patients

RCYP1.4.7 outline evidence based management of psychological and psychiatric problems that are common in young people

RCYP1.4.8 describe how to assist parents of young people to develop their parenting skills.

RWOM1.1 Demonstrate the ability to meet all the objectives listed for prevocational doctors (WOMLP) at a more complex level of skill in all areas and in the general practice setting.

RWOM1.2 Understand and work with women's priorities for their health, including conflicting priorities that arise as a result of their role as careers.

RWOM1.3 Be able to pick up cues for a history of physical, sexual, emotional or financial abuse and acknowledge any subsequent psychological impact on the woman's health.

RMEN1.1 Demonstrate the ability to listen to and understand the needs of male patients.

RMEN1.2 Identify strategies for overcoming male specific barriers to patient-doctor communication.

RMEN1.3 Promote the importance of sensitively discussing sexuality and other intimate issues to assist men to make positive health changes.

RMEN1.4 Use empathy and supportive strategies to assist male patients to show emotions and express needs.

RMEN1.5 Demonstrate the ability to develop a partnership with male patients to enable them to understand how behaviors, attitudes and values cause health problems.

RMEN1.6 Take a sexual history and perform male specific basic procedural skills and treatments.

RMEN1.7 Demonstrate ability to counsel male patients about their health risks.

RMEN1.8 Demonstrate an ability to counsel men on the advantages and disadvantages of prostate cancer screening.

RMEN1.9 Outline sexually transmissible infection and HIV/AIDS screening protocols including antibody testing and management.

RMEN1.10 Describe support systems for those caring for a person in the final stages of AIDS.

RAGE1.1 Use strategies that promote comfortable discussion with the aged including patients with failing sight, hearing and mental capacities.

RAGE1.2 Demonstrate the comprehensive assessment and management of patients who present with aged care problems including biological, psychological and social aspects.

RAGE1.3 Identify how diseases may present differently in the aged compared to younger people (e.g. dementia, congestive cardiac failure, Parkinson disease).

RAGE1.4 Describe the problems of polypharmacy and the importance of systematic recording and review of medication.

RAGE1.5 Describe the changes in normal ranges of laboratory values in older people.

RAGE1.6 Manage distressing symptoms whether or not there is demonstrable pathology (e.g. confusion, falls, dizziness, isolation, constipation, decreased morbidity, leg ulcers and disease masquerades).

RDIS1.1 Demonstrate a range of communication strategies to optimize the participation in the consultation of a patient with communication difficulty resulting from a disability.

RDIS1.2 Demonstrate an ability to communicate effectively with careers and/or advocates who are providing support to a person with a disability, taking account of both the need to share information with those involved in the patient's care and the patient's right to confidentiality.

RDIS1.3 Demonstrate how to provide sensitive genetic counselling and advice for patients and their families, and know where to source further genetic information and advice.

RDIS1.4 Demonstrate an understanding of the concept and importance of behavioral and physical phenotypes.

RDIS1.5 Demonstrate an understanding of the health inequalities experienced by people with intellectual disability, the associated barriers to health equity and the role of the GP in overcoming these barriers.

RDIS1.6 Describe the role of the main services and systems available within the community that support people with disabilities and their families.

RACU1.1 Demonstrate consultation skills appropriate to the management of acute illness and trauma in the general practice setting.

RACU1.2 Demonstrate clear communication with the patient and their family in the general practice setting during times of crisis.

RACU1.3 Describe how to sensitively communicate to patients and careers in life-threatening situations or at times of bereavement, including issues around certifying death and coroner and police involvement.

RACU1.4 Demonstrate a range of essential procedures and skills for the management of acute illness and trauma presentations.

RACU1.5 Demonstrate decision making skills in the effective management of acute illness and trauma presentations.

RACU1.6 Identify which patients may become acutely ill and give management advice including how to access care if the patient's condition deteriorates.

RACU1.7 Describe when resuscitation or intensive care may be inappropriate.

RACU1.8 Demonstrate the appropriate level of resuscitation and stabilization required to transfer severely ill patients from the general practice setting to the acute care setting.

RACU1.9 Demonstrate essential advanced life support skills.

RACU1.10 Describe procedures for managing manipulative patients to prevent the inappropriate use of healthcare resources.

RCHR1.1 Demonstrate the use of appropriate verbal and nonverbal communication techniques (e.g. open and closed questions, reflection, summarizing) in the general practice setting to gather additional history from patients, and, when appropriate, from family members, careers, and other members of the multidisciplinary team, especially relating to lifestyle factors and chronic disease.

RCHR1.2 Demonstrate the nonjudgmental assessment of adherence to medication regimens and sympathetically ascertain from the patient or, where appropriate, family members, careers, and/or other members of the multidisciplinary team, factors contributing to adherence in the general practice setting.

RCHR1.3 Demonstrate the ability for communicating test and investigation results in the context of particular chronic disease(s) to patients and, when appropriate, family members, careers, and/or other members of the multidisciplinary team in the general practice setting.

RCHR1.4 Demonstrate use of a patient centered, supportive approach and discuss how to develop long term relationships to help patients with chronic conditions take as much responsibility as possible for their own chronic disease health outcomes in the general practice setting.

RCHR1.5 Demonstrate the ability to gain an understanding of the patient's knowledge, attitudes and meaning of their illness in the general practice setting.

RCHR1.6 Demonstrate use of patient centered communication in improving chronic disease health outcomes in the general practice setting.

RCHR1.7 Demonstrate the negotiation and documentation of appropriate management plans to maximize patients' wellbeing, autonomy and personal control of their chronic disease health outcomes, emphasizing a shared approach to management decisions in the general practice setting.

RCHR1.8 Demonstrate systematic approaches to case management, care co-ordination and advocacy, including effective follow up and review processes for chronically ill patients in the general practice setting.

RCHR1.9 Demonstrate the ability to perform appropriate medical procedures for chronic disease management in the general practice setting.

RCHR1.10 Demonstrate skills to support patients who do not respond to, or co-operate with, medical management in the general practice setting.

RCHR1.11 Demonstrate history and examination skills for internal medicine and chronic conditions appropriate to high quality general practice.

RCHR1.12 Demonstrate the ability to identify the relevant risk factors for the future development of chronic disease, including adverse effects of medications and other medical interventions used to manage chronic disease in the general practice setting.

RCHR1.13 Demonstrate negotiation of secondary and tertiary prevention strategies for patients with chronic disease, taking into account the presence of risk factors, disease stage and potential for changing risk/benefit ratio of medications or other treatments used over time in the general practice setting.

RCHR1.14 Demonstrate the appropriate use of tools to assess a patient's readiness to change and techniques that motivate, educate and facilitate behavioral change for chronic disease control in the general practice setting.

RCHR1.15 Demonstrate the ability to assess various physical, psychological and social levels of function and disability in the general practice setting.

RCHR1.16 Demonstrate the ability to identify and implement practical and pragmatic approaches to managing chronic diseases and comorbidities that take explicit account of the uncertainties and complexities across biopsychosocial domains in the general practice setting.

RCHR1.17 Demonstrate the use of techniques to support and maintain healthy lifestyle changes (e.g. motivational interviewing, appropriate referral to other primary healthcare providers and/or specialist providers).

RCHR1.18 Demonstrate the ability to be responsive and empathetic to fluctuations in the physical and mental state of patients with chronic conditions in the general practice setting.

RDER1.1 Demonstrate how patients are allowed to communicate their concerns, fears and expectations.

RDER1.2 Demonstrate patient engagement about their understanding of their skin condition, including reinforcing helpful beliefs and correcting any troubling misconceptions (e.g. 'is my psoriasis contagious?').

RDER1.3 Demonstrate how the results of patients' current and past treatments, including any complementary medicines, are recorded and reviewed.

RDER1.4 Integrate the negotiation of an effective long term management plan (especially important in the management of chronic illness).

RDER1.5 Demonstrate how to reinforce patient understanding of the difference between control and cure.

RDER1.6 Confirm patient understanding of the condition and the agreed management plan.

RDER1.7 Demonstrate how to take an appropriate history and conduct a thorough skin examination.

RDER1.8 Effectively use a dermatoscope, where appropriate, for additional help in assessing pigmented and nonpigmented lesions (this may involve specific training).

RDER1.9 Demonstrate diagnosis of common general practice dermatological problems.

RDER1.10 Demonstrate the ability to critically interpret investigations including biopsy.

RDER1.11 Demonstrate the ability to diagnose and manage major dermatological problems, particularly in pediatrics, pregnancy and the aged.

RDER1.12 Describe medication side effects that may manifest as skin symptoms, effectively mimicking other dermatological diseases including viral exanthemas.

RDER1.13 Describe the major disorders of the hair and nails including fungal diseases and local malignancy.

RDER1.14 Demonstrate writing prescriptions for useful extemporaneous preparations.

RDER1.15 Demonstrate recognition of serious dermatological conditions, including rare conditions and arrange management.

RDER1.16 Demonstrate, where appropriate, competency in performing basic procedures such as obtaining skin scrapings, sampling for bacterial microscopy and culture, viral sampling, punch biopsy and formal excisional biopsy.

RDRU1.1 Demonstrate development of appropriate boundaries in managing the patient's problems, which take into account medicolegal responsibilities, limits of confidentiality and a respectful therapeutic relationship.

RDRU1.2 Be aware of risks of inappropriate behavior when dealing with patients who are socially stigmatized and who may have boundary problems; they can be needy and manipulative at times.

RDRU1.3 Demonstrate ability to recognize drug seeking behavior and have strategies to deal with this behavior in the clinic.

RDRU1.4 Demonstrate how to negotiate a management plan with the patient that delineates the roles and responsibilities of the patient (and the doctor).

RDRU1.5 Demonstrate ability, where appropriate, to safely prescribe medications for dealing with drug withdrawal from alcohol, heroin, cannabis and amphetamines.

RDRU1.6 Demonstrate ability to discuss adolescent drug problems with affected persons and their parents, especially regarding cannabis, alcohol and psychostimulants.

RDRU1.7 Demonstrate ability to assess and advise on comorbidities including hepatitis B and C and HIV.

RDRU1.8 Describe common co-existing psychiatric conditions, including personality disorders and how they interact with substance abuse issues.

RDRU1.9 Outline methadone and buprenorphine programs and their roles in managing opiate dependence.

RDRU1.10 Describe the biopsychosocial consequences of lifestyle disorganization that may occur as a result of drug use, and demonstrate an ability to conceptualize a plan to deal with this.

RDRU1.11 Describe how these management principles apply to other addictions.

REAE1.1 Demonstrate the ability to develop an understanding of the patient's knowledge, attitudes and meaning of their visual or hearing disability in the general practice setting.

REAE1.2 Demonstrate the negotiation and documentation of appropriate management plans for patients with chronic eye and ear conditions to access services and secondary/ tertiary healthcare.

REAE1.3 Demonstrate skills to support patients who do not respond to medical management, or who are waiting for surgical intervention for their eye and ear conditions in the general practice setting.

REAE1.4 Demonstrate the ability to perform appropriate screening procedures for chronic eye and ear conditions in the general practice setting (e.g. visual acuity testing, screening for age related macular degeneration).

REAE1.5 Demonstrate the ability to identify the relevant risk factors for the future development of visual and hearing deficits.

REAE1.6 Demonstrate negotiation of secondary and tertiary prevention strategies for patients with chronic (or preventable) eye and ear conditions.

REAE1.7 Demonstrate the ability to identify and implement practical and pragmatic approaches to managing and referring the care of common eye and ear conditions in the general practice setting.

REAE1.8 Demonstrate the comprehensive assessment and management of patients who present with common eye and ear conditions in general practice, including the use of fluorescein for diagnostic purposes.

REAE1.9 Identify when to undertake, or refer for slit lamp, examinations for eye conditions such as trauma and glaucoma.

REAE1.10 Demonstrate an understanding and a safe approach to the treatment of corneal foreign bodies that present in general practice.

REAE1.11 Demonstrate an understanding and a safe approach to the use of ocular cycloplegic and topical anesthetic medications in general practice.

REAE1.12 Demonstrate reference and utilization of antibiotic guidelines and best practice medicine in the treatment of common eye and ear conditions in general practice.

RMHE1.1 Integrate effective communication with patients with mental health concerns and their families and careers in the primary care setting.

RMHE1.2 Demonstrate appropriate respect and concern for patients with mental health concerns and their families and careers in the primary care setting.

RMHE1.3 Integrate strategies for managing the emotionally charged encounter (e.g. Breaking bad news, dealing with grief) into the primary care setting.

RMHE1.4 Establish rapport with patients with mental health concerns and their families and careers.

RMHE1.5 Identify the impact of the belief systems and cultural norms of both doctor and patient during communication.

RMHE1.6 Establish partnerships of care incorporating patients, careers, healthcare professionals and support staff utilizing written, verbal and computer mediated communication.

RMHE1.7 Describe the epidemiology and etiology of common mental health conditions and the complexities of comorbidity.

RMHE1.8 Demonstrate skills in psychiatric history taking, mental status assessment and risk assessment in the general practice setting.

RMHE1.9 Detect and differentiate the common mental health disorders in general practice.

RMHE1.10 Demonstrate appropriate use of psychometric instruments to aid assessment.

RMHE1.11 Demonstrate how to differentiate a patient's reaction to normal life stresses from overt mental illness.

RMHE1.12 Demonstrate the inclusion of mental health assessment in undifferentiated clinical presentations.

RMHE1.13 Assess the functional impact of mental health disorders on a patient.

RMHE1.14 Negotiate a mental health plan with patients, careers and health professionals considering patient and career preferences, concerns and resources.

RMHE1.15 Communicate the evidence basis for common treatments to patients and careers.

RMHE1.16 Describe appropriate patient and career education methods and materials.

RMHE1.17 Describe local mental healthcare providers and systems including nongovernment organizations, e.g. self-help groups.

RMHE1.18 Describe available pharmacological and psychological therapies and utilize these therapies in an evidence based way.

RMHE1.19 Outline the principal of detoxification and withdrawal.

RMHE1.20 Deliver focused psychological strategies, where appropriate as defined by the governmental mental health Initiatives.

RMHE1.21 Demonstrate the appropriate prescription of psychoactive medication using an evidence based approach.

RMHE1.22 Work collaboratively with members of the local healthcare network.

RMHE1.23 Describe the need for systematic monitoring of the effectiveness of a mental health plan.

RMHE1.24 Manage comorbidity of mental and physical illness.

RMHE1.25 Describe how to engage patients in self-monitoring to identify recurrence.

RMHE1.26 Assist patients and careers to develop a personal relapse prevention plan.

RMHE1.27 Recognize signs of mental illness in colleagues and provide debriefing, support and appropriate referral.

RMSK1.1 Describe the psychological influences and consequences of acute and chronic pain.

RMSK1.2 Describe the psychological influences and consequences of loss of function, or the burden of being at higher risk of deteriorating pain or function.

RMSK1.3 Demonstrate the ability to distinguish between patients' needs and wants with regards to their pain management.

RMSK1.4 Describe the role of the placebo response in pain management and the importance of the therapeutic relationship between doctor and patient in achieving the placebo response.

RMSK1.5 Demonstrate the skills and attitudes required for effective whole person care.

RMSK1.6 Describe how clinician attitudes, beliefs and feelings may affect pain management.

RMSK1.7 Describe information sources that may assist the patient with a musculoskeletal condition to better manage their condition.

RMSK1.8 Demonstrate a high level of use of explanation of pain mechanisms and natural history using analogy, metaphors and patient centered communication to teach the patient self-care.

RMSK1.9 Demonstrate a high level of skills in motivational interviewing techniques to assist patients in dealing with persisting musculoskeletal problems.

RMSK1.10 Describe the role of cognitive behavioral therapy to assist patients in rehabilitation.

RMSK1.11 Describe the effect of a clinician's communication styles and body language when communicating with patients.

RMSK1.12 Demonstrate how to take a comprehensive history, including identification of urgent and emergency conditions ('red flags') and important psychosocial stressors on musculoskeletal conditions ('yellow flags').

RMSK1.13 Demonstrate how to take a comprehensive pain history.

RMSK1.14 Demonstrate how to measure disability and impairment.

RMSK1.15 Demonstrate thorough examination of the musculoskeletal system including identifying dysfunctions, special physical tests and their interpretation.

