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Professional education and the role of general practitioners in public health and population health

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Background

The role of public health and population health in general practice and general practitioner (GP) education is not new. Hippocrates, arguably the first general medical practitioner to record the details of his observations about patients and use these in teaching his students, recognised risk factors across his patient population for chronic disease and mental health problems. Among his many aphorisms, Hippocrates noted that 'Sudden death is more common in those who are naturally fat, than in the lean' and 'If during an illness there is weeping involuntarily, it is well. But if weeping occurs in spite of oneself, it is bad.'¹ These observations made about his patient population predated the Australian Government's cardiovascular disease prevention and mental health awareness programs by many centuries. Over the millennia, by whatever name you choose (apothecary, GP, family doctor), general medical practitioners throughout the world have been specialists in observing, protecting, promoting and restoring the health of the people of their local communities.

General practice and population health in Australia

GPs in Australia specialise in many ways, one of which is in understanding the health care challenges facing their own unique patient populations. The 2006 definition of general practice by The Royal Australian College of General Practitioners (RACGP) states that 'General practice is the provision of primary continuing comprehensive whole patient medical care to individuals, families and their communities.'²

In 2003 the Australian Government Department of Health and Ageing, in conjunction with the General Practice Partnership Advisory Council and the National Public Health Partnership Group, released a joint consensus statement on the role of general practice in population health. This included a definition of the public health roles of general practice:

*'...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.'*³

Registrars training in general practice around Australia are regularly reminded that GPs are ideally placed to incorporate public health-based activities, such as preventive care and health promotion, into their consultations. Given that there are almost 100 million consultations between Australians and their chosen GP each year,⁴ and that over 85% of all people in Australia visit a GP at least once every year,⁵ opportunistic prevention and health promotion has been one way of incorporating population health into general practice.

One of the great achievements of Australia's network of Divisions of General Practice has been the successful incorporation of population health initiatives across general practice in discrete geographic regions. Probably the best examples of this success have been in immunisation and chronic disease prevention and management programs.

RACGP Curriculum for Australian General Practice

In 2007 the RACGP issued the new Curriculum for Australian General Practice.⁶ One of its core components concerns population health and public health. The RACGP's approach has been to seek to further strengthen the incorporation of population health into Australian general practice. In the words of the RACGP Curriculum Statement:

Public Health and General Practice

*'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 which include the engagement of communities, organizational development, and specialization or leadership in fields such as policy development.'*⁶

*'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 immunization, 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 disease of public importance.'*⁶

To support Australia's GPs in their population health and public health roles, the RACGP has developed a number of key resources for use in general practice. These include *RACGP: guidelines for preventive activities in general practice*,⁷ now in its seventh edition; *SNAP: a population health guide to behavioural risk factors in general practice*;⁸ and *RACGP: putting prevention into practice*.⁹ The RACGP has also endorsed resources that provide advice to patients on ways to work with their GP in preventive care and health promotion activities.^{10,11}

The RACGP Curriculum Statement also reminds GPs about the importance of the social determinants of health.

*'Population based health activities in general practice should include, as a priority, activities that are designed to meet the specific needs of disadvantaged population groups. General practice also has an important advocacy role around the structural issues that affect health status, especially for socially disadvantaged groups.'*⁶

In some locations, such as rural and remote regions and in many Aboriginal medical services, there is an even wider scope for GPs to combine the role of family doctor and public health practitioner. This includes involvement in activities such as health service planning

and environmental health, and advocacy for community participation in health promotion activities.¹²

There is growing awareness that the strongest gains from general practice population health activities result from two approaches: i) better integration of the professional disciplines working in primary care, including general practice nurses, nurse practitioners, community-based allied health professionals, Aboriginal health workers and other community health workers; and ii) improved partnerships between general practice and both public health services and consumer and community organisations.⁶

The RACGP curriculum for population health and public health outlines the learning objectives across the five professional domains of general practice: communication skills and the patient–doctor relationship; applied professional knowledge and skills; population health and the context of general practice; professional and ethical roles; and the organisational and legal dimensions. The specific objectives under each domain are outlined in Table 1.⁶ These objectives are augmented in the RACGP curriculum by specific learning objectives across the professional life of a GP—from medical student to prevocational doctor to vocational registrar to the career-long continuing professional development of experienced GPs.

Further career education

During their subsequent careers many GPs gain additional skills in areas such as epidemiology, health program management, evaluation, biostatistics and health economics.¹² There are many Australian GPs who have gained qualifications such as a Master of Public Health, and there are many GP members among the Fellows of the Australasian Faculty of Public Health Medicine of the Royal Australasian College of Physicians, all contributing to the public health and population health focus of Australian general practice.

Table 1: RACGP curriculum: learning objectives in the five domains of general practice – population health and public health

<p>1. Communication skills and the patient–doctor relationship</p> <ul style="list-style-type: none">> Enabling patients to take control of their health involves two-way communication in the formation of a patient–doctor partnership.> GPs need to be able to assess risk factors of both individual patients and the broader population, and explain and implement preventive health interventions in general practice, including the modification of lifestyle risk factors. <p>2. Applied professional knowledge and skills</p> <ul style="list-style-type: none">> GPs need to be able to describe the epidemiology of common conditions encountered in Australia and internationally, as well as the recommended preventive activities conducted in the Australian community, including general practice; and access current guidelines for screening and prevention.> GPs need to be able to assess the health needs of a specific population, for example the elderly, men, women and young people. <p>3. Population health and the context of general practice</p> <ul style="list-style-type: none">> GPs need to be able to describe national health priorities, methods for assessing the health status of a community, and population health and public health approaches to prevention in general practice and the broader community. <p>4. Professional and ethical role</p> <ul style="list-style-type: none">> GPs need to be able to compare and contrast their professional and ethical roles in their obligations to patients and the broader community, for example the rights of the individual versus the rights of the community, or patient confidentiality versus the public good. They also need to be able to describe methods of infectious disease control.> GPs need to liaise with other health professionals to optimise population health care outcomes, and advocate on behalf of patients. <p>5. Organisational and legal dimensions</p> <ul style="list-style-type: none">> GPs need to be able to describe the role of population-based general practice activities within the context of the Australian health system, as well as work effectively within these systems to improve the health of patients and the broader community.> GPs also need to be able to describe the medico-legal duties of the GP in public health.
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Source: from The Royal Australian College of General Practitioners, 2007⁶

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