

**Volume 1.**

**Framework Of Competencies For  
Future Primary Care Doctors In Macedonia**

Primary Care Specialist Training Team  
FINAL REPORT: The recommended strategy  
Volume 1  
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In order to develop this framework the team studied:

- The present requirements of the population of Macedonia
- The competencies required for a Primary Health Care doctor
- The competencies required for a Primary health Care doctor in the United Kingdom

This document endeavors to describe a framework which is appropriate for a future Primary Health Care doctor working in Macedonia to provide effective health care for his patients.

Primary care is:

- A Clinical and Academic discipline
- It is care which is provided for patients in the Community rather than in Hospital
- It is care of the *whole person* rather than only of a specific disorder
- It includes both the care of individuals and of the whole family
- It is available to all members of society irrespective of age, sex, race, religion, social standing, economic background or health problem

The Primary Health Care doctor should strive to:

- Define the health problem of the patient at an early stage
- Take account of the physical, psychological, social and emotional aspects of the patient
- Provide health care for an individual throughout the stages of life
- Work with a team of colleagues, both medical and from other disciplines
- Work closely with specialist colleagues for the benefit of their patients
- Promote good health, prevent ill health, treat illness and play a role in the rehabilitation of patients

The Primary health Care doctor should also educate his patients in order to promote the health of the individual and the family.

This framework is drawn up on the assumption that in Macedonia there will be parallel development of the Undergraduate training for doctors, of the practical training in the year before the State Examination and of the Nursing Services. It assumes that the Primary health Care doctors will be working in self-managing teams.

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## **HUMAN DEVELOPMENT**

### **1.1 Reproduction**

Family planing  
Infertility  
Pregnancy  
Ectopic pregnancy  
Puerperium  
Menstrual problems

### **1.2 Child health**

General  
Child development  
Common congenital problems and genetic counselling  
Child abuse/ physical and sexual abuse  
Behavioural problems

### **1.3 Adolescence/Puberty**

### **1.4 Menopause**

### **1.5 Medicine for the Elderly**

### **1.6 Palliative – terminal care**

Chronic Pain  
Dyspnoea  
Nausea, Vomiting, Constipation  
Urgent Situations

### **1.7 Nutrition**

Nutritional requirements for special age groups  
Nutritional requirements in systemic diseases  
Obesity  
Nutrition disorders

### **1.8 Mental health**

## **BIS HEALTHCARE GROUP**

*Bringing focus to public health*

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**REPRODUCTION**

	Knowledge	Problem solving skills		Attitudes
		Clinical	Communication	
<b>Family planning</b>	Available contraceptive methods Indications for different patient groups Possible complications Postcoital contraception Abortion	Vaginal examination Fit caps Fit IUDs Monitoring	Give information and ensure the patient understands Explain different methods	Being able to refer to other colleagues if contraception is against doctor's beliefs. Confidentiality Maintaining patient's privacy
<b>Infertility</b>	Basic investigation of the infertile couple Referral criteria	Vaginal examination Initial investigation	Counseling the infertile couple	Take into account the psychological aspect Maintaining patient's privacy
<b>Pregnancy</b>	Preparation for pregnancy (folic acid) Recognize pregnancy abnormalities and need to refer Referral criteria in normal pregnancy (prenatal diagnosis) Refer when there is concurrent disease	Antenatal care (including regular follow up) Detect fetal heartbeat Recognize onset of labour Recognize membrane rupture	Lifestyle advise	Take into account the needs of the whole family
<b>Ectopic pregnancy</b>	Problem definition Referral criteria	Take an appropriate history Perform a quick pregnancy test	Give information and insure the patient understands	Take into account the possibility of an ectopic pregnancy
<b>Puerperium</b>	Normal puerperium	Breast examination	Patient education	Positive attitude towards

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	Recognise abnormalities (mastitis, infections, bleeding, postpartum depression) Referral criteria	Detecting postpartum depression		breastfeeding. Take into account postpartum depression
<b>Menstrual problems</b>	Differentiation of important common problems Principles of therapy Referral criteria	Taking an appropriate gynaecological history	Counselling sensitively	Take into account the psychological aspects

## CHILD HEALTH

### Introduction

The doctor who has children as patients requires special knowledge, skills and attitudes to enable him to treat them effectively.