RMSK1.16 Demonstrate a high level of knowledge of specific musculoskeletal conditions across different populations.

RMSK1.17 Describe the optimal sequence of ordering investigations to aid management decisions to demonstrate the ability to justify the necessity for each investigation and interpret the result.

RMSK1.18 Describe the prevalence of radiological abnormalities in a symptomatic and asymptomatic populations.

RMSK1.19 Recognize radiological findings of emergency and urgent ('red flag') conditions.

RMSK1.20 Demonstrate the ability to detail a comprehensive management plan for musculoskeletal complaints that may involve more than one healthcare provider. It may incorporate, where appropriate, the role of medications, patient education and reassurance, therapeutic exercise, rehabilitation, manual therapy, intraarticular injections and other regional techniques, psychological interventions, and surgery.

RMSK1.21 Justify the use of interventions through risk/benefit analyses.

RMSK1.22 Demonstrate an awareness of the levels of evidence for musculoskeletal management strategies.

RMSK1.23 Identify and acquire musculoskeletal procedural skill competency levels appropriate for the required service provision level, e.g. if performing joint injections ensure skill competency level has been acquired.

RMSK1.24 Demonstrate the ability to monitor musculoskeletal disease status and medication use in terms of compliance and toxicity, including in the presence of comorbid illnesses such as cardiovascular disease.

ROCC1.1 Demonstrate the use of advanced negotiating skills in managing small groups, including Work cover authority, employer, insurance companies and rehabilitation providers.

ROCC1.2 Describe the skills required for the management of stress in patients.

ROCC1.3 Demonstrate the ability to write legal reports.

ROCC1.4 Demonstrate how to give evidence in court.

ROCC1.5 Demonstrate how to manage telephone calls from employers.

ROCC1.6 Demonstrate the management of common work related injuries.

ROCC1.7 Describe the content and implications of Work-cover certificates.

ROCC1.8 Outline how to modify patient management to suit employer culture, where appropriate.

RONC1.1 Demonstrate the ability to apply patient centered communication skills to support behavior change to reduce cancer risk.

RONC1.2 Demonstrate how to discuss different cancer screening tests and programs to support patients' informed choices.

RONC1.3 Demonstrate an ability to discuss the importance of general practice care during and after active treatment of cancer.

RONC1.4 Demonstrate the ability to communicate with patients and their families/careers about management, informed decisions and emotional issues.

RONC1.5 Describe the management of common cancers and the recognition and management of side effects of treatment.

RONC1.6 Demonstrate how to apply patient centered care to manage the complex psychosocial issues of patients and families affected by a diagnosis of cancer.

RONC1.7 Recognize and apply evidence based management for the assessment of symptoms associated with cancer.

RPAL1.1 Demonstrate awareness in defining the realistic context of illness at the end-of-life for the patient and their family.

RPAL1.2 Demonstrate specific communication skills in dealing with end-of-life issues such as giving bad news, counselling regarding realistic expectations and hope, nutrition and hydration.

RPAL1.3 Demonstrate skills in managing bereavement issues for families/careers and coordinating services to meet these needs when ongoing care and support is required.

RPAL1.4 Demonstrate management skills in dealing with the psychological, social, cultural and spiritual aspects of the patient's illness and the impact of these on patient care.

RPAL1.1 Describe the psychological influences and consequences of acute and chronic pain.

RPAL1.2 Demonstrate the ability to recognize the patient's needs and wants in terms of their pain management.

RPAL1.3 Describe the role of the placebo response in pain management.

RPAL1.4 Outline the differences between pain perception, suffering and pain behavior in those from different cultures and backgrounds.

RPAL1.5 Demonstrate the skills and attitudes required for effective whole person care.

RPAL1.6 Describe how clinician attitudes, beliefs and feelings may affect pain management.

RPAL1.7 Describe information sources that may assist patients in pain to better manage their condition.

RPAL1.8 Demonstrate a working knowledge of the frequency of different types of pain presentations in general practice.

RPAL1.9 Describe the difference between pain perception, suffering and pain behavior.

RPAL1.10 Describe common patterns of pain referral and their clinical implications.

RPAL1.11 Demonstrate a short term strategy for dealing with undifferentiated pain problems.

RPAL1.12 Demonstrate history taking that addresses psychosocial factors and consequences of pain.

- RPAI1.13 Assess the type and degree of pain related disability.
- RPAI1.14 Perform an examination for generalized pain syndromes.
- RPAI1.15 Justify the use of physical examination tests for pain.
- RPAI1.16 Demonstrate the ability to document the pain presentation in terms of site and radiation, duration, quality, severity, associated signs and symptoms.
- RPAI1.17 Demonstrate the management of nociceptive, chronic musculoskeletal, neuropathic and visceral pain with appropriate pharmacological and nonpharmacological measures.
- RPAI1.18 Demonstrate incorporation of pain related disability into diagnostic and management decisions about pain.
- RPAI1.19 Demonstrate integration of pharmacological and nonpharmacological approaches to pain management.
- RPAI1.20 Demonstrate rational prescribing of complex regimes of pain medications.
- RPAI1.21 Outline the strengths and limitations of commonly used history and examination items used for pain assessment history and examination.
- RSEH1.1 Demonstrate openness to diversity through patient and peer contact and confidence in basic clinical and interpersonal skills in the provision of sexual healthcare.
- RSEH1.2 Demonstrate the ability to assess, examine and investigate patients presenting with sexual health problems, including possible infection.
- RSPO1.1 Demonstrate advanced history taking skills including the meaning of the injury to the patient.
- RSPO1.2 Discuss the importance of empathy and a partnership approach to treatment and management.
- RSPO1.3 Demonstrate good knowledge of applied anatomy, applied physiology and applied pathology.
- RSPO1.4 Demonstrate the ability to accurately take a history and examine and order appropriate investigations.
- RSPO1.5 Demonstrate an ability to accurately diagnose injuries and prescribe exercise where appropriate.
- RSPO1.6 List differential diagnoses that pertain to an injury to include important other injuries.
- RCTR1.1 Demonstrate the ability to communicate the evidence for management, diagnosis or screening to patients in a manner that is both understandable to the patient and is patient centered.
- RCTR1.2 Demonstrate the ability to involve the patient in the decision making process about their health and acknowledge the informed patient's right to choose to accept or decline new interventions based on research evidence.
- RCTR1.3 Describe how beliefs and values, in doctor and patient, influence the interpretation of research results in support of potentially divergent views.

RCTR1.4 Demonstrate well developed skills in reflective practice and critical thinking in order to identify and formulate questions as they arise in clinical practice.

RCTR1.5 Demonstrate sound skills in evidence gathering (e.g. where to find resources, how to search databases, internet searching skills).

RCTR1.6 Demonstrate sound skills in critically appraising different types of evidence sources.

RCTR1.7 Develop a rational approach to prescribing and investigation that includes knowledge of risk, costs and benefits of treatment and tests.

RCTR1.8 Outline the hierarchies of evidence available for clinical decision making.

RCTR1.9 Outline how research funding and publication bias can influence the evidence base of clinical practice.

RCTR1.10 Outline the essential components of the research process (e.g. developing a research question, identifying appropriate methods, basic qualitative and quantitative analysis skills, drawing appropriate conclusions, summarizing and disseminating results).

RCTR1.11 Demonstrate skills in applying research evidence from clinical trials to individual patients within their unique context and comorbidities.

RCTR1.12 Where indicated, demonstrate an ability to disseminate the results of research, or critical evaluation/literature review to peers or other health professionals.

RCTR1.13 Outline methods to evaluate, reflect on and improve clinical and nonclinical practice (e.g. clinical audit, needs analysis, quality improvement cycles).

RUND1.1 Demonstrate the ability to clearly characterize symptoms of undifferentiated conditions in the primary care setting.

RUND1.2 Demonstrate the ability to counsel patients when managing uncertainty of diagnosis and management in the primary care setting.

RUND1.3 Demonstrate the ability to take a history, examine and appropriately investigate in managing undifferentiated conditions in the primary care setting.

RUND1.4 Demonstrate fail-safe diagnostic strategies in the primary care setting.

RUND1.5 Request appropriate diagnostic tests to reduce diagnostic uncertainty in the primary care setting.

RUND1.6 Identify specific factors that affect the presentation of undifferentiated conditions in the primary care setting.

RUND1.7 Identify psychological factors impacting upon undifferentiated conditions in the primary care setting.

RUND1.8 Identify possible diagnoses that need to be excluded in undifferentiated conditions in the primary care setting.

RUND1.9 Discuss management options when undifferentiated conditions remain undiagnosed despite thorough assessment and investigation in the primary care setting.

RUND1.10 Demonstrate the ability to counsel a patient when there is uncertainty regarding diagnosis and management in the primary care setting.

REHE1.1 Demonstrate high level communication skills in the consultation (e.g. the provision of information and the use of computer based decision aids in patient information).

REHE1.2 Demonstrate, where appropriate to the patient's needs, how to consult via telehealth.

REHE1.3 Demonstrate expertise in searching the internet for evidence based information that supports day-to-day practice.

REHE1.4 Outline high level e-health systems that support day-to-day general practice (e.g. billing and booking systems, accounts keeping, Medicare Online).

REHE1.5 Demonstrate mastery of the electronic health record in daily practice (e.g. prescriptions, reports, results checking, updating past history, recall systems, patient databases).

RMDC1.1 Demonstrate the ability to negotiate common ground with patients about their problems and expectations from team based care in the general practice setting.

RMDC1.2 Make effective general practice management plans with patients including defining respective responsibilities and limits with the patient, family and careers.

RMDC1.3 Demonstrate how to communicate clearly and clarify the various roles and responsibilities of the multidisciplinary care team members with the patient, family and careers in the general practice setting.

RMDC1.4 Discuss the patient's understanding of the problem, management, advice and follow up during multidisciplinary care in the general practice setting.

RMDC1.5 Demonstrate the ability to negotiate, prioritize and implement patient multidisciplinary care within the general practice setting.

RMDC1.6 Demonstrate how to co-ordinate care within multidisciplinary teams.

RMDC1.7 Describe the role and functioning of multidisciplinary care especially within the context of chronic disease or complex health needs and how this may change over time.

RMDC1.8 List the members of a multidisciplinary team for individual patients and outline the skills, roles and responsibilities of each member and how they function in the general practice setting.

RMDC1.9 Identify and use hospital and community based expertise, resources and networks effectively.

RMDC1.10 Describe how to use opportunities for health promotion and education and their multidisciplinary management within the general practice setting.

RMDC1.11 Demonstrate the ability to make appropriate and timely decisions about referral and follow up.

RINT1.1 Demonstrate ability to deal with unreasonable requests and set limits for patients during consultations.

RINT1.2 Demonstrate how to develop a management plan for patients with chronic and complex illnesses, where appropriate, by incorporating integrative into conventional medicine.

RINT1.3 Identify and manage important interactions and side effects (common and/or severe) associated with complementary medicines and therapies.

RQAS1.1 Demonstrate effective communication in the patient-doctor relationship.

RQAS1.2 Explain effective ways to manage complaints by patients.

RQAS1.3 Demonstrate effective strategies to raise concerns with a colleague about a lapse in safety.

RQAS1.4 Explain the issues involved in discussing an adverse event with patients.

RQAS1.5 Outline the Quality Framework for Libyan General Practice and strategies for implementation in the general practice setting.

RQAS1.6 Complete a structured and systematic analysis of the causes of a near miss or adverse event.

RQAS1.7 Arrange a quality improvement activity focused on improving practice processes.

RPMA1.1 Demonstrate effective communication of practice operating policies and procedures such as appointment booking, to patients and community in the general practice and community based setting.

RPMA1.2 Demonstrate effective skills for overcoming barriers to communicating practice operating procedures to patients with disabilities, young people and those from culturally and linguistically diverse backgrounds in the general practice and community based setting.

RPMA1.3 Outline communications skills required for dealing with complaints in the general practice and community based setting.

RPMA1.4 Discuss regulations that apply to medical practitioners and their implications for professional practice including business regulations in a medical practice context, including occupational health and safety regulations and equal employment opportunity legislation.

RPRO1.1 Demonstrate the ability to counsel patients regarding the reasons for procedures.

RPRO1.2 Demonstrate the ability to counsel patients regarding any potential outcomes including benefits, risks and complications for procedures.

RPRO1.3 Demonstrate the ability to clearly explain the steps of procedures.

RPRO1.4 Demonstrate how to address patient interests and concerns about procedures.

RPRO1.5 Demonstrate applied professional and procedural skill competence.

RPRO1.6 Demonstrate ability to explain indications, contraindications, patient preparation methods, sterile techniques, pain management and proper techniques for handling specimens and fluids obtained and test results for procedures.

RPRO1.7 Describe the complications and management of procedures.

RQUM1.1 Demonstrate the ability to communicate clearly with patients and careers the reasons for prescribing, including the potential benefits and risks in the general practice setting.

RQUM1.2 Demonstrate how to take into account the patient's ideas, concerns and expectations when negotiating medicine use (including patient cultural and personal preferences for the nature of treatment with both conventional and complementary therapies).

RQUM1.3 Demonstrate how to provide clear advice about medicine administration when recommending medicines.

RQUM1.4 Describe how to create a nonjudgmental and open environment for patient-doctor communication in order for patients to be able to discuss any concerns regarding their medicine use. Also promote the identification of other medicines the patient may be taking that were not initiated by the GP (including over-the-counter medicines and complementary therapies).

RQUM1.5 Outline the assessment of the patient and career understanding of their use of medicines and incorporate this into patient-doctor communications.

RQUM1.6 Describe communication methods, tools and patient resources to promote quality use of medicines including treatment adherence.

RQUM1.7 Outline how to use medicines appropriately and consider nonmedicinal alternatives, including medicines that are prescribed, recommended and/or self-selected.

RQUM1.8 List the principles of quality use of medicines in the general practice setting.

RQUM1.9 Describe how to prescribe within the limitations of the treating doctor's knowledge, skills and experience within the general practice setting.

RQUM1.10 Describe how the clinical condition, the potential benefits and risks of treatment, dosage, length of treatment and cost affect medicine choice when prescribing.

RQUM1.12 Describe the potential drug-disease, drug-patient and drug-drug interactions for clinical presentations ranging from acute self-limiting conditions to chronic complex diseases and incorporate an understanding of the natural course of the disease.

RQUM1.13 Describe how the following factors can affect medicine choice in the general practice setting:

- the individual person and their understanding and expectations of medicines
- the clinical condition
- risks and benefits and the medicine
- dosage and length of treatment

- any co-existing conditions, e.g. other medical conditions, multiple pathologies and individual factors such as age, pregnancy, impaired liver, kidney or heart function.
- other therapies especially polypharmacy
- monitoring considerations
- costs for the individual, the community and the health system
- safety considerations.

RQUM1.14 Demonstrate how to write and print unambiguous legal prescriptions using correct documentation in the general practice setting.

RQUM1.15 Demonstrate how to accurately list patient medications and instructions in the general practice setting.

RQUM1.16 Describe how to apply current, timely prescribing guidelines and resources to the quality use of medicines in the general practice setting.

RQUM1.17 Outline and discuss the significance of potential and actual multidimensional drug interactions for minimizing patient harm, including the management of polypharmacy in the general practice setting.

RQUM1.18 Describe the management of adverse medicine events within the practice, and in the event of adverse medication reactions, reporting events to the appropriate monitoring bodies.

RQUM1.19 Describe the principles of monitoring treatment outcomes including benefits and adverse events.

RQUM1.20 Demonstrate the use of electronic prescribing software appropriately.

RTML1.1 Demonstrate basic teaching, mentoring and leadership skills including:

RTML1.1.1 clearly explaining to learners the reasoning behind the use of particular clinical strategies

RTML1.1.2 formulating appropriate questions to encourage learners to develop problem solving skills

RTML1.1.3 discussing and demonstrating strategies to help develop rapport with the learner/mentee/follower.

RTML1.2 Demonstrate, where appropriate, extension teaching, mentoring and leadership skills, including:

RTML1.2.1 demonstrating the ability to provide constructive and specific feedback to learners, which challenges them to reflect and expand their skills

RTML1.2.2 demonstrating the appropriate use of the range of public presentation audiovisual aids and educational resource technology in delivering education to peers and undergraduates

RTML1.2.3 practicing effective communication skills for facilitating learning within one-to-one, small group and larger group contexts.

RTML1.3 Divide tasks or knowledge into manageable portions to improve learning opportunities.

RTML1.4 Identify the level at which learning needs to occur for different learners.

RTML1.5 Develop personal learning plans and objectives based on identification of learning needs and development of learning activities and strategies to fulfil these objectives.

Assumed level of knowledge – Senior House Officer

2. Population health in the context of general practice

RPOP2.1 Describe the roles of different parts of the health system in conducting screening and surveillance for diseases in the general practice context.

RPOP2.2 Develop recall systems and other measures in the general practice setting to implement preventive guidelines including electronic systems.

RPOP2.3 Audit performance of self and practice in relation to population health activities, especially immunization, screening and management of lifestyle risk factors.

RPOP2.4 Conduct an assessment of the health needs within the general practice and the local community.

RPOP2.5 Discuss the advantages and disadvantages of preventive practices and individualize this advice to the patient's needs.

RPOP2.6 Work with a multidisciplinary team to implement preventive strategies in a practice or community.

RPOP2.7 Identify occupational health factors that may influence disease.

RPOP2.8 Demonstrate infection control measures within the general practice setting consistent with the infection control standards for office based practices.

RRUR2.1 Demonstrate participation in ongoing health education and health promotion in rural communities.

RRUR2.2 Describe local rural community patterns of morbidity and mortality, the health services available to address these and any improvement in services required.

RRUR2.3 Apply public health principles to disease control management in the practice and hospital setting.

RRUR2.4 Utilize the appropriate health and community service networks as part of rural practice.

RRUR2.5 Demonstrate an informed commitment to primary healthcare delivery through interprofessional cooperation.

RDOC2.1 Describe the ethical responsibilities of interpersonal boundaries in medicine, including sexual boundaries, and describe how impairment with illnesses such as depression can confound these issues.

RDOC2.2 Demonstrate how to identify the danger signs of physician impairment.

RGEN2.1 Develop and apply practice systems that support routine screening for genetic conditions.

RCYP2.1 Demonstrate the implementation of health surveillance, prevention and promotion.

RCYP2.2 Discuss barriers to implementing these strategies in current general practice, including health inequalities.

RCYP2.3 Discuss solutions for problems faced by young people with a chronic disease who need to move from pediatric to adult care.

RCYP2.4 Describe common and serious patterns of childhood accidental and traumatic injuries and related prevention measures, such as parent education, that can be used to reduce the risk of these injuries.

RWOM2.1 Discuss the advantages and disadvantages of prevention and screening strategies with individual women and the evidence for their use

RWOM2.2 Understand the role of the GP in contributing to women's health in the broader community, including the ability to work with, and refer to, community women's health groups.

RMEN2.1 Demonstrate how to provide evidence based opportunistic health promotion and disease prevention for men in general practice.

RMEN2.2 Use evidence based health promotion strategies to reduce the over representation of men with cardiovascular disease, cancer, injuries, suicide and violence related issues.

RMEN2.3 Outline harm minimization strategies, interventions and therapeutic programs for men such as preventing and minimizing violence, hazardous drinking and self-harm.

RMEN2.4 Understand how the National Health Policy relates to general practice and how it influences funding for men's healthcare.

RAGE2.1 Outline the relevance of aged care to general practice.

RAGE2.2 Summarize the complexities of providing services and healthcare funding to the aged.

RAGE2.3 Identify the stresses encountered by those who care for the aged.

RAGE2.4 Describe strategies for addressing age discrimination in aged healthcare.

RAGE2.5 Describe the appropriate use of community services and resources for the aged and their careers (e.g. nursing homes, hostels, community resources, respite care).

RDIS2.1 Demonstrate recognition of the need for health surveillance of groups with developmental disability including mortality, morbidity and level of population screening.

RDIS2.2 Demonstrate encouragement and facilitation of people with disabilities to participate in health promotion programs, especially good nutrition and exercise.

RDIS2.3 Demonstrate provision of proactive care to families of a person with a developmental disability based on an understanding of family lifecycle and changing individual and family needs. This includes being sensitive to the effect on the carer's physical and mental health and identifying appropriate local supports and resources.

RDIS2.4 Outline the public health implications of antenatal testing and folate supplementation. Also describe the impact of the underlying intent and basis of these on the individual with a developmental disability, their family and their community.

RDIS2.5 Demonstrate awareness of the need to initiate and provide an annual health assessment for people with cognitive impairments, including examination.

RDIS2.6 Act as an advocate for people with disabilities and their families, to enhance their access to health and community services.

RDIS2.7 Identify the range of social, financial and legal services available to support people with disabilities and their families and careers, and know where to find further information about these services.

RACU2.1 Demonstrate how to use patient education to help reduce the number and frequency of preventable presentations.

RACU2.2 Describe the needs of caregivers involved at the time of the acutely ill person's presentation in the general practice setting.

RCHR2.1 Outline current government chronic disease program policies which relate to assisting people with chronic conditions in the general practice setting.

RCHR2.2 Demonstrate the ability to identify barriers impacting on patients' access to optimal care for their chronic conditions in the general practice setting and practical strategies patients can adopt to overcome these barriers.

RCHR2.3 Describe appropriate screening procedures required to identify asymptomatic individuals, individuals at risk for common chronic diseases, and those who already have chronic conditions (secondary prevention) in the primary care setting.

RDER2.1 Describe the financial and time burden of some skin treatments for patients and their families.

RDER2.2 Describe how exposure to irritants and allergens at home and in the workplace may precipitate skin disease (e.g. eczema, contact dermatitis).

RDER2.3 Outline the prevention of skin cancer, including patient discussion of sun protection, and the general practice surveillance of high risk groups including familial forms of dysplastic naevi and melanoma.

RDER2.4 Demonstrate prevention education of sun skin damage by participating in community and workplace related education and policy strategies.

RDER2.5 Describe how the implications of skin disease outbreaks in the general community demand unique strategies in management beyond treating the individual patient (eg. scabies, lice, impetigo, herpes zoster and meningococcal disease) especially in schools, nursing homes and hospitals.

RDER2.6 Describe skin conditions which are notifiable, how they are notified and school/work exclusion periods.

RDRU2.1 Implement screening for alcohol and drug use in at risk populations.

RDRU2.2 Describe the drug and alcohol issues of patient subpopulations (eg. people from culturally and linguistically diverse backgrounds, and men, women and young people).

RDRU2.3 Recognize and address the needs of caregivers, siblings and children of those with drug use disorders.

REAE2.1 Outline current government policies that relate to assisting people with eye and ear disabilities in the general practice setting.

REAE2.2 Identify barriers that have an impact on patients accessing optimal care for their eye and ear conditions.

REAE2.3 Describe the appropriate use of community services and resources for patients with a visual or hearing disability.

REAE2.4 Discuss health inequality in relation to common eye and ear conditions and preventable causes of blindness and deafness.

RMHE2.1 Implement evidenced based screening for mental health problems in at risk populations.

RMHE2.2 Describe the mental health special requirements of patient subpopulations, e.g. people from culturally and linguistically diverse backgrounds, men, women and young people.

RMHE2.3 Demonstrate the effective physical and mental healthcare management in patients with mental health problems.

RMHE2.4 Recognize and address the needs of careers, siblings and children of those with mental health problems.

RMSK2.1 Outline the differences between pain perception, suffering and pain behavior in those from different cultures and backgrounds.

RMSK2.2 Describe the differences in the spectrum of musculoskeletal conditions seen in general practice and other healthcare settings for different age groups, and understand the implications of this for patient care.

RMSK2.3 Describe the prevalence of various musculoskeletal conditions in the clinician's own local community and practice.

RMSK2.4 Identify chronic disease management programs, how to access them in the local community and how to collaborate with these programs.

RMSK2.5 Identify, where possible, how to reduce the specific impacts of a patient's musculoskeletal condition on family, work, school and other social roles.

RMSK2.6 Outline the relative cost effectiveness of diagnostic and management options for musculoskeletal conditions.

ROCC2.1 Identify and describe strategies to overcome low use of specific services and preventive activities.

ROCC2.2 Record occupation in general practice patient records.

ROCC2.3 Identify and describe common occupational illnesses (including those relevant to your local area) including specific management or where to find this information.

RONC2.1 Demonstrate awareness of national cancer screening programs.

RONC2.2 Describe the advantages and disadvantages of different cancer screening tests available in Libya.

RONC2.3 Discuss the use of relevant clinical guidelines for the prevention, early detection and care of cancer.

RPAL2.1 Demonstrate establishment of relationships and networks with other community services that are necessary to provide quality palliative

care (e.g. nursing, allied health and domiciliary services) equitably across the local population as needed.

RPAI2.1 Analyze the diversity of chronic pain sufferers within the clinician's own patient population.

RPAI2.2 Describe how general practice pain management is different to the hospital setting because of the common occurrence of undifferentiated pain presentations in the community setting.

RPAI2.3 Outline how different manifestations and management needs for children and the elderly with pain.

RPAI2.4 Outline how cultural values and beliefs may affect management outcomes when prescribing treatments and offering management techniques.

RPAI2.5 Describe how a patient's family and employment can act as both a support and a liability in overall pain management.

RSEH2.1 Describe the principles and practices of contact tracing and how they apply to the community that the practitioner is working in.

RSEH2.2 Demonstrate the ability to function independently in community practice with reference to appropriate sexual health screening and public health measures.

RSPO2.1 Describe the role of inactivity in the etiology of chronic illnesses and the role of exercise in prevention and management of these conditions.

RSPO2.2 Demonstrate opportunistic injury prevention.

RSPO2.3 Describe how to detect and treat biomechanical problems and, thereby, prevent sporting injury to the level of knowledge of the clinician.

RSPO2.4 Describe the differing types of exercise and which subpopulations exercise types are suitable for and when to prescribe exercise, including the special requirements of elite or professional athletes.

RCTR2.1 Outline the role and importance of general practice and primary care to population health in Libya and internationally.

RCTR2.2 Understand the importance of general practice and primary care research.

RCTR2.3 Demonstrate a basic understanding of general practice and primary care research and epidemiological concepts and methods (e.g. qualitative and quantitative research methods, and concepts such as incidence, prevalence and screening).

RCTR2.4 Describe basic statistical techniques for describing and interpreting results of research (e.g. p values, confidence intervals, absolute and relative risk, positive and negative predictive value, number needed to treat, sensitivity and specificity) and be able to use these terms when critically appraising research results.

RCTR2.5 Describe the principles underlying generalizability of research evidence when applying evidence about screening, diagnosis and treatment to individual patients and/or practices.

RUND2.1 Describe the pattern of common presentations of undifferentiated conditions specific to the current primary care setting.

RUND2.2 Describe the patterns of commonly missed conditions in undifferentiated conditions specific to the current primary care setting.

RUND2.3 Describe the patterns of important conditions that should not be missed in undifferentiated conditions specific to the current primary care setting.

RUND2.4 Describe common patterns of psychological conditions that relate to the presentation of undifferentiated conditions in the primary care setting.

REHE2.1 Demonstrate e-health principles to improve patient care using recall databases and data specific patient searches.

RMDC2.1 Describe the role of the GP in multidisciplinary care in the Libyan health system including care planning, services funding, policies and community resources.

RMDC2.2 Outline the management of referrals and interactions with multidisciplinary healthcare providers outside of the general practice setting with patients from culturally and linguistically diverse backgrounds, including the impact on their relationships with family and significant others.

RMDC2.3 Outline the availability of local, regional and national multidisciplinary care services.

RINT2.1 Refer important interactions and side effects (common and/or severe) associated with complementary medicines and therapies.

RQAS2.1 Outline the relevant laws relating to competence in decision making for minors and for adults.

RQAS2.2 Show how the magnitude, likelihood and impact of risk can be explained to patients with poor literacy skills.

RQAS2.3 Outline the regulatory framework for quality improvement in the general practice setting.

RPMA2.1 Outline general practice models of service delivery.

RPMA2.2 Identify community agencies and health practitioners and describe their relationship with local GPs.

RPMA2.3 Explain health insurance to patients.

RPMA2.4 Use and interpret MBS, PBS and government funding programs as they apply to general practice, including Practice Incentive Payments (PIP), Service Incentive Payments (SIP) and other blended payments.

RPRO2.1 Describe patterns of potential risks and complications of procedural errors.

RPRO2.2 Describe sources of information for ongoing identification of risk trends in procedural errors.

RPRO2.3 Describe the epidemiology of hazards and risks to patients and healthcare workers associated with procedural medicine.

RQUM2.1 Describe how to promote the quality use of medicines in patients and the community through good treatment choices with patients.

RQUM2.2 Outline the National Medicines Policy and the place of quality use of medicines in general practice.

RQUM2.3 Discuss the common patterns of medicine use in the community including prescribed, over-the-counter and self-selected medicines.

RQUM2.4 Demonstrate the application of the quality use of medicine to antimicrobial use in the general practice setting. Include consistent prescribing practices using current microbial prescribing guidelines, evaluating antibiotic use within the practice and educating patients about the best and appropriate use of antibiotics.

RQUM2.5 Outline the influence of culture and language on the quality use of medicines in the general practice setting.

RQUM2.6 Describe the impact of cost on quality use of medicines on the individual, families and the broader health system.

RTML2.1 Explain the characteristics of a nurturing environment, which encourages learning and professional development.

RTML2.2 Identify factors that may inhibit learning and discuss strategies suitable to address them.

RTML2.3 Demonstrate the effective use of teaching skills and learning resources effectively when educating patients about preventive care and lifestyle information during general practice consultations.

RTML2.4 Describe the impact of patient diversity on educating patients in the general practice context, e.g. those in rural settings, the role of gender, for people from culturally and linguistically diverse backgrounds.

Assumed level of knowledge – Senior House Officer

3. Professional and Organisational role

RPOP3.1 Differentiate between clinical and public health roles to the broader community (disease notification, involvement in surveillance networks) in general practice.

RPOP3.2 Describe specific public health issues relevant to rural practice and other close communities, such as confidentiality and the fact small populations may be identified in research undertaken by the GP.

RPOP3.3 Manage patients found to have an infectious diseases, including notification requirements.

RPOP3.4 Be conversant with aspects of public health legislation relevant to general practice.

RPOP3.5 Implement population approaches in your general practice work.

RPOP3.6 Discuss the advantages and disadvantages of implementing population health approaches into general practice activities.

RPOP3.7 Develop strategies to overcome barriers to the implementation of population health approaches in general practice.

RPOP3.8 Evaluate recall systems to ensure at risk patients receive necessary follow up.

RPOP3.9 Describe the role of the GP as part of a larger healthcare system.

RPOP3.10 Explain the role of health informatics in improving the general practice contribution to population health.

RPOP3.11 Develop skills in evaluation (clinical audit) to assess the process indicators, and the impact and outcomes of population health strategies implemented in practice.

RRUR3.1 Demonstrate appropriate care, responsibility and respect for patient rights and a preparedness to act as advocate for patients.

RRUR3.2 Outline the difficulties and importance of maintaining confidentiality in small communities.

RRUR3.3 Describe the difficulties and potential ethical dilemmas arising from the multiple roles that GPs fill in small or rural communities.

RRUR3.4 Outline the avenues with which ethical concerns or professional conflict can be discussed and resolved, including referral agencies.

RRUR3.5 Demonstrate steps required to ensure a balance between work, self-care and family, both during registrar training in the rural setting and beyond GP Libyan fellowship.

RRUR3.6 Demonstrate an understanding of the principles of practice/small business management relevant to rural general practice.

RRUR3.7 Implement the principles of triage and disaster management in the rural setting.

RRUR3.8 Outline legal responsibilities regarding notification of disease, births, deaths, autopsy, non-accidental injury and substance use in the rural setting.

RRUR3.9 Establish and utilize comprehensive professional referral network appropriate to the rural setting.

RDOC3.1 Summarize your own personal, professional crisis plan in the event of illness or other crises.

RDOC3.2 Describe your ability to define achievements in your own life while balancing career, life and leisure goals.

RDOC3.3 Describe sources of professional help available for the impaired physician and those who care for them.

RDOC3.4 Understand the benefits of medico-legal cover, disability policies, assets protection, superannuation and financial advice.