#### **Knowledge**

He needs to understand fundamental concepts in order to provide a solid base for his work.

- Knowledge of normal ranges of growth and development
- Deviations from the norm
- Pattern of disease in children
- Methods of provision of healthcare in children

#### **Skills**

He needs to have the skills to communicate effectively both with the child and the parents in order to elicit a history.

- He should use language which is appropriate to the age, culture and ability of the child
- The history must include information about feeding, development, immunisations and the social circumstances and may require communication with teachers, social workers or others involved in the care of the child
- Examination of the child needs to be modified according to the age, development and condition of the child
- He must be able to come to a rapid decision about the condition of the child, whether the illness is life-threatening or whether the child is ill or well
- His history and management must take into account the family and social situation of the child
- He must be able to explain clearly the problems and management to both the parents and the child
- He must be able to deal with the inevitable anxieties which arise in the child and parents and any changes in their behaviour which this may cause

#### **Attitude**

The doctors who is treating children needs to be:

- Able to develop a trusting relationship with the child and the parents
- Responsible (his patients are invariably vulnerable)
- Respectful of the parents attitudes and culture
- Aware of the special requirements of children and how these differ from adult patients
- Aware of the psychological effects of both illness and treatment on children and able to avoid unnecessary investigations, treatment or hospitalisation
- Aware of his own limitations and ready to seek help when necessary

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	Knowledge	Problem solving skills		Attitudes
		Clinical	Communication	
<b>Child Development</b>	Normal development including gross, motor, speech and language, emotional, cognitive. Recognise normal variation and deviation from the normal. Influence of genetic and environmental factors. Detection of common abnormalities (e.g. cong. dislocation of the hip) Referral criteria	Taking family history and construct a family tree Perform developmental screening including test of vision and hearing according to standard protocols Hip examination	Communicate effectively with parents about normal and abnormal development to minimize anxiety	Take into account that normal biological variation in growth and development may cause concern to children, parents and health staff alike.
<b>Common congenital problems and genetic counselling</b>	Clinical signs of most common genetic disorders (Down Sy, sex chromosome anomalies) and congenital defects.	Early diagnosis of a disabling disorder	Provide simple genetic counselling (prevention of congenital abnormalities, pregnancy hazards)	Take into account the implication on the family
<b>Child abuse Physical and sexual abuse</b>	Identification of families at risk and consequences of abuse for child and family. When to suspect child abuse Principles of management: multidisciplinary approach Need to know legal procedures	Recognise clinical features of abuse: neglect, physical, emotional and sexual.	Communicate with other professionals concerned with child abuse. Cope with the anxiety of those who have contact with the child	Take into account the impact of the abuse on the family and society. Take into account help is needed to achieve social integration Take into account the importance of the multidisciplinary approach Take into account the role of social services.

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	<b>Knowledge</b>	<b>Problem solving skills</b>		<b>Attitudes</b>
		<b>Clinical</b>	<b>Communication</b>	
<b>Behavioural problems</b>	<p>Common behavioural problems in different ages (e.g. crying baby, poor sleep patterns, tics, enuresis and encopresis, school phobia, adolescent problems. Referral criteria Psychological aspects of physical illness. Recognise common psychological problems and refer ( depression) Recognise common psychosomatic problems: somatisation (abdominal pain, vomiting, headache, limb pain).</p>	<p>Cognitive assessment Mental state examination Describe a personal strategy for handling psychosocial problems in the context of the GP consultation Assess the impact of family factors on treatment and cause of psychopathology in children.</p>	<p>Assess the impact of psychosocial factors on common paediatric conditions. Communicate with other professionals concerned with child health Involve the family in the interview.</p>	<p>Take into account the doctor's behaviour will affect the consultation Take into account the importance of the multidisciplinary approach</p>

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**ADOLESCENCE/PUBERTY**

	<b>Knowledge</b>	<b>Problem solving skills</b>		<b>Attitudes</b>
		<b>Clinical</b>	<b>Communication</b>	
<b>Adolescence/Puberty</b>	<p>Knowledge of normal puberty Recognise the effects of the changes on the adolescent (physical, psychological and emotional) Understand adolescent sexuality: contraception and sex education. Influence of adolescence on health and disease: diabetes, cystic fibrosis. Recognize the signs and symptoms of alcohol and drug addiction</p>	<p>Appropriate investigation and interpretation of results Recognise and manage the particular problems: anaemia, menstrual problems, eating problems, addictions, adolescent pregnancy and STD.</p>	<p>Communicate with adolescents both with and without their parents Communicate without being patronising or punitive Advice on healthy life-style Appropriate patient education including education about drugs and alcohol</p>	<p>Take into account that young people should be allowed to take a lead in decisions surrounding their own treatment and health Take into account that adolescents have particular health needs which are distinct from children and adults. Recognise the adolescent as an grown individual Awareness of the importance of peer pressure to the adolescent</p>

**MENOPAUSE**

	<b>Knowledge</b>	<b>Problem solving skills</b>		<b>Attitudes</b>
		<b>Clinical</b>	<b>Communication</b>	
<b>Menopause</b>	<p>Common symptoms HRT</p>	<p>Appropriate investigation and interpretation of the results</p>	<p>Counseling of the patient Lifestyle advice</p>	<p>Take into account the psychological aspects</p>

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## MEDICINE FOR THE ELDERLY

The elderly patient may suffer from multiple conditions and these may be difficult to distinguish from the normal aging process. The doctor needs to be particularly aware of the needs of the *whole* patient in the context of the family and community.

He needs to understand :

- The effects of normal aging on the various systems of the body and mind
- The effects of stresses such as retirement, bereavement, changes in family relationships and re-housing on the elderly patient
- The non-specific presentation of illness and the frequent incidence of iatrogenic disease
- The importance and means of maintaining mobility and the independence of his patient
- The ways in which the health of the elderly can be promoted by nutrition, exercise, screening, early problem definition and assessment of risk factors
- The pitfalls of geriatric care such as poly-pharmacy, over-dependency, inappropriate institutionalisation, non-recognition of treatable problems and over-treatment or inappropriate investigation.
- The value of a multidisciplinary approach and the need for effective communication between the team members

The doctor needs to be able:

- To obtain a comprehensive history from all relevant sources (family, friends or neighbors) and carry out appropriate mental state and physical examination
- Define the patient's problems effectively and select and prioritise investigations and treatment
- Prescribe rationally to avoid poly-pharmacy while ensuring sufficient relief of distressing symptoms
- Communicate effectively with the patient, his family and careers striving at all times to respect the patient's privacy and autonomy
- Coordinate the services provided for the patient from the health services, social services and family
- Communicate hope without denying the inevitability of decline and death

The doctor needs to take into account:

- His own attitude to aging and death
- The need for compassion and objectivity
- The need to maintain the patient's dignity and independence
- The stresses on the patient and family and the effects these have on their behavior

Elderly patients are prone to disorders, which may be of insidious onset and therefore often go unrecognised. These may be detected by simple screening methods (often just by asking the patient) and their treatment greatly enhances the patient's quality of life. Such conditions include:

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- Dental problems
- Constipation and faecal impaction
- Malnutrition
- Calluses and other foot problems
- Hearing loss
- Poor vision
- Poor mobility and falls
- Drug-induced illness
- Memory loss
- Incontinence

It should be remembered that elderly patients are more prone to malignant disease, osteoporosis with subsequent fractures and abuse, both physical and psychological.

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**PALLIATIVE CARE**

The principles of palliative care are applied when curative treatment is no longer available or appropriate. Examples of conditions requiring palliative care include malignant disease, end-stage chronic obstructive pulmonary disease, end-stage heart failure and HIV infection.

	<b>Knowledge</b>	<b>Problem solving skills</b>		<b>Attitudes</b>
		<b>Clinical</b>	<b>Communication</b>	
<b>Chronic Pain</b>	Problem definition Understanding of principles of pain control in terminally ill (e.g. opiates, timing of treatment dose) Knowledge about hospice facilities	Appropriate symptom control Quality of life and its measurement Recognising and treating anxiety and depression in severely ill patient	Breaking bad news Dealing with bereavement/grief Multidisciplinary approach Communication with relatives Involve relevant family members into decisions Give appropriate dietary advice	Takes into account dangers of deceiving patients Empathetic approach Takes into account doctor's defensive mechanisms In dyspnoea take into account the fear of suffocation
<b>Dyspnoea</b>	Problem definition Appropriate treatments Knowledge about hospice facilities			
<b>Nausea, Vomiting, Constipation</b>	Problem definition Appropriate treatments Referral criteria Knowledge about hospice facilities	Appropriate symptom control Quality of life and its measurement Appropriate use of antiemetics and laxatives		

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<b>Urgent situations</b> Acute pain Hypercalcaemia Haemorrhage	Problem definition Appropriate treatments	Appropriate symptom control Quality of life and its measurement		
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**NUTRITION**

	<b>Knowledge</b>	<b>Problem solving skills</b>		<b>Attitudes</b>
		<b>Clinical</b>	<b>Communication</b>	
<b>Nutritional requirements for special age groups</b>	Nutritional requirements for special age groups Knowledge of nutritional deficiencies and referral criteria	Assess the state of nutrition and hydration. Appropriate investigations and supplementation therapy	Patient education Advice on breastfeeding Advise on healthy eating	Take into account the parents's difficulties in providing adequate nutrition
<b>Nutritional requirements in systemic diseases</b>	Principles of dietary modification in the management of systemic diseases: diabetes, coronary artery disease, hypertension, osteoporosis, renal stones, chronic renal failure, hyperlipidemia, stroke	Follow appropriate shared care protocols	Outline the appropriate diet for specific diseases	
<b>Obesity</b>	Recognition of the underlying associated factors (depression) Referral criteria	BMI Assessing risk factors	Appropriate patient education	Taking into account patient 's difficulties in following life style advice
<b>Nutrition disorders</b>	Problem definition of malnutrition (acute and chronic) Recognition of common clinical forms Treatment and referral criteria.	Nutritional assessment, appropriate investigations and interpretation of results	Patient education	

## MENTAL HEALTH

### Introduction:

A substantial proportion of problems presenting to the Primary Care doctor can be categorised as mental health problems. The majority of these can be dealt with effectively by the Primary Care doctor provided he has an empathetic attitude and has the training to provide him with sufficient knowledge and skills.

### Knowledge

The doctor will need to be able to:

- Recognise the risk of suicide and potential danger to others
- Recognise acute psychotic conditions and arrange appropriate immediate treatment and referral
- Recognise common disease patterns and refer when indicated
- Arrange monitoring of patients with chronic illnesses
- Treat the common neurotic conditions referring only those at serious risk or who fail to respond to treatment
- Prescribe rationally and cost-effectively, avoiding the inappropriate use of psychotropic drugs
- Be familiar with non-drug therapies including behavioural therapies

- Understand and be able to apply the criteria for detaining or treating a seriously mentally ill patient against his will, always striving to protect his patient
- Assess a patient's competence to give informed consent

### Skills

Communication skills are of paramount importance in the field of Mental Health  
The doctor needs to be able to:

- Communicate effectively and appropriately with all patients whatever their cultural background, cognitive ability or mental health problem
- Take a psychiatric history and carry out a mental state examination
- Carry out appropriate neurological examination
- Listen attentively, recognise clues and respond appropriately

- Communicate effectively with relatives while maintaining the patient's right to confidentiality
- Involve the relevant family members in decisions
- Support the family and carers to ensure the patient's compliance with treatment

### Attitude

The attitude of the doctor must ensure that:

- The patient and his rights are respected whatever his mental state
- He understands the relationship between the doctor and his patient and its potential therapeutic value

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- He is sensitive to the patients anxieties and needs
- He takes into account the effects of the illness on the family of the patient
- He recognises the value of a multidisciplinary approach, understands the roles of and communicates effectively with colleagues from other disciplines and Social Services who are involved in the care of the patient
- He understands the particular difficulties in maintaining confidentiality, breaking it only in exceptional circumstances
- He recognises the power of the doctor over a vulnerable patient and constantly guards against abuse of that power

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## COMMON ACUTE DISEASES AND INFECTIONS

### EMERGENCY SITUATIONS

	Knowledge	Problem solving skills		Attitudes
		Clinical	Communication	
<b><i>Collapsed patient/ Loss of consciousness</i></b>	Possible causes	Check conscious level Airway Breathing Circulation CPR Immediate referral	Sensitive communication with distressed relatives	Be aware of own limitations
<b><i>Anaphylaxis</i></b>	Problem definition Treatment protocol	Institute immediate therapy according to treatment protocol	Sensitive communication with distressed relatives Explain the gravity of the situation and the possible consequences to the patient's family	
<b><i>Major trauma</i></b>	Differentiation of important common problems. Referral.	Basic first aid, e.g. control of bleeding, immobilisation, referral	Sensitive communication with distressed relatives Explain to the family the need for observation and recognition of the signs of deterioration	Be aware of own limitations

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	Knowledge	Problem solving skills		Attitudes
		Clinical	Communication	
<b>Lacerations</b>	Possible complications Infection control Referral criteria	Local anaesthesia Removal of foreign bodies from the wound Wound cleaning Suturing	Explain to the patient	Be aware of own limitations
<b>Severe burns</b>	Risks of complications e.g. fluid loss, infection	Basic first aid Insertion of I.V. line (if appropriate) Pain control Treatment of shock	Sensitive communication with distressed relatives	Be aware of own limitations
<b>Manifest gastrointestinal bleeding</b>	Recognition Initial management Referral criteria	Rectal examination Insertion of I.V. line	Sensitive communication with distressed relatives	Maintaining patient's dignity and privacy Be aware of own limitations
<b>Abdominal pain</b>	Differentiation of important common problems. Discriminating signs Referral criteria	Recognize acute abdomen Ability to assess urgency	Explanation to patient	Be aware of own limitations
<b>Foreign body ingestion</b>	Referral criteria			Be aware of own limitations
<b>Eye trauma</b>	Recognition Referral criteria	Initial management	Managing patient's anxiety	Be aware of own limitations
<b>Sudden visual impairment</b>	Recognition Referral criteria	Visual acuity	Managing patient's anxiety	Be aware of own limitations
<b>Orbital cellulitis</b>	Recognition Referral criteria	Initial management	Explain to patient	Be aware of own limitations

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	<b>Knowledge</b>	<b>Problem solving skills</b>		<b>Attitudes</b>
		<b>Clinical</b>	<b>Communication</b>	

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	Knowledge	Problem solving skills		Attitudes
		Clinical	Communication	
<b>Acute breathlessness</b>	Recognition Differentiation of important common problems. Referral criteria	Initial management Assessment of urgency	Managing patient's anxiety	Be aware of own limitations
<b>Choking – foreign body</b>		Heimlich manoeuvre		Be aware of own limitations
<b>Acute urinary retention</b>	Recognition Referral	Initial management Catheterisation	Managing patient's anxiety Explain to the patient	Be aware of own limitations
<b>Acute scrotum</b>	Problem definition Referral criteria	Appropriate investigation Produce management plan	Explain to the patient	Be aware of own limitations
<b>Poisoning</b>	Common causes. Referral criteria	Initial urgent management	Taking careful history	
<b>Electrical injury</b>	Differentiation from other important common problems Referral criteria	Initial management(defibrillation if they have appropriate training)		Be aware of risk to self
<b>Bites (wounds/poisons)</b>	Problem definition Differentiation of important common problems. Referral criteria	Management	Checking the immunisation status of the patient	Be aware of own limitations
<b>Epistaxis</b>	Common causes. Referral criteria	Application of pressure	Advice to patient	Take into account the patient anxiety
<b>Sprains/strains</b>	Differentiation of important common problems. Referral criteria	Differentiation from fractures using appropriate examination and investigation Immobilization or mobilisation as appropriate	Explain to the patient	Be aware of own limitations

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	Knowledge	Problem solving skills		Attitudes
		Clinical	Communication	
<b>Fractures and dislocations</b>	Differentiation of important common problems. Referral criteria	Differentiation from a sprain Initial management	Explain to the patient	Be aware of own limitations
<b>Acute swollen joint</b>	Problem definition Referral criteria	Appropriate examination and investigation	Explain to the patient	Be aware of own limitations
<b>Foreign bodies (special localisations)</b>	Differentiation of important common problems. Referral criteria	Removal from: Eye Nose Ear Vagina Rectum (if appropriately trained)	Explain to the patient	Be aware of own limitations
<b>Stroke &amp; TIA</b>	Problem definition Differentiation from other common problems Prevention Appropriate treatments including nutritional aspects Referral criteria Risk factors	Careful history taking Neurological examination Referral to physiotherapist (Occupational therapist)	Multidisciplinary approach Management of patient's and relatives anxiety	Takes into account the importance of the multidisciplinary approach
<b>Convulsions</b>	Recognition Differentiation of important common forms Referral criteria	Immediate treatment Management plan	Communicate sensitively with distressed companions	Takes into account the effect of seizures on individual and family
<b>Chest pain</b>	Problem definition Differentiation of common causes Risk factors (aggravating and relieving factors) Referral criteria, incl.	Careful history taking Appropriate investigations Management plan	Explanation to the patient	Take into account patient's anxiety

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	Knowledge	Problem solving skills		Attitudes
		Clinical	Communication	
	indications for immediate referral			
<b>Death</b>	Be familiar with the doctor's duties with regard to the law	Recognise mortal signs Complete the death certificate	Sensitive communication with distressed relatives	Show respect for the deceased and the relatives

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**2.2 Common problems**

The acutely ill young baby  
Convulsions  
Anemia  
Lymphadenopathy  
Dyspepsia  
Dysphagia  
Constipation/Fecal Impaction  
Gallstones  
Irritable bowel syndrome  
Hemorrhoids  
Jaundice  
Hernias  
Prostate problems  
Low back pain  
Blepharitis/Conjunctivitis  
Red-eye  
Cataracts  
Haematuria  
Urinary incontinence  
Oedema  
Urolithiasis

**2.3 Infectious diseases**

Headache  
Tremor  
Breast lumps  
Vaginal bleeding  
General  
Viral infection  
Diarrhoeal syndrome  
Viral Hepatitis  
Meningitis  
Respiratory tract infection (RTI)  
Upper RTI  
Lower RTI  
Urinary tract infections (UTI)  
Epididymitis  
Skin infections  
Tuberculosis (TB)  
Brucellosis  
Parasitoses  
Helminthiasis  
HIV infection  
Febrile state

**2.4 Sexually Transmitted Diseases**

Genital warts  
Genital herpes  
Gonorrhoea  
Syphilis  
Vaginal Discharge  
Non-specific urethritis  
Balanitis

**2.5 Skin problems**

Skin tumors  
Dermatological emergencies  
Eczema  
Cutaneous reactions to mechanical, chemical and thermal injuries, actinic and ionizing reactions  
Psoriasis  
Ulcers/ leg ulcers  
Blistering dermatoses  
Other common skin problems

## **CHRONIC DISEASES , SCREENING PROGRAMS, HEALTH PROMOTION**

### **3.1 Chronic diseases**

- Asthma
- Allergic rhinitis
- Chronic obstructive pulmonary disease (COPD)
- Diabetes mellitus type 2
- Diabetes mellitus type 1
- Coronary artery disease
- Hypertension
- Hyperlipidaemia
- Heart failure
- Arrhythmias
- Peripheral arterial disorders
- Peripheral venous disorders
- Soft tissue rheumatism
- Inflammatory arthritis
- Osteoarthritis
- Other connective tissue diseases
- Renal failure
- Thyroid disease
- Osteoporosis
- Epilepsy

### **3.2 Screening programs**

- Diabetes
- Hypertension
- Hyperlipidaemia
- Renal Failure
- Screening for cervical cancer
- Screening for breast cancer

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**3.3 Health promotion**