RDOC3.5 Describe time management priorities and strategies for ensuring a healthy life style with a focus on personal preventive healthcare.

RDOC3.6 Describe strategies for dealing with stresses related to dealing with bureaucracy, red tape and medico-legal cases.

RDOC3.7 Identify the resources available for negotiating pay, working hours and staff relationships.

RGEN3.1 Manage tensions between the patient with a genetic condition and their right to privacy, the implications for the patient's family, third party interest in the condition, and the doctor's own values and social beliefs.

RGEN3.2 Understand the appropriate use of genetic testing and referral for assessment and care by clinical genetic services in the prevocational setting.

RCYP3.1 Demonstrate the ability to discuss the special health issues relating to children and young people's health with illustrations from cases or other examples arising from experience in practice.

RCYP3.2 Discuss professional strategies used to address key child health issues, including the role of multidisciplinary team work.

RCYP3.3 Demonstrate the ability to maintain confidentiality in practice.

RCYP3.4 Demonstrate features that make the practice child and young people friendly.

RCYP3.5 Describe the GP's role in multidisciplinary teams in addressing children and young people's health.

RWOM3.1 Describe the role of the GP in advocacy for women's health such as human rights and women's health, social justice and social responses to violence against women, and facilitating access and equity with regard to service provision.

RWOM3.2 Examine how practice management issues impact on the provision of care to women, including the maintenance of confidentiality by all practice staff.

RWOM3.3 Describe the GP's legal obligation to ensure that follow up and recall systems for women's health screening and contraception are reliable and effective.

RWOM3.4 Outline legislation and policy relevant to women's health and how these relate to general practice, including mandatory reporting.

RWOM3.5 Understand the GP's role in advocacy and support for women who are discriminated against as a result of their gender, sexual orientation, ethnicity or other personal attribute.

RWOM3.6 Describe health and support services specifically targeted for women.

RMEN3.1 Educate men proactively on the relationship between lifestyle and health.

RMEN3.2 Reflect on own attitudes about masculinity, sexuality, sexual behaviors and violence and how this affects relationships with patients, their families and victims.

RMEN3.3 Identify men who attend the practice less frequently as an opportunity for lifestyle risk assessment and health promotion.

RMEN3.4 Describe specific Medicare items that can be used to promote the health of men.

RAGE3.1 Evaluate specialist treatment recommended for aged patients by discussing the benefits and risks of suggested treatment, and ensure that patients are not denied useful treatment purely on the basis of age.

RAGE3.2 Describe how to advocate for the elderly in accessing aged care and other resources.

RAGE3.3 Discuss ethical issues related to the aged regarding autonomy, power of attorney, legal and medical plans, including guardianship board, principles of informed consent.

RAGE3.4 Discuss the physical, psychological and financial forms of elder abuse.

RAGE3.5 Demonstrate the ability to provide multidisciplinary aged care.

RAGE3.6 Describe the importance of respite care for the wellbeing of patients and their careers.

RAGE3.7 Describe the role of each member of the aged care multidisciplinary team.

RAGE3.8 Access resources and aids, which assist the elderly (eg. visual and hearing aids, mobility aids, home care services).

RAGE3.9 Demonstrate how to use medical records systems and care plans to document the care of older people.

RAGE3.10 Outline methods for providing adequate services to meet the needs of patients who are unable to attend the doctor's surgery.

RAGE3.11 Describe practice processes to facilitate communication with hospitals and other facilities in relation to discharge planning.

RAGE3.12 Arrange and provide appropriate care for the dying and the bereaved.

RAGE3.13 Comply with the legal requirements for certificates of sickness, eligibility for pension, certification of death.

RDIS3.1 Demonstrate respect for the right of the individual with a disability to make life choices that may involve a risk to their health, and understanding of the need to balance this right to autonomy with duty of care.

RDIS3.2 Describe the importance of being part of a multidisciplinary team in working with people with disabilities, appreciate the value and role of all members of a multidisciplinary healthcare team, and understand how the medical practitioner can contribute to the healthcare of people with a developmental disability through such a team.

RDIS3.3 Outline the different cultural understandings of disability and their effect on family reactions and responses to the diagnosis of a developmental disability.

RDIS3.4 Demonstrate practice procedures which support the proactive provision of healthcare, including procedures for annual health reviews; patient follow up and recall; and the provision of immunization, screening and preventive healthcare.

RDIS3.5 Demonstrate practice process to establish if a patient with a disability has the capacity to give consent and, if not, know from whom consent should be obtained.

RDIS3.6 Demonstrate practice mechanisms in place to ensure compliance with the role of the Public Guardian and the Guardianship and Administration Act, or legislative equivalent that applies to your local jurisdiction.

RDIS3.7 Outline the practice procedures, which ensure the appropriate clinical environment is in place, for patients with disabilities to optimize their access, ease, comfort and participation in the consultation.

RACU3.1 Demonstrate an ability to make complex ethical decisions in accordance with a patient's wishes.

RACU3.2 Demonstrate how to use a team based approach in the management of acute illness in the general practice setting, including how to provide leadership and how to follow instructions.

RACU3.3 Describe how to act as an advocate for patients who require admission to referral centers but who have been refused admission and have not yet been assessed.

RACU3.4 Describe the strategies in place to reduce the potential impact of providing acute care on the health of the GP, and how to help prevent stress related performance impairment.

RACU3.5 Demonstrate how to prioritize patient consultation times according to the severity of the presenting illness.

RACU3.6 Describe procedures for the appropriate referral and transfer of acutely ill patients from general practice to the acute care setting, including the role of effective communication with other health workers.

RACU3.7 Evaluate the awareness and management of the personal security risks to self, staff, patients and others (e.g. at an accident site).

RACU3.8 Outline geographical and logistical transport issues for acutely unwell patients from rural and remote areas to tertiary centers.

RACU3.9 Describe how patients are followed up after transfer to the acute care setting.

RACU3.10 Describe the rehabilitation services available for patients who have suffered acute serious illness or trauma.

RCHR3.1 Demonstrate the provision of support at times of crisis and transition (eg. at time of diagnosis).

RCHR3.2 Demonstrate the capacity to work effectively, either within a team or as a team leader to provide optimal care to people with chronic disease in the primary care setting.

RCHR3.3 Demonstrate application of ethical principles underlying the care of patients with chronic conditions in general practice (eg. consent, privacy, autonomy, legitimacy).

RCHR3.4 Demonstrate the review of new technologies that have been shown to improve health outcomes for people with chronic conditions.

RCHR3.5 Demonstrate methods of managing patients with chronic disease.

RCHR3.6 Demonstrate ready access to and use of evidence based guidelines for chronic disease management.

RCHR3.7 Identify and describe the roles of relevant medical, nursing, allied health, pharmacy and other health professionals involved in the care of patients with chronic diseases in the general practice setting.

RCHR3.8 Demonstrate the use of the various health and community resources available for the support, prevention, diagnosis, and management of chronic conditions available to your general practice population.

RCHR3.9 Demonstrate appropriate and effective referral and liaison of patients with chronic diseases to other members of the multidisciplinary team in the general practice setting.

RCHR3.10 Incorporate new technologies that have been demonstrated to improve health outcomes for people with chronic conditions.

RCHR3.11 Demonstrate advocacy for people with chronic conditions to support their access to services, benefits and entitlements in the primary care setting.

RCHR3.12 Outline the management of chronic conditions as they apply to house and nursing home visits.

RCHR3.13 Demonstrate how to appropriately assist patients to contact others with similar conditions and relevant support organizations, such as self-help groups, in the general practice setting.

RCHR3.14 Demonstrate use of government policies and administrative requirements that relate to assisting people with chronic conditions.

RDER3.1 Outline personal limitations in dermatology skills or knowledge and describe how to be prepared to ask for help.

RDER3.2 Demonstrate how to avoid vulnerable anatomical structures during skin surgical procedures.

RDER3.3 Demonstrate the important surface landmarks for the facial, accessory and marginal mandibular nerves.

RDER3.4 Demonstrate sensitivity to the potential lifelong misery and stigma of some skin conditions, including visible birthmarks, psoriasis, alopecia and acne.

RDER3.5 Demonstrate that a reliable record system is in place for all biopsies, investigations and excisions sent from the practice.

RDER3.6 Outline clear practice mechanisms for the transmission of relevant information to patients about their test results.

RDER3.7 Demonstrate a clear paper or computer record of the flow of information.

RDER3.8 Demonstrate the ability to make contemporaneous, legible and accurate notes.

RDER3.9 Describe potential work related compensation issues with respect to skin disease (e.g. allergic contact dermatitis).

RDER3.10 Where appropriate, demonstrate how patients can access reliable information about skin diseases, which may include printed brochures from recognized authorities.

RDER3.11 Demonstrate compliance with practice standards when performing dermatological procedures. For example, infection control standards including sterilization of instruments.

RDRU3.1 Demonstrate a range of consulting skills, including the ability to refuse unreasonable requests and setting limits for patients.

RDRU3.2 Demonstrate ability to develop a management plan for patients with drug dependency.

RDRU3.3 Describe and, where appropriate, demonstrate basic drug and alcohol counselling and describe when presentations require more intensive management in a drug and alcohol unit.

RDRU3.4 Detail professional and legislative requirements of the community based prescribing of drugs of dependence, including opiates and benzodiazepines.

RDRU3.5 Describe state based regulations regarding the prescribing of drugs of dependence and notifications of persons with drug dependence.

REAE3.1 Demonstrate the provision of support at times of crisis for patients with sudden hearing or visual loss.

REAE3.2 Demonstrate the review of technologies that have been demonstrated to improve health outcomes for people with chronic eye and ear conditions.

REAE3.3 Evaluate specialist treatment recommended for patients by discussing the benefits and risks of suggested treatment, and ensure that patients are not denied useful treatments.

REAE3.4 Demonstrate the ability to act in the patient's best interest when antibiotics are requested inappropriately for childhood otitis media.

REAE3.5 Demonstrate access to and use of readily accessible evidence based guidelines for pre-referral treatment and referral of common eye and ear conditions.

REAE3.6 Demonstrate access and referral to services available to patients with visual or hearing disabilities.

RMHE3.1 Describe the apportioning of clinical time in a manner considered appropriate in local context by patients and peers.

RMHE3.2 Describe the role of the general practice in reconciling competing patient demands in mental health.

RMHE3.3 Utilize appropriate billing systems and government initiatives to fund efficient and effective mental healthcare.

RMHE3.4 Describe the role of the GP in relation to mental health.

RMHE3.5 Describe a role for general practice in advocacy for systemic change.

RMHE3.6 Outline self-care strategies and avenues for debriefing when caring for mental health patients.

RMHE3.7 Outline the current mental health legislation and procedures for the certification of involuntary patients.

RMHE3.8 Discuss policy guidelines on accessibility, confidentiality and continuity of care.

RMHE3.9 Detail the requirements for reporting to the relevant registration board and medical indemnity requirements regarding impaired colleagues.

RMSK3.1 Identify when there is a need for a multidisciplinary approach for musculoskeletal medical care.

RMSK3.2 Identify specific medical specialists and allied health professionals who will be required for the prevention and management of musculoskeletal conditions in specific patients.

RMSK3.3 Demonstrate the ability to coordinate care across disciplines in more complex musculoskeletal complaints, including compiling return to work/activity plans.

RMSK3.4 Demonstrate the ability to advocate for patients and to guide them to enable them to access necessary services and social and economic supports to manage their condition.

RMSK3.5 Describe the importance of systematic approaches to prevention and management of musculoskeletal conditions.

RMSK3.6 Describe the formulation and facilitation of a detailed rehabilitation program for injured workers.

RMSK3.7 Describe how best to use government policy initiatives to maximize the care of patients with musculoskeletal conditions.

RMSK3.8 Demonstrate reliable ways of recording and following patient outcomes.

RMSK3.9 Demonstrate a basic ability to assess impairment, disability, and handicap in injured workers for occupational/legal purposes.

RMSK3.10 Describe the legislative and legal requirements in report writing, and also providing evidence in court as an expert witnesses.

RMSK3.11 Demonstrate the ability to coordinate care involving multidisciplinary teams and to organize case conferences where required.

RMSK3.12 Describe patient confidentiality requirements and appropriate communication with stakeholders to whom the patient has given the doctor permission to disclose – for example, insurance companies and rehabilitation providers.

ROCC3.1 Describe the role of work insurance company authorized medical specialist agents, e.g. health management specialists in Work cover.

ROCC3.2 Outline how to deal with competing priorities.

ROCC3.3 Demonstrate how to organize and review a completed functional capacity assessment.

ROCC3.4 Describe and implement OH&S related business regulations as they apply to a medical practice.

ROCC3.5 Demonstrate how to use relevant work related templates in medical software packages.

ROCC3.6 Demonstrate the ability to coordinate care involving multidisciplinary teams and to organize case conferences when required.

ROCC3.7 Describe patient confidentiality requirements and 'need to know' stakeholders to whom the patient has given the doctor permission to disclose, e.g. Insurance company and rehabilitation providers.

ROCC3.8 Describe practitioner legal responsibilities about when to report a worker as being unsafe to drive.

RONC3.1 Describe the ethical issues associated with early detection of asymptomatic cancer.

RONC3.2 Demonstrate use of evidence based guidelines to assist in the care of patients with cancer or those with symptoms related to cancer.

RONC3.3 Describe the role of the GP as patient advocate for people with cancer and their careers.

RONC3.4 Describe appropriate referral pathways for people with cancer or symptoms related to cancer.

RONC3.5 Outline information sources for patients with cancer and their careers.

RONC3.6 Describe the use of practice information systems to facilitate cancer screening and surveillance.

RPAL3.1 Demonstrate skills in dealing with ethical issues in patient care at the end-of-life.

RPAL3.2 Demonstrate the ability to lobby local health service providers to provide essential health services for palliative care patients, as needed, in the patient or career's preferred place of care.

RPAL3.3 Demonstrate the ability to advocate on behalf of patients in relation to meeting their palliative care needs.

RPAL3.4 Demonstrate awareness of the palliative care services available in the patient's community, and be able to access these services to optimize patient care.

RPAL3.5 Demonstrate familiarity with completing death certificates, advanced health directives, enduring guardianship requirements, career's allowance applications and other legislative and administrative requirements relevant to palliative care and end-of-life issues in the general practice setting.

RPAI3.1 Outline the patient's right to privacy.

RPAI3.2 Outline how to balance an individual's right to privacy and the community's right to protect its members from harm.

RPAI3.3 Describe the situations when pain management requires a multidisciplinary approach.

RPAI3.4 Describe the legal obligations of the doctor in prescribing for pain management.

RPAI3.5 Understand community concerns about the narcotic debate and the influence this has on perceptions of both patients and families.

RPAI3.6 Appreciate that discussion with other medical practitioners may assist with drug management, but that emotional support for both patient and doctor can come from a much wider range of members of society.

RPAI3.7 Outline the influence of culture and ethnicity on pain perception and management.

RPAI3.8 Recognize that clinician self-reflection is critical to improving pain management.

RPAI3.9 Demonstrate the development of mechanisms to ensure ongoing access to care.

RPAI3.10 Describe the role of team management in providing care.

RPAI3.11 Identify local services that may offer assistance to people experiencing pain.

RPAI3.12 Identify potential gaps in care arrangements.

RPAI3.13 Develop systems to identify unmet need.

RPAI3.14 Develop and implement systems to recall and review patients and to monitor change in function and quality of life.

RPAI3.15 Establish baseline levels of pain from which a patient's functional changes can be measured such as improvement or deterioration.

RPAI3.16 Identify practice management issues relating to drugs of dependence medication prescription and dispensing.

RPAI3.17 Demonstrate the sharing of responsibility of pain management with patients including educating patients on legal limitations on treatment options.

RPAI3.18 Describe the learning process to ensure up-to-date knowledge of drug schedules (especially drugs of dependence), and country, district and other legislative requirements.

RSEH3.1 Demonstrate continual development and awareness of how personal attitudes and experiences may affect clinical practice.

RSEH3.2 Demonstrate the ability to practice in a manner in which confidentiality is maintained within the legal obligations, especially of contact tracing.

RSEH3.3 Describe the ethical implications of sexual health issues.

RSEH3.4 Describe the legal implications of sexual health issues.

RSPO3.1 Demonstrate use of a team approach to managing sports related injuries.

RSPO3.2 Demonstrate compliance with the concept of duty of care and potential for conflict.

RSPO3.3 Demonstrate use of drugs in sport practice requirements and understand the consequences of not doing this.

RSPO3.4 Outline a practice approach to sports injury management including the involvement of allied health practitioners (e.g. physiotherapy, podiatry, dietician, psychologist), as well as appropriate referral to doctors with special expertise.

RSPO3.5 Describe strategies in place for reviewing and assessing outcomes of treatment.

RSPO3.6 Describe practice processes in place to safeguard occupational health and safety and meeting legislative drugs in sport requirements.

RCTR3.1 Demonstrate adherence to privacy and ethical principles when undertaking research or quality improvement activities, and obtain approval from an appropriate human research ethics committee.

RCTR3.2 Describe the power differential in the patient-doctor relationship when performing research or quality improvement activities, and ensure that a patient's vulnerability is recognized and appropriately managed, including providing full information and obtaining informed consent.

RCTR3.3 Demonstrate critical thinking about issues arising both in individual clinical practice (e.g. critical incidents, mistakes, patient feedback) and in the wider context of general practice (eg. population health status).

RCTR3.4 Describe how the individual clinician is aware of personal knowledge, limitations, biases and values that may influence the way one practices medicine.

RCTR3.5 Demonstrate awareness of external influences on one's practice (eg. Pharmaceutical companies, media) and be confident in dealing appropriately with these influences critically.

RCTR3.6 Demonstrate flexibility and willingness to change beliefs and practice in the face of new evidence.

RCTR3.7 Outline processes for acknowledging uncertainty (to self and patients) in clinical practice, without forgoing the efforts to decrease uncertainty where feasible and necessary.

RCTR3.8 Describe the importance of, and have, the ability to be continually evaluating and reflecting on performance in clinical and nonclinical practice (both individually and with peers and within primary care teams) and use appropriate methods to implement and evaluate change where necessary.

RCTR3.9 Describe and comply with the requirements of privacy principles when using patient information for research or quality improvement purposes.

RCTR3.10 Demonstrate the use of computer skills sufficient to access internet literature and to practice in a computerized general practice.

RCTR3.11 Understand the importance of, and the need to, record patient data on clinical software systems in a way that enables quality improvement activities and research to be reliably conducted at a later

date, and know how to use clinical software to retrieve data for quality improvement activities or research (e.g. performing a database search).

RUND3.1 Demonstrate appropriate professional behaviors when managing undifferentiated conditions in the primary care setting.

RUND3.2 Describe the impact of uncertainty in clinical decision making and the potential for missed, delayed or wrong diagnosis in specific cases of undifferentiated conditions being managed in the primary care setting.

RUND3.3 Identify professional supports and mentors in the primary care setting for acquiring skills in the management of undifferentiated conditions (e.g. colleagues, supervisors).

RUND3.4 Describe the multidisciplinary approaches for the management of undifferentiated conditions in the primary care setting.

RUND3.5 Describe the legal pitfalls and implications of managing undifferentiated conditions in the primary care setting.

REHE3.1 Demonstrate correct usage of coding in the electronic health record.

REHE3.2 Be familiar with professional responsibilities and requirements as detailed in e-health general practice guidelines.

REHE3.3 Identify characteristics which make e-health complementary to practice management.

REHE3.4 Identify legal implications for evolving technologies (e.g. email consultations).

REHE3.5 Discuss critically privacy issues surrounding e-health and general practice.

REHE3.6 Discuss the role of encryption technologies for patient and population data transfer.

REHE3.7 Describe the legal status of the electronic health record.

REHE3.8 Describe e-health infrastructure and systems in the general practice setting.

REHE3.9 Understand the legal responsibility of recall and reminder systems.

REHE3.10 Ensure familiarity with general practice standards for e-health.

RMDC3.1 Describe the roles and responsibilities of the GP within the multidisciplinary team including the role as patient advocate, a leader, and coordinator of care.

RMDC3.2 Demonstrate respect, trust and inclusiveness for multidisciplinary care team members.

RMDC3.3 Describe the gatekeeper role of GPs in multidisciplinary care team.

RMDC3.4 Demonstrate respect for a patient's culture and values, and an awareness of how these impact on the therapeutic relationship within general practice multidisciplinary care.

RMDC3.5 Describe the role of patient informed consent and privacy when working with other members of a multidisciplinary team.

RMDC3.6 Communicate and interact clearly with all members of the general practice multidisciplinary team.

RMDC3.7 Describe the role of practice systems in providing clear communication with all practice members.

RMDC3.8 Demonstrate effective time management skills during multidisciplinary team care.

RMDC3.9 Outline the importance of open, supportive environments for open discussion with multidisciplinary team members to promote quality care in the general practice setting.

RMDC3.10 Describe the role of clinical governance in multidisciplinary care in the general practice setting and how this may interact with other organizations' governance.

RMDC3.11 Outline the role of general practice medical records in coordinating clinical care within a multidisciplinary setting including the role of practice information management and data systems relating to: clinical standards, guidelines and protocols; medical records; information technology; communication and transfer of patient-related information; screening, recall and related systems; and access and confidentiality.

RMDC3.12 Describe the processes for evaluating practice management skills relating to patient access guidelines; staff management; teamwork; office policies and procedures; financial and resource management.

RMDC3.13 Outline the medico-legal knowledge and responsibilities relating to multidisciplinary care with respect to: certification; confidentiality; legal report writing; prescribing; informed consent; duty of care; litigation.

RMDC3.14 Make accurate and legible recordings of consultations and referrals, to enable continuity of care by GPs and other colleagues involved.

RINT3.1 Apply ethical principles to more complex clinical situations involving integrative and complementary medicines.

RINT3.2 Describe the legislative requirements and regulations regarding complementary medicines.

RINT3.3 Identify presentations requiring more intensive or specialized integrative medical management.

RINT3.4 Understand the medico-legal and indemnity issues related to the use of complementary medicine.

RQAS3.1 Describe processes for maintaining appropriate boundaries in patient-doctor relationships.

RQAS3.2 Apply the concept of procedural fairness to a complaint about a colleague.

RQAS3.3 Explain the ethical issues that arise in a discussion about an adverse event caused in another health setting.

RQAS3.4 Describe the role of clinical governance and clinical leadership in quality improvement measures including patient safety.

RQAS3.5 Describe the human factors of risk and provide a range of safeguards in the general practice setting which protect against these.

RQAS3.6 Explain how safeguards to patient safety operate within the systems of the practice.

RQAS3.7 Demonstrate effective recording of clinical encounters with patients.

RQAS3.8 Identify and modify organizational risks to patient safety.

RPMA3.1 Describe the management roles and responsibilities of a practice owner.

RPMA3.2 Describe features of good practice governance.

RPMA3.3 Describe features of good clinical governance.

RPMA3.4 Discuss and evaluate activities that improve personal wellbeing.

RPMA3.5 Describe the process of assessing a practice to join, or purchase, in relation to personal needs.

RPMA3.6 Define clearly the roles, responsibilities and skill sets required of GPs working within multidisciplinary and practice teams.

RPMA3.7 Outline the processes involved in employing people in general practice.

RPMA3.8 Describe and demonstrate processes for developing and leading people in a practice.

RPMA3.9 Describe and compare different costing and billing practices.

RPMA3.10 Manage and develop relationships with team colleagues.

RPMA3.11 Describe and use negotiation skills.

RPMA3.12 Employ conflict resolution skills with patients and staff.

RPMA3.13 Outline the use of motivation and goal setting.

RPMA3.14 Explain the important elements of infrastructure design and maintenance in general practice.

RPMA3.15 Describe equipment maintenance requirements for general practice.

RPMA3.16 List insurance requirements in general practice.

RPMA3.17 Describe security measures in general practice for provider identifying information such as prescriptions, provider and prescriber numbers.

RPMA3.18 Analyze and evaluate risk in general practice and strategies for managing risk.

RPMA3.19 Describe the role and summarize the content of *Standards for general practices*.

RPMA3.20 Describe the quality improvement process in general practice. For example, outline the PDSA (plan, do, study, act) cycle.

RPMA3.21 Compare customer service in a general practice to the retail sector.

RPMA3.22 Respond to, and resolve, patient complaints.

RPMA3.23 Identify high risk areas for adverse patient outcomes in general practice.

RPMA3.24 Compare paper and electronic health information management.

RPMA3.25 Consider issues of back up, database integrity and security (eg. virus protection).

RPMA3.26 Use patient recall systems and risk management procedures.

RPMA3.27 Identify critical business information systems in general practice.

RPMA3.28 Identify information sources for a general practice.

RPMA3.29 Outline practice continuity planning requirements.

RPMA3.30 Describe the different legal forms of practice especially in regard to liability including company, partnership, associateships and trusts.

RPMA3.31 Describe the legal and ethical responsibilities that an employer has to their staff.

RPRO3.1 Detail procedural requirements to a level consistent with the requirements for Libyan board of general practice.

RPRO3.2 Describe processes of maintaining appropriate skill competency levels. This includes adjusting for changing career skill level requirements over the course of continuing professional development.

RPRO3.3 Describe how psychomotor impairment or medical conditions may affect an individual's ability to successfully and safely perform technical tasks and work practices.

RPRO3.4 Describe the ethical and legal requirements for patient informed consent for procedures.

RPRO3.5 Describe how organizational system processes need to include a mechanism for the ongoing identification and minimization of procedural related risks (see *Quality and safety* curriculum statement for more detail).

RPRO3.6 Describe organizational facilities and equipment requirements necessary to provide an acceptable standard of care for procedures. Describe any professional, legal and jurisdictional requirements regarding eligibility to perform particular procedures.

RQUM3.1 Reflect on personal limitations of the knowledge, skills and experience when prescribing and outline where to seek further assistance.

RQUM3.2 Describe how to work effectively within a multidisciplinary setting to help reduce medication errors, especially within the context of a clinical handover to and from the general practice.

RQUM3.3 Outline professional obligations for reporting adverse medicine events to appropriate organizations.

RQUM3.4 Outline professional requirements for quality use of medicine as documented in the *Standards for general practices*.

RQUM3.5 Discuss the potential for nontherapeutic influences on prescribing choices such as industry sources, advertising and the media.

RQUM3.6 Describe how to disclose any potential conflicts of interest (e.g. if research is being conducted in the general practice setting).

RQUM3.7 Demonstrate clear communication with members of the practice team, other multidisciplinary care teams and the broader health sector to ensure continuity of patient care ensuring that any changes to medicines are appropriately documented and managed.

RQUM3.8 Describe the legal requirements of prescriptions.

RQUM3.9 Demonstrate the ability to keep accurate patient records to ensure that all health providers are aware of a patient's current medicine

use and ensuring that patient safety information is detected, recorded and shared such as allergies and drug reactions.

RQUM3.10 Describe how to access current information on medicines.

RQUM3.11 Outline the appropriate storage of medicines within the practice including in the doctor's bags.

RQUM3.12 Outline how teamwork and practice systems could be used to improve the quality use of medicines, including clinical audits and the quality use of medicines such as antibiotic use.

RQUM3.13 Outline how to document medicine adverse events or near misses and how to implement change based on these events in accordance with clinical governance principles detailed in the *Standards for general practices*.

RQUM3.14 Describe the use of practice systems including briefings, clear handover procedures, good record keeping including electronic prescribing tools, patient information materials and checklists to improve quality use of medicines.

RTML3.1 Explain circumstances that would demonstrate appropriate supervision of learners and in leadership roles.

RTML3.2 Demonstrate appropriate professional and leadership roles to learners.

RTML3.3 Model appropriate attitudes to learning, leadership and professionalism.

RTML3.4 Identify own limits when teaching others.

RTML3.5 Outline setting and maintaining appropriate, clear role boundaries.

RTML3.6 Discuss strategies that can be used to stimulate learning and encourage reflection.

RTML3.7 Describe the roles and responsibilities of a clinical leader.

RTML3.8 Identify and create suitable learning opportunities within consultations.

RTML3.9 Explain how to obtain patient consent for the teaching process within the consultation.

RTML3.10 Arrange for sufficient time for discussion.

RTML3.11 Describe the legislative requirements associated with teaching and learning, such as copyright, privacy and public lending rights.

RTML3.12 Outline the responsibilities and requirements involved when undertaking teaching within the general practice setting as appropriate.

**The Libyan board of general practice
Curriculum for Libyan General Practice**

GP fellow level

Assumed level of knowledge –Registrar level

1. Communication and clinical knowledge and skills

FPOP1.1 Describe and explain to patients current and emerging public health problems (e.g. SARS, pandemic influenza) and the appropriate response.

FPOP1.2 Describe successful strategies to encourage disadvantaged groups to present to general practice for preventive care.

FPOP1.3 Develop evaluation and research method skills.

FRUR1.1 Demonstrate a specific cultural awareness of the indigenous populations living within the boundaries of the medical practice in the rural setting.

FRUR1.2 Demonstrate improvement in the ability to manage communication with sensitivity when sensitive issues are involved in a rural setting, for example, family issues when a patient is transferred to a major center.

FRUR1.3 Engage in periodic review or audit of communication skills.

FRUR1.4 Demonstrate engagement with continuing improvement activities in all curricular areas including procedural and emergency skills.

FRUR1.5 Demonstrate ongoing competence in diagnostic and clinical skills appropriate to the rural setting including in telemedicine.

FDOC1.1 Regularly revise the special communication skills required for treating doctors.

FDOC1.2 In the context of taking a thorough history in the routine consultation, describe any doctors' behaviors that can potentially increase their health risks.

FDOC1.3 Describe the pitfalls in the consultation with a doctor-patient.

FDOC1.4 Describe appropriate management protocols for a doctor-patient that allow shared decision making while assisting the doctor on the path to better care.

FGEN1.1 Identify gaps in communication skills and attitudes, including genetic counselling in relation to genetic conditions.

FGEN1.2 Identify gaps in knowledge, skills and attitudes in relation to genetic conditions including screening and its consequences.

FCYP1.1 For children:

FCYP1.1.1 demonstrate ongoing review of the communication skills required to understand the real concerns of children and their families

FCYP1.1.2 demonstrate an understanding of the complexities of family life and how to utilize the consultation in a way that increases parental confidence and competence.

FCYP1.2 For young people:

FCYP1.2.1 demonstrate the ability to maintain trusting relationships with young people

FCYP1.2.2 demonstrate the ongoing ability to assess the health of young people, where appropriate.

FCYP1.2.3 demonstrate the ability to integrate ongoing confidential healthcare with young people, their parents, careers and other professionals.

FCYP1.3 For children:

FCYP1.3.1 review knowledge and skills required for effective and efficient healthcare of children and their families, as outlined in the introduction to this domain

FCYP1.3.2 maintain the skills necessary to diagnose and manage common breastfeeding problems

FCYP1.3.3 describe the role of positive parenting programs in assisting parents with raising children and promoting good parent-child communication.

FCYP1.4 For young people:

FCYP1.4.1 demonstrate the monitoring of competence in assessment and management of medical conditions, sexual health and health risk behaviors of young people, including the recognition of young people at risk of suicide, abuse or neglect and institute immediate management

FCYP1.4.2 demonstrate the ability to monitor competence in working collaboratively with young people, their parents and careers and other professionals as appropriate, in managing complex problems of adolescence

FCYP1.4.3 demonstrate the ability to formulate management plans for common psychological and psychiatric problems in adolescent patients.

FWOM1.1 Demonstrate maintenance and ongoing development of communication skills specific to women's health in ongoing professional development needs.

FWOM1.2 Demonstrate maintenance and ongoing development of professional knowledge and skills specific to women's health in ongoing professional development needs.

FWOM1.3 Understand and work with women's priorities for their health, including conflicting priorities that arise as a result of their role as careers.

FWOM1.4 Be able to pick up cues for a history of physical, sexual, emotional or financial abuse and acknowledge any subsequent psychological impact on health.

FMEN1.1 Review the communication skills required for effective delivery of men's healthcare in general practice.

FMEN1.2 Monitor changes in knowledge in men's health conditions, especially prostate cancer health promotion issues.

FMEN1.3 Consider, where appropriate, how to incorporate the practice of men's healthcare into the training of medical practitioners and other healthcare workers and stakeholders.

FAGE1.1 Demonstrate maintenance of skill level in communicating with the elderly.

FAGE1.2 Demonstrate up-to-date management of conditions in the elderly.

FAGE1.3 Demonstrate up-to-date knowledge of prescribing issues in the elderly.

FAGE1.4 Incorporate evidence based advances into the care of the elderly.

FAGE1.5 Consider the need for more specialized training in aged care by those practitioners with a high caseload or interest in aged care.

FDIS1.1 Demonstrate regular review of communication skills with people with cognitive and physical impairment as part of ongoing professional development activities.

FDIS1.2 Demonstrate regular review of advances in knowledge and practice in the care of people with disabilities.

FACU1.1 Review special communication needs of practice populations.

FACU1.2 Review educational needs to maintain communication skills.

FACU1.3 Maintain competency in advanced life support skills and management of other acute serious illness, including through structured courses and professional development.

FACU1.4 Consider developing further advanced life support skills, especially in rural and remote areas.

FCHR1.1 Outline the general practice systems relating to the maintenance, coordination and evaluation of disease management programs, including recall and prompted care systems and involvement of multidisciplinary teams.

FCHR1.2 Demonstrate the ongoing negotiation and documentation of appropriate management plans to maximize patients' wellbeing, autonomy and personal control of their chronic disease health outcomes, emphasizing a shared approach to management decisions in the general practice setting.

FCHR1.3 Review processes for supporting patients who do not respond to, or co-operate with, medical management in the general practice setting.

FCHR1.4 Demonstrate critical reflection and implement modifications to approaches for general practice chronic disease management as new evidence based patient management approaches emerge.

FDER1.1 Describe the personal impact of visible and, possibly, stigmatizing skin conditions on a person.

FDER1.2 Demonstrate the ability to assess the emotional and financial impact of skin disease.

FDER1.3 Describe how mental illness can be associated with, or exacerbated by, skin disease.

FDER1.4 Describe the importance of counselling patients who have unrealistic expectations; it is important to be realistic about expectations with regard to timeframes and treatment outcomes (e.g. acne treatment).

FDER1.5 Describe methods to improve counselling skills for patients with complex management needs (e.g. managing acne, psoriasis, eczema and vitiligo).

FDER1.6 Demonstrate review of ongoing skills and methods to confidently diagnose and manage skin diseases commonly arising within the local practice population and community (e.g. a patient audit may provide guidance as to what the common local diseases are).

FDER1.7 Describe the long term management of depression in chronic skin disease.

FDER1.8 Demonstrate confident and competent use of a dermatoscope.

FDER1.9 Demonstrate confident and competent performance of skin procedures.

FDER1.10 Describe dermatological treatment complications.

FDER1.11 Demonstrate increasing knowledge in skin complications of systemic disease (e.g. diabetes, peripheral vascular disease, immunocompromised, obesity).

FDER1.12 Describe the psychiatric manifestation of skin disease such as trichotillomania, body dysmorphism, delusions of infestation (parasitophobia).

FDER1.13 Demonstrate improvement in ulcer management skills.

FDRU1.1 Demonstrate motivational interviewing skills and assess readiness to change.

FDRU1.2 Demonstrate the ability to develop a long lasting therapeutic relationship for managing the range of chronic medical and behavioural issues in the addiction lifecycle.

FDRU1.3 Demonstrate, where appropriate, training and experience in prescribing opiate substitution pharmacotherapy.

FDRU1.4 Demonstrate the ability to process the assessment of minors who abuse alcohol or other drugs.

FDRU1.5 Demonstrate competence in assessing patients with chronic pain and opiate dependence.

FDRU1.6 Review knowledge requirements for drug affected populations within local community and practice populations.

FEAE1.1 Demonstrate the ongoing negotiation and documentation of appropriate management plans for patients with chronic eye and ear conditions.

FEAE1.2 Demonstrate the use of family history information for disease prevention/case finding.

FEAE1.3 Review the knowledge and skills required for effective and efficient healthcare of eye and ear conditions.

FEAE1.4 Demonstrate the monitoring of competence in assessment and management of common eye and ear conditions.

FEAE1.5 Maintain up-to-date knowledge of evidence based advances into the care of common and chronic eye and ear conditions (eg. new treatments for age related macular degeneration).

FEAE1.6 Understand when to cease eye and ear medications.

FEAE1.7 Be aware of new medications for common eye and ear conditions and changes to indications for use of established medications due to toxicity issues.

FMHE1.1 Review communication skills and work to improve these with high quality experience based skills training.

FMHE1.2 Consider seeking out advanced communication skills training.

FMHE1.3 Develop expertise in mental healthcare in specialized areas according to local need, e.g. in pediatrics, young people, aged care, drug and alcohol and correctional services.

FMHE1.4 Participate in continuing professional development activities that enhance diagnostic skills of atypical presentations and less common mental health disorders.

FMHE1.5 Where appropriate, or as a special interest, develop skills in supervision and mentoring of general practice registrars undertaking mental health training.

FMHE1.6 Seek skills in the delivery of focused psychological strategies including reattribution for patients who frequently somatise their mental health problems, and may be at a risk of over investigation and inappropriate medical treatments.

FMHE1.7 Regularly update knowledge on the emerging evidence base for treatments of mental health disorders via continuing professional development opportunities.

FMHE1.8 Demonstrate ongoing training in new advances in medications (including appropriate use, actions and side effects profiles).

FMHE1.9 Develop skills in working with local mental healthcare providers and non-government organizations to deliver optimal mental healthcare.

FMHE1.10 Where appropriate or as a special interest, develop skills in the delivery of a range of evidence based treatments (e.g. interpersonal therapy, cognitive and behavioral therapy).

FMHE1.11 Where appropriate, or as a special interest, participate in ongoing continuing professional development in the area of drug and alcohol management (e.g. Clinical attachments).

FMHE1.12 Develop skills in enhancing the effectiveness of relapse prevention in mental healthcare.

FMSK1.1 Undertake regular analysis of communication skills in relation to musculoskeletal medicine, which may include tools such as reviewing interview techniques with peers or mentors, or patient feedback tools within the clinical setting.

FMSK1.2 Demonstrate review of ongoing skills and methods to confidently diagnose and manage musculoskeletal diseases commonly arising within the local practice population and community (for example, a patient audit may provide guidance as to what the common local diseases are).

FMSK1.3 Demonstrate knowledge of complementary and alternative therapies used in the management of musculoskeletal conditions.

FMSK1.4 Describe the effects of nutrition, fitness and exercise on health in the musculoskeletal system.

FMSK1.5 Demonstrate the ability to critically evaluate the literature concerning musculoskeletal medicine.

FMSK1.6 Describe the principles of conducting musculoskeletal research in primary practice.

FMSK1.7 Demonstrate a commitment to ongoing medical education including, where relevant, specific manual and injection techniques that are useful to control pain and improve function.

FMSK1.8 Describe advances in knowledge regarding the prevention of musculoskeletal conditions.

FMSK1.9 Maintain musculoskeletal procedural skill competency levels appropriate for the required service provision level, for example if performing joint injections, ensure skill competency level are maintained.

FOCC1.1 Outline the importance of maintaining a relationship with the patient and their experience of their illness or injury.

FOCC1.2 Describe how to act as a communicator and negotiator with third parties, validate and quantify the illness/injury, and ensure parties involved are aware of performance limitations where appropriate.

FOCC1.3 Describe how work related injuries affect patient self-esteem, confidence, income and family, and are often reinforced by feelings of vulnerability and rejection by the patient's peer group.

FOCC1.4 Outline how to take the issues in the previous objective into account in order to ensure full recovery and return to full function.

FOCC1.5 Outline how to deal with work related issues within the confines of the practical realities of the workplace and the patient's socioeconomic background.

FONC1.1 Demonstrate regular updating of communication skills in cancer related areas.

FONC1.2 Describe approaches to empowering patients to ask their oncologists questions about their cancer care.

FONC1.3 Be able to identify gaps in knowledge, skills and attitudes in relation to evidence based cancer care and prevention.

FONC1.4 Demonstrate keeping up-to-date with managing the side effects of treatment and cancer emergencies.

FPAL1.1 Demonstrate a commitment to upskilling regularly in communication skills acquisition associated with managing challenging end-of-life issues for patients and their families/careers.

FPAL1.2 Demonstrate evidence of updating own knowledge and skill base in the light of new and emerging evidence in palliative care.

FPAI1.1 Demonstrate the ability to coordinate a multidisciplinary team approach for a patient's pain management.

FPAI1.2 Demonstrate evidence based approach to an individual's pain management.

FPAI1.3 Describe the features of central and peripheral sensitization in chronic pain states.

FPAI1.4 Evaluate the response of patients to pain interventions and adjust practice in accordance with this evaluation.

FPAI1.5 Describe the differences in the neurobiology of pain in children and older people.

FPAI1.6 Demonstrate a consideration of the distinctive pain management requirements of children and the elderly.

FPAI1.7 Demonstrate how to recognize and manage pharmacological dependence in patients with chronic pain.

FPAI1.8 Demonstrate the use of simple measures to monitor pain and related disability in practice over time.

FPAI1.9 Monitor the use of investigations for pain and justify their use.

FPAI1.10 Outline the strengths and limitations of commonly used investigations for pain assessment.

FPAI1.11 Demonstrate openness to using new medications and techniques and evaluating their appropriateness as they become available.

FPAI1.12 Demonstrate a holistic long term strategy for dealing with undifferentiated pain problem.

FPAI1.13 Demonstrate the coordination of care for complex pain patients.

FPAI1.14 Document a comprehensive management plan for acute and chronic pain incorporating a stepped pharmacological plan and effective non-pharmacological measures.

FSEH1.1 Demonstrate the ability to raise the issue of intimate partner violence or unwanted sexual experience in the context of routine sexual healthcare enquiries and develop a planned approach to the management of disclosure.

FSEH1.2 Demonstrate commitment to continue exploring the field of sexual health and the challenges within your own practice.

FSEH1.3 Demonstrate commitment to providing best practice in sexual healthcare provision.

FSPO1.1 Reflect on, and update, communication skills necessary for managing sports related injuries, including more specific questioning about mode of injury, consequences of the injury to the patient, as well as the meaning of the injury to the patient's future sporting activity.

FSPO1.2 Demonstrate the long term educational need to maintain an up-to-date knowledge of sports injury and exercise physiology.

FCTR1.1 Regularly review communication skills in relation to critical thinking and research.

FCTR1.2 Demonstrate ongoing development of skills in gathering evidence.

FCTR1.3 Demonstrate continual refinement and development of a rational approach to prescribing and ordering investigations, which may include the use of tools such as clinical audits.

FCTR1.4 Demonstrate continual development of skills in applying research evidence to the individual patient.

FCTR1.5 Demonstrate competence in the use of at least one type of quality improvement measure and the use of this in practice.

FUND1.1 Demonstrate maintenance of competency in characterizing symptoms of undifferentiated conditions in the primary care setting.

FUND1.2 Demonstrate maintenance of competency in counselling patients when managing uncertainty of diagnosis and management in the primary care setting.

FUND1.3 Demonstrate maintenance of skill competencies in the assessment and management of undifferentiated conditions.

FUND1.4 Request appropriate diagnostic tests to reduce diagnostic uncertainty in the primary care setting.

FEHE1.1 Demonstrate continuing evaluation of consultation skills for patient centered practice.

FEHE1.2 Demonstrate effective communication skills with colleagues and staff when using e-health systems.

FEHE1.3 Demonstrate mastery of skills in using the internet for patient and self-education purposes.

FEHE1.4 Demonstrate high level skills in using the electronic health record for care planning, health assessments and monitoring of up-to-date data (eg. medications and past history).

FEHE1.5 Describe billing and booking systems that assist patient focused service delivery.

FMDC1.1 Demonstrate the ability to adapt communication skills to evolving multidisciplinary care structures that occur as a patient's needs evolve over time.

FMDC1.2 Demonstrate the ability to review and refine effective general practice management plans with patients including defining respective responsibilities and limits with the patient, family and careers.

FMDC1.3 Demonstrate the ability to negotiate, prioritize and implement patient multidisciplinary care within the general practice setting as a patient's needs evolve over time.

FMDC1.4 Demonstrate how to co-ordinate care within evolving multidisciplinary teams.

FMDC1.5 Describe building links and relationships between the general practice and hospital and community based expertise, resources and networks.

FMDC1.6 Demonstrate the use of opportunities for health promotion and education and their multidisciplinary management within the general practice setting.

FINT1.1 Demonstrate regular review of gaps in communication skills in integrative medicine.

FINT1.2 Review professional knowledge areas in integrative medicine, especially around advances in complementary medicines.

FINT1.3 Review the need for any ongoing educational activities in integrative medicine.

FQAS1.1 Demonstrate the ability to modify communication processes about risks and benefits for the individual context of each patient.

FQAS1.2 Create checklists for briefing and debriefing for new or uncommon procedures.

FQAS1.3 Formulate ways to explain new technologies or treatments to patients.

FQAS1.4 Assess areas where clinical competence diminishes and create safeguards against harm to patients.

FQAS1.5 Modify plans to accommodate cognitive overload, fatigue and stress in the practice team.

FQAS1.6 Create opportunities to recognize and reward quality initiatives in the practice setting.

FPMA1.1 Review communication skills required for the effective delivery of general practice services.

FPMA1.2 Review level of required professional knowledge areas in practice management, especially business requirements.

FPMA1.3 Demonstrate, when appropriate, that clinical leadership skills are current.

FPRO1.1 Demonstrate the ability to counsel patients regarding the reasons for procedures.

FPRO1.2 Demonstrate the ability to counsel patients regarding any potential outcomes, including benefits, risks and complications for procedures.

FPRO1.3 Demonstrate the ability to clearly explain the steps of procedures.

FPRO1.4 Demonstrate how to address patient interests and concerns about procedures.

FPRO1.5 Demonstrate maintenance of applied professional and procedural skill competence levels.

FPRO1.6 Demonstrate ability to explain indications, contraindications, patient preparation methods, sterile techniques, pain management and proper techniques for handling specimens and fluids obtained and test results for procedures.

FPRO1.7 Describe the complications and management of procedures.

FQUM1.1 Discuss and explore the role of communication in medicine adherence.

FQUM1.2 Demonstrate the creation of a nonjudgmental and open environment for patient doctor communication so patients can discuss any concerns regarding their medicine use. Also promote the identification of other medicines a patient may be taking that were not initiated by a GP, including over-the-counter medicines and complementary therapies.

FQUM1.3 Demonstrate continual assessment and communication of the patient and career understanding of their use of medicines.

FQUM1.4 Be able to use quality improvement processes for promoting the quality use of medicines including using clinical audits.

FQUM1.5 Maintain knowledge of current, timely prescribing guidelines and resources for the quality use of medicines in the general practice setting.

FQUM1.6 Demonstrate approaches to minimize harm from potential and actual drug interactions, including the management of polypharmacy in the general practice setting.

FQUM1.7 Demonstrate the management of adverse medicine events within the practice, and in the event of adverse medication reaction, reporting events to the appropriate monitoring bodies.

FQUM1.8 Demonstrate the monitoring of treatment outcomes

FTML1.1 Consider continuing education on communication skills for effective teaching.

FTML1.2 Demonstrate ability to provide effective feedback to learners.

FTML1.3 Outline the communication skills involved in being a leader and a follower.

FTML1.4 Describe a range of teaching techniques and their appropriateness to different settings.

FTML1.5 Develop further skills in teaching.

FTML1.6 Demonstrate the ability to assess and deal with students needing further assistance (e.g. remediation).

FTML1.7 Outline the skills required for a clinical leader within the current practice setting.

Assumed level of knowledge –Registrar level

2. Population health in the context of general practice

FPOP2.1 Maintain a practice register and extract information from it.

FPOP2.2 Implement prevention and health promotion among particular population groups including people from culturally and linguistically diverse backgrounds, and refugees.

FPOP2.3 Describe strategies for mental health promotion in general practice among particular population groups.

FPOP2.4 Describe and implement strategies in general practice for injury and violence prevention.

FRUR2.1 Demonstrate the capacity to place special emphasis on health promotion and education to increase patients' willingness to look after themselves, especially in relation to major risk factors in rural communities.

FRUR2.2 Review the changing approaches to public health issues including changing causes of morbidity and mortality in the rural setting.

FDOC2.1 Identify and act on the signs and symptoms of stress before burnout occurs.

FDOC2.2 Demonstrate processes that ensure up-to-date knowledge of medical board directives on health issues.

FGEN2.1 Identify gaps in knowledge in relation to population based issues of genetic conditions including screening and its consequences.

FCYP2.1 Demonstrate ways of overcoming the barriers to effective implementation of health surveillance, prevention and promotion.

FCYP2.2 Review contributions to the activities of general practice organizations in order to progress the goals of this curriculum statement.

FCYP2.3 Describe how to contribute to improving the transition from pediatric to adult care for those with chronic disease or disabling conditions.

FWOM2.1 Keep up-to-date with changes to prevention and screening guidelines and their evidence base.

FWOM2.2 Understand national and state women's health policies and apply these to general practice.

FWOM2.3 Demonstrate the ability to discuss the advantages and disadvantages of prevention and screening strategies with individual women, and the evidence for their use.

FWOM2.4 Understand the GP's role in contributing to women's health in the broader community, including the ability to work with and refer to community women's health groups.

FMEN2.1 Implement population based approaches to men's health needs in the general practice setting.

FMEN2.2 Consider participating in outreach and community based men's health initiatives.

FAGE2.1 Identify the impact of local demography of older patients on the general practice.

FAGE2.2 Keep up-to-date with changes in aged care policies.

FAGE2.3 Identify the impact of changes and initiatives in government aged care policy on general practice.

FAGE2.4 Identify the expectations and the diversity of views presented by culturally and linguistically different patient populations and the impact of these on general practice aged care.

FDIS2.1 Maintain up-to-date knowledge of the social, financial and legal services available to support people with a disability, and their families and careers, and where to find further information about such services.

FDIS2.2 Demonstrate that preventive health measures, including immunization and population screening, are inclusive of the needs of people with disabilities.

FDIS2.3 Demonstrate ability to perform a comprehensive screening health assessment on a person with a disability, and understanding the high risk conditions associated with each particular disability.

FACU2.1 Consider the use of patient education to prevent acute exacerbations of chronic conditions.

FACU2.2 Consider the need for differing or increased general practice in provisions of local emergency health services (e.g. in rural and remote areas).

FACU2.3 Consider the role of the practice in the event of bioterrorism or other emergency.

FCHR2.1 Demonstrate review of government chronic disease programs and policies that relate to assisting people with chronic conditions in the general practice setting.

FDER2.1 Describe the particular skin problems of immunosuppressed patients including organ transplant patients.

FDER2.2 Demonstrate ready access to recommended exclusion periods for childhood exanthemas.

FDRU2.1 Seek out opportunities for further training in the mental healthcare of patients from diverse backgrounds, according to local need.

FDRU2.2 Develop skills in assessing and managing the impaired drug dependent doctor.

FDRU2.3 Demonstrate ability to provide advice and professional support to a colleague affected by substance abuse problems (often done in conjunction with a designated doctor's health program).

FDRU2.4 Participate in quality assurance activities of the effectiveness of local mental health promotion and disease prevention (e.g. clinical audit).

FEAE2.1 Regularly review the role of the GP in population based eye and ear healthcare initiatives (e.g. age related macular degeneration, glaucoma and hearing loss).

FMHE2.1 Seek out opportunities for further training in the mental healthcare of patients from diverse backgrounds, according to local need.

FMHE2.2 Regularly participate in quality assurance activities of the effectiveness of local mental health promotion and disease prevention (eg. clinical audit).

FMSK2.1 Demonstrate skills to differentiate between evidence based healthcare and non-evidence based healthcare for musculoskeletal conditions, and be able to accurately communicate this to individuals and groups.

FMSK2.2 Identify the unmet needs of the clinician's community for the best management of musculoskeletal conditions.

FMSK2.3 Demonstrate skills to modify diagnosis, treatment and chronic disease self-management in line with developments in evidence based healthcare.

FMSK2.4 Identify and use new resources, particularly those based on reliable evidence, for the prevention and management of musculoskeletal conditions as they become available.

FOCC2.1 Describe health issues related to industries that are close to the locality of your practice.

FOCC2.2 Describe how to implement a program to reduce or ameliorate health impacts in the workplace.

FOCC2.3 Demonstrate contribution to promoting and protecting health, and preventing illness, injury and disability in the community.

FONC2.1 Undertake to access ongoing professional development in relation to your identified knowledge gaps in cancer care and prevention.

FONC2.2 Undertake to regularly update your knowledge and skill base in the light of any new and emerging evidence in cancer care and prevention.

FPAL2.1 Describe the demographics of terminal illness, especially in relation to nonmalignant conditions.

FPAL2.2 Demonstrate a commitment to forging and maintaining relationships with other community palliative care service providers to provide equity of access on the basis of need.

FPAL2.3 Demonstrate access to current palliative evidence bases.

FPAL2.4 Describe and implement, where appropriate, policies and standards for palliative care.

FPAI2.1 Identify the population of patients who may be susceptible to chronic pain.

FPAI2.2 Identify the prevalence of chronic pain within the clinician's general practice population.

FPAI2.3 Outline the socioeconomic burden of pain.

FPAI2.4 Identify areas of need in healthcare resources and act upon them for improved health outcomes for those with special needs.

FPAI2.5 Demonstrate an awareness of the diversity of cultural backgrounds within Libyan society when dealing with pain issues.

FPAI2.6 Evaluate the psychosocial aspects of pain management in health advocacy.

FPAI2.7 Demonstrate an ability to upskill ancillary services within the community that can then benefit patients with chronic pain.

FSEH2.1 Describe and demonstrate the ability to manage the particular sexual health needs of various subpopulations at risk, eg. young people,

patients from culturally and linguistically diverse backgrounds, and people with disabilities.

FSPO2.1 Demonstrate the long term educational need to maintain an up-to-date knowledge of exercise concepts and the ability to prescribe the correct type of exercise is important at this level.

FSPO2.1 Demonstrate the long term educational need to maintain an up-to-date knowledge of injury prevention concepts.

FCTR2.1 Demonstrate the means to ensure balance in responsibility to individual patients and larger population health needs and constraints.

FUND2.1 Describe any trends in patterns of common presentations of undifferentiated conditions specific to their current primary care setting.

FUND2.2 Describe any trends in commonly missed conditions in undifferentiated conditions specific to their current primary care setting.

FUND2.3 Describe any trends in patterns of important conditions that should not be missed in undifferentiated conditions specific to their current primary care setting.

FEHE2.1 Identify ongoing issues with data quality and how this might be improved.

FEHE2.2 Identify patient key performance indicators to inform practice quality.

FMDC2.1 Incorporate Libyan health system multidisciplinary programs and policies into the general practice setting including care planning, services funding, and community resources.

FMDC2.2 Demonstrate the management of referrals and interactions with multidisciplinary healthcare providers outside of the general practice setting with patients from culturally and linguistically diverse backgrounds, including the impact on their relationships with family and significant others.

FINT2.1 Demonstrate regular review patterns of complementary medicine use.

FQAS2.1 Document the reporting of lapses in quality to external agencies, such as medical indemnity insurers and post-marketing surveillance bodies.

FQAS2.2 Monitor trends in near misses and adverse events in the general practice setting.

FQAS2.3 Modify processes in line with advances in the evidence of effective clinical practice.

FPMA2.1 Demonstrate optimization of patient care systems to utilise special funding and access arrangements for patients.

FPRO2.1 Describe patterns of potential risks and complications of procedural errors.

FPRO2.2 Describe sources of information for ongoing identification of risk trends in procedural errors.

FPRO2.3 Describe the epidemiology of hazards and risks to patients and healthcare workers associated with procedural medicine.

FQUM2.1 Demonstrate the promotion of the quality use of medicines in patients and the community through good treatment choices with patients.

FQUM2.2 Discuss the common patterns of medicine use in the practice population.

FQUM2.3 Demonstrate that the quality use of medicines in relation to antimicrobial use in the general practice setting.

FQUM2.4 Describe the impact of cost on quality use of medicines on the individual, families and the broader health system.

FTML2.1 Describe differences in individual needs and learning styles between students and registrars and demonstrate ability to adapt to those differences.

Assumed level of knowledge –Registrar level

3. Professional and Organisational role

FPOP3.1 Demonstrate ability to access latest relevant population health data, including the use of information technology.

FPOP3.2 Demonstrate that general practice standards and professional development of population health are regularly reviewed.

FPOP3.3 Describe the ethics of resource allocation in healthcare, for example, different geographical areas and the role of the medical profession in advocacy for individual patients and population groups.

FPOP3.4 Demonstrate the ability to work as a part of a team, both within the practice and with health professionals outside the practice to promote health and reduce health inequalities.

FPOP3.5 Consider, where appropriate, further studies in public health such as a Masters of Public Health, faculty of public health medicine training, or other opportunities for public health training applicable to GPs.

FPOP3.6 Demonstrate implementation of legislative changes affecting population based health.

FPOP3.7 Regularly review practice systems in place, including electronic process for recall systems to ensure patients at risk receive necessary follow up.

FPOP3.8 Outline practice infection control processes consistent with the Infection control standards for office based practices.

FRUR3.1 Demonstrate critical assessment of the sources of learning and application of new managements/treatments/technologies with competence in the rural context where appropriate.

FRUR3.2 Provide a professional example to medical students, interns and registrars of the highest possible standard, especially in relation to respecting patient rights, advocacy and confidentiality within the community.

FRUR3.3 Facilitate exposure of professional and ethical dilemmas to medical students, junior doctors and registrars in a teaching environment.

FRUR3.4 Demonstrate ongoing critical self-reflection and evaluation of rural general practice to ensure the needs of the rural communities are met as effectively as possible.

FRUR3.5 Demonstrate the ability to effectively use and maintain professional networks and utilize available rural resources and referral agencies in a context of continuous improvement.

FRUR3.6 Demonstrate a commitment to continuing self-directed learning and professional development in rural practice sufficient to improve the quality of medical care provided.

FRUR3.7 Demonstrate ongoing improvement in balancing the demands of working in isolation in a rural practice with social and personal responsibilities, self-care and family.

FRUR3.8 Demonstrate the delivery of appropriate level of care and prioritize patient management in rural general practice according to individual needs, time and the limits of resource in rural general practice.

FRUR3.9 Assist medical students, interns and registrars in understanding the role of the GP in the community hospital and in other public health roles found in rural contexts.

FRUR3.10 Demonstrate improving competence in the delivery of a combination of primary and secondary care.

FRUR3.11 Assist medical students, interns and registrars in understanding the local issues that affect the GP's decisions to treat the patient locally or to refer on.

FRUR3.12 Modify practice business models to maximize practice sustainability within the workforce constraints and higher and more complex patient demands of rural primary healthcare.

FDOC3.1 Demonstrate meeting appropriate personal and professional health needs.

FDOC3.2 Identify a GP who you would be able to seek healthcare from.

FDOC3.3 Describe processes for mentoring and supporting other doctors and the benefits of role modelling how to access healthcare appropriately.

FDOC3.4 Describe the process for regularly reviewing your own medico-legal cover and financial advice to ensure you have the best advice for you and your family.

FDOC3.5 Describe and review safe practice work including leave; contingency plans for staff illness and after hours rosters, especially in rural and remote areas.

FDOC3.6 List doctors' health support services.

FDOC3.7 Describe the procedures necessary to ensure the workplace maximizes your personal safety.

FGEN3.1 Identify and access professional development and resources in the area of genetic conditions and genetic counselling to maintain functional knowledge of this rapidly developing domain.

FGEN3.2 Maintain and update knowledge of community resources to support patients with genetic conditions, including specialist centers and community support groups.

FCYP3.1 Demonstrate ongoing review of key professional issues in relation to the health issues of children and young people.

FCYP3.2 Review opportunities for further professional development in children and young people's health.

FCYP3.3 Demonstrate ongoing review to practice policies and procedures that deal with the high quality healthcare of children and young people.

FCYP3.4 Describe and discuss difficulties encountered in implementing these policies.

FWOM3.1 Demonstrate how to apply the role in advocacy for women's health, such as human rights and women's health, social justice and social responses to violence against women, and facilitating access and equity with regard to service provision.

FWOM3.2 Demonstrate ongoing review of practice policies and procedures in identifying and dealing with barriers to women accessing healthcare.

FWOM3.3 Maintain current listings of health and support services specifically targeted for women.

FMEN3.1 Describe how GPs can act as an advocate for men's health needs, especially in the local community.

FMEN3.2 Identify and, where appropriate, network with professional organizations that seek to promote policy, program and funding change for men's health.

FMEN3.3 Review how effective general practice is in the delivery of men's health services.

FMEN3.4 Demonstrate familiarity with local support services, networks and groups for men and encourage their use.

FMEN3.5 Describe how to make your general practice more sensitive to the health needs of men.

FMEN3.6 Describe how specific Medicare items are incorporated into your practice's promotion of men's health.

FAGE3.1 Identify own gaps in knowledge and skills in relation to aged care.

FAGE3.2 Consider involvement in residential care facility or nursing home care.

FAGE3.3 Incorporate professional development needs for the general practice care of older people into ongoing quality assurance activities.

FAGE3.4 Seek information and training in the use of government funded programs such as the aged care panel initiatives and community services to assist in improving the quality of aged care.

FAGE3.5 Consider the use of up-to-date specific assessment tools in managing the elderly.

FAGE3.6 Consider the use of computerized medical records when managing elderly patients, especially those with multiple comorbidities.

FAGE3.7 Review practice processes to facilitate communication with hospitals and other facilities in relation to discharge planning.

FAGE3.8 Identify local aged care facilities and resources.

FAGE3.9 Maintain a list of locally available aged care resources including community care services.

FDIS3.1 Maintain up-to-date knowledge of changes in legislative requirements for people with disabilities.

FDIS3.2 Consider further courses or specialist training in the area, as appropriate for the skill required.

FDIS3.3 Regularly review practice procedures that support the proactive provision of healthcare including procedures for annual health reviews; patient follow up and recall; and the provision of immunization, screening and preventative healthcare.

FDIS3.4 Regularly review potential practice procedures to ensure access for people with disabilities.

FACU3.1 Review skill levels in emergency medicine to ensure ongoing skill level maintenance.

FACU3.2 Review self-care strategies.

FACU3.3 Review practice staff safety procedures and measures.

FACU3.4 Review practice staff capacity for dealing with acute situations.

FCHR3.1 Consider ongoing review of leadership skills with respect to multidisciplinary team management and chronic conditions.

FCHR3.2 Demonstrate the role in shared care and ongoing care with hospital specialist teams.

FCHR3.3 Demonstrate ongoing review of the relevant medical, nursing, allied health, pharmacy and other health professionals involved in the care of patients with chronic diseases, within your general practice and local community setting.

FCHR3.4 Demonstrate regular review of health and community resources available for the support, prevention, diagnosis and management of chronic conditions available to your general practice population.

FCHR3.5 Demonstrate the implementation of methods for monitoring and evaluating quality long term care and responsiveness to feedback.

FDER3.1 Demonstrate regular participation in dermatology updates.

FDER3.2 Where appropriate, demonstrate further and higher learning in dermatology, including learning advanced surgical techniques (e.g. skin flaps, grafts and complex repairs), advanced diagnostic skills of pigmented lesions, and diploma and masters courses in dermatology.

FDER3.3 Demonstrate regular reflection of personal limitations in dermatology and refer when appropriate.

FDER3.4 Demonstrate informed consent for all dermatological procedures.

FDER3.5 Demonstrate practice processes for reliable and sterile equipment for all dermatological procedures.

FDER3.6 Demonstrate compliance with sterilization methods and maintain instruments and sterilization procedures to Infection control standards for office based practices.

FDER3.7 Demonstrate the provision of patient space and privacy for disrobing, examination and treatment.

FDER3.8 Describe the establishment of links with dermatology and surgical colleagues for ongoing patient dermatologic treatments.

FDER3.9 Demonstrate processes for staff training and protocols for tray presentations, equipment, waste disposal, cleaning and sterilization.

FDER3.10 Demonstrate appropriate follow up policies are in place for patient recall, result notification and action required, and that these policies are enacted.

FDER3.11 Demonstrate compliance with communicable notification requirements.

FDRU3.1 Demonstrate participation in peer support activities directed at self-care and support for colleagues.

FDRU3.2 Ensure participation in a peer review or support group of practitioners who also deal in this area.

FDRU3.3 Describe treatment approaches if encountering a drug dependent colleague or supervisor including the duty to involve the medical board if concerned about the wellbeing of the doctor or their patients.

FDRU3.4 Outline legal issues for managing minors with drug or alcohol problems.

FDRU3.5 Demonstrate ability to discuss confidentiality issues with a minor and also explain reasons for breaching this, including mandatory notification if needed.

FDRU3.6 Regularly update knowledge of drug and alcohol legislation and policies that apply to the local practice context.

FDRU3.7 Demonstrate the ability to work as part of a multidisciplinary team.

FDRU3.8 Describe available local support services (e.g. drug withdrawal services, forensic services, local psychiatric services, and drug and alcohol physicians) and demonstrate ability to work collaboratively with them.

FDRU3.9 Detail staff safety practice measures in place for dealing with alcohol and drug affected individuals.

FEAE3.1 Identify own gaps in knowledge and skills in relation to eye and ear conditions.

FEAE3.2 Review practice processes to facilitate communication with hospitals and other facilities in relation to referral of patients with eye and ear conditions.

FEAE3.3 Demonstrate the use of recall systems to ensure patient review and follow up of chronic eye and ear conditions.

FMHE3.1 Mentor and supervise general practice registrars in time management and reconciling competing demands.

FMHE3.2 Where appropriate, or as a special interest, participate in ongoing peer support to optimize understanding of issues arising from the patient-doctor relationship.

FMHE3.3 Participate in peer support activities directed at self-care and support for colleagues.

FMHE3.4 Where appropriate, or as a special interest, seek out opportunities to participate actively as an advocate for the role of general practice in mental healthcare (eg. curriculum development, advisory committees, research).

FMHE3.5 Regularly participate in interdisciplinary quality assurance and education activities according to local need.

FMHE3.6 Regularly update knowledge of mental health legislation and policies as it applies to local practice context.

FMHE3.7 Participate in the promotion of improvements to financially viable systems to enable best care for people with mental health problems and disorders.

FMSK3.1 Demonstrate the ongoing coordination of multidisciplinary care for patients with musculoskeletal disorders as required.

FMSK3.2 Describe the GP's role in assisting or empowering their community to gain access to necessary services/treatments/diagnostic resources to manage musculoskeletal conditions.

FMSK3.3 Consider and undertake further course or specialist training in musculoskeletal medicine as appropriate for the skill level required.

FMSK3.4 Demonstrate an ability to regularly audit patient outcomes.

FMSK3.5 Demonstrate a basic familiarity with Guides to the assessment of impairment, disability and handicap in injured workers.

FMSK3.6 Describe how to formulate a full rehabilitation program for injured workers.

FMSK3.7 Self review of written medico-legal reports to ensure that they aid the legal process in making timely determinations.

FOCC3.1 Demonstrate an ability to deal with multiple sources of work related information from patients, employers, specialists and members of the multidisciplinary team.

FOCC3.2 Describe how patients from disadvantaged socioeconomic and education backgrounds are particularly vulnerable to the negative impact of unemployment, financial hardship and family breakdown.

FOCC3.3 Demonstrate ability to manage OH&S in the practice environment.

FOCC3.4 Discuss how to work with other organizations on population based workers' health issues.

FOCC3.5 Describe obligations and limitations of OH&S related legislative requirements.

FOCC3.6 Demonstrate ongoing compliance with these OH&S related legislative requirements.

FONC3.1 Demonstrate the role of patient advocate.

FONC3.2 Demonstrate support for patients to make informed decisions about cancer screening and treatment.

FONC3.3 Demonstrate incorporation of evidence based guidelines for the prevention, early detection and care of cancer within practice systems.

FONC3.4 Maintain adequate clinical records and ensure appropriate follow up of significant symptoms that could be related to cancer.

FONC3.5 Demonstrate the ability to identify people at risk of cancer and utilize practice information systems to facilitate appropriate screening and surveillance, including recall systems.

FONC3.6 Use local support services to improve the care of people with cancer and their careers.

FPAL3.1 Demonstrate planning on how to undertake ongoing professional development in relation to identified palliative care knowledge gaps.

FPAL3.2 Demonstrate the ability to identify gaps in own knowledge, skills and attitudes in relation to evidence based palliative care.

FPAL3.3 Outline practice financial aspects and time management issues related to effective palliative care general practice service provision.

FPAL3.4 Undertake regular audits of management practices in dealing with palliative care patients and their families/carers.

FPAI3.1 Demonstrate a deeper understanding of the pain management dilemmas, which may be more appropriate to the GP's particular patient population.

FPAI3.2 Demonstrate an awareness of developments and research in pain and its management.

FPAI3.3 Demonstrate keeping up-to-date with governmental and legislative changes.

FPAI3.4 Demonstrate keeping up-to-date with changing community attitudes.

FPAI3.5 Further explore and describe the influence of culture and ethnic backgrounds on pain perception.

FPAI3.6 Demonstrate discussion of patient safety issues with colleagues to ensure that treatments are appropriate and errors in prescribing are avoided.

FPAI3.7 Demonstrate how to teach patient, family and carers about pain management.

FPAI3.8 Describe the challenges involved with working with other GPs and specialist pain management services.

FPAI3.9 Demonstrate the establishment of a risk management process to review a patient's ability to access pain management.

FPAI3.10 Develop reporting mechanisms to identify barriers to pain management.

FPAI3.11 Demonstrate review and modification of screening systems to reduce the risk of missing patients in pain. Audit recall systems to ensure they are effective.

FPAI3.12 Demonstrate provision of resources to patients that offer realistic outcomes.

FPAI3.13 Organize history data into coherent medical and legal reports.

FPAI3.14 Develop systems for the patient history that accurately allow for compliance with legal requirements.

FPAI3.15 Demonstrate ability to work in team approach in cases of chronic pain management with a variety of health professionals.

FSEH3.1 Reflect and act on clinician professional development needs in sexual health medicine including quality assurance and continuing professional development activities.

FSEH3.2 Demonstrate a willingness to tailor practice to encourage clients from diverse backgrounds to attend for sexual health services.

FSEH3.3 Regularly review clinical practice in relation to the major issues in sexual healthcare provision and changes that may occur within own community (e.g. chlamydia in young people).

FSPO3.1 Consider further education concerning sports medicine and exercise prescription as part of ongoing professional development and education.

FSPO3.2 Consider specific further education if developing a special interest in sports medicine through short courses, seminars and specific postgraduate courses, mainly run through universities or equivalent or /and under the umbrella of Libyan board of medical specialty.

FSPO3.3 Demonstrate maintenance of an up-to-date knowledge of duty of care issues and drugs in sport requirements

FSPO3.4 Consider teaching sports medicine related issues to training GPs and other doctors.

FSPO3.5 Demonstrate a good working knowledge of exercise prescription and its importance to public health and future disease prevention

FSPO3.6 Demonstrate maintenance and compliance with an up-to-date knowledge of legal and ethical issues relating to sports medicine, including changes in legislation, changes in banned substances and changes in duty of care issues.

FCTR3.1 Demonstrate maintenance of high ethical and professional standards in the care of patients by a judicious balance of the 'science' and 'art' of medicine.

FCTR3.2 Demonstrate maintenance of an up-to-date knowledge base by a combination of periodic knowledge updates and needs driven learning strategies. The latter requires 'information mastery' and evidence based practice skills.

FCTR3.3 Demonstrate the adoption of new skills and technologies that assist best medical practice (e.g. updating computer and internet skills and equipment).

FCTR3.4 Conduct practice in a way that complies with privacy principles.

FCTR3.5 Continue to develop information management and evidence gathering skills.

FUND3.1 Demonstrate appropriate professional behaviors when managing undifferentiated conditions in the primary care setting.

FUND3.2 Outline professional processes for dealing with uncertainty in clinical decision making and the potential for missed, delayed or wrong diagnosis in specific cases of undifferentiated conditions currently being managed in the primary care setting.

FUND3.3 Identify professional supports and mentors within the primary care setting for acquiring skills in the management of undifferentiated conditions (e.g. colleagues, supervisors).

FUND3.4 Consider a role in training registrars and others in the management of undifferentiated conditions in the general practice setting, for example, colleagues, supervisors and others. This includes teaching patient safety approaches to prevent missed, delayed or wrong diagnoses.

FUND3.5 Consider further training in psychological management of undifferentiated conditions (e.g. somatization disorders).

FUND3.6 Describe current practice processes for the multidisciplinary management of undifferentiated conditions.

FUND3.7 Describe the legal pitfalls and risk management processes in place in the current workplace with respect to undifferentiated conditions.

FEHE3.1 Demonstrate effective change management principles, especially toward colleagues and general practice staff.

FEHE3.2 Outline continuing professional development activities that could be provided for topics where traditional training and education are not available.

FEHE3.3 Describe the processes in place at your practice that initiate data recovery in the event of a system shutdown.

FEHE3.4 Describe practice processes in relation to hardware and software update requirements.

FEHE3.5 Identify issues to consider when a third party is responsible for information technology infrastructure.

FEHE3.6 Demonstrate consideration of legal and privacy issues in e-health, including encryption of patient data and patient ownership of electronic data.

FEHE3.7 Describe strategies that could assist GPs in the transition to the paperless patient record.

FEHE3.8 Describe coding and its impact on clean patient information for self and third party information requirements.

FMDC3.1 Demonstrate meeting the GP's roles and responsibilities within the multidisciplinary team including the role as patient advocate, and leader and coordinator of care.

FMDC3.2 Demonstrate the incorporation of patient informed consent and privacy into multidisciplinary care.

FMDC3.3 Apply practice systems to the provision of clear communication with all practice members.

FMDC3.4 Demonstrate effective time management skills during multidisciplinary team care.

FMDC3.5 Describe how open discussion is promoted with multidisciplinary team members to promote quality care within the general practice setting.

FMDC3.6 Demonstrate clinical governance measures in place for multidisciplinary care in the general practice setting.

FMDC3.7 Describe the practice's medical record policies and procedures in place to co-ordinate clinical care within a multidisciplinary setting including the role of practice information management and data systems relating to: clinical standards, guidelines and protocols; medical records; information technology; communication and transfer of patient related information; screening, recall and related systems; and access and confidentiality.

FMDC3.8 Demonstrate processes for evaluating practice management skills relating to patient access guidelines; staff management; teamwork; office policies and procedures; financial and resource management.

FINT3.1 Reflect and act on professional development needs in integrative medicine including QI & CPD activities.

FINT3.2 Demonstrate regular review of links with integrative and complementary medicine practitioners.

FINT3.3 Demonstrate regular review of medico-legal and indemnity requirements for integrative and complementary medicines.

FQAS3.1 Plan clinical discussions with peers in order to learn from ongoing practice.

FQAS3.2 Integrate patient feedback into ongoing professional development.

FQAS3.3 Maintain clinical competencies through continuing professional development and quality improvement activities.

FQAS3.4 Integrate enhanced safeguards for patients into the organizational processes of the general practice.

FQAS3.5 Integrate contingency planning into general practice planning.

FQAS3.6 Assess risk in the practice setting on a consistent basis.

FQAS3.7 Describe, where appropriate, the quality improvement measures within the practice.

FQAS3.8 Outline regulatory frameworks that govern quality improvement within the general practice setting.

FPMA3.1 Evaluate and implement practice governance activities.

FPMA3.2 Formulate a professional development plan.

FPMA3.3 Assess strategies for marketing professional services.

FPMA3.4 Evaluate the role of public relations activities in general practice.

FPMA3.5 Develop a succession plan.

FPMA3.6 Identify and develop the clinical leader(s) in your practice.

FPMA3.7 Analyze and evaluate a business strategy.

FPMA3.8 Measure practice performance.

FPMA3.9 Formulate a business plan.

FPMA3.10 Evaluate superannuation and investment strategies.

FPMA3.11 Describe financial reporting and tax compliance requirements for general practice.

FPMA3.12 Describe the use of management accounting skills in general practice.

FPMA3.13 Evaluate financing options in general practice.

FPMA3.14 Describe the process to manage change.

FPMA3.15 Describe and evaluate practice culture and recognize elements of practice culture that promote improvement and those that impede improvement.

FPMA3.16 Develop and review policies and procedures relating to employment including job descriptions; advertising and recruitment; interviewing and selection; orientation, training; performance management and appraisal, feedback and termination.

FPMA3.17 Evaluate facility utilization.

FPMA3.18 Compare financing and investment strategies in providing practice facilities.

FPMA3.19 Meet current quality standards such as those described in the *Standards for general practices* and *Infection control standards for office based practices*.

FPMA3.20 Use practice audits to improve patient service and care.

FPMA3.21 Apply continuous improvement and quality tools to improve practice activities.

FPMA3.22 Identify and develop communication strategies and barriers that promote or impede improvements in healthcare.

FPMA3.23 Analyze near miss and critical incidents.

FPMA3.24 Use patient feedback to improve patient service.

FPMA3.25 Use practice information sources including databases to improve care.

FPMA3.26 Use practice information systems to assess practice capacity, demand and equity of care.

FPMA3.27 Develop and use key performance indicators for achieving practice objectives.

FPRO3.1 Detail procedural requirements appropriate to the clinician's specific clinical setting, for example primary healthcare, obstetrics, and others.

FPRO3.2 Discuss processes of maintaining appropriate skill competency levels. This includes adjusting for changing career skill level requirements over the course of continuing professional development.

FPRO3.3 Describe how psychomotor impairment or medical conditions may affect an individual's ability to successfully and safely perform technical tasks and work practices.

FPRO3.4 Describe the ethical and legal requirements for patient informed consent for procedures to the appropriate level of applied professional knowledge and skills.

FPRO3.5 Demonstrate organizational systems for the ongoing identification and minimization of procedural related risks (see *Patient safety* curriculum statement for more detail).

FPRO3.6 Indicate organizational measures, facilities and equipment in place to provide an acceptable standard of care for procedures. Describe any professional, legal and jurisdictional requirements regarding eligibility to perform particular procedures.

FQUM3.1 Initiate continual professional development after identifying personal limitations of prescribing knowledge, skills and experience when prescribing.

FQUM3.2 Demonstrate the ability to work effectively within a multidisciplinary setting to help reduce medication errors, especially within the context of clinical handovers.

FQUM3.3 Demonstrate meeting professional requirements for quality use of medicine as documented in the *Standards for general practices*.

FQUM3.4 Discuss practice processes for clear communication with members of the practice team, other multidisciplinary care teams and the broader health sector.

FQUM3.5 Outline the practice processes for accurate patient records to ensure that all health providers are aware of a patient's current medicine use. Also ensure that patient safety information is detected, recorded and shared (such as allergies and drug reactions).

FQUM3.6 Demonstrate the practice's access to current information on medicines.

FQUM3.7 Demonstrate the appropriate storage of medicines within the practice including in the doctor's bags.

FQUM3.8 Demonstrate quality improvement practice processes for the quality use of medicines including clinical audits, where appropriate.

FQUM3.9 Demonstrate the documentation of adverse medicine events or near misses and the implementation of change based on these events in accordance with clinical governance principles detailed in the *Standards for general practices*.

FQUM3.10 Demonstrate the use of practice systems including briefings, clear handover procedures, good record keeping including electronic prescribing tools, patient information materials and checklists to improve quality use of medicines.

FTML3.1 Become involved in a network of teachers, professional educator organizations and education providers to encourage further skills development.

FTML3.2 Demonstrate awareness of potential conflicts that may occur with an increasing variety of roles, eg. teacher, employer, supervisor, examiner, GP, leader.

FTML3.3 Describe the role of being alert to one's own limitations in teaching skills and be able to involve others if needed.

FTML3.4 Identify personal clinical leadership roles within the current clinical setting and their role in quality improvement and team based care.

FTML3.5 Describe the effects of teaching on the running of a general practice in terms of space, time and finances.

FTML3.6 Outline the role of online delivery in teaching, mentoring and leadership.

FTML3.7 Recognize the need for ongoing support and resources from organizations involved in training and education.

FTML3.8 Identify organizational personal leadership roles within the current clinical setting and their role in quality improvement and team based care.

FTML3.9 Incorporate clinical leadership roles into quality improvement cycles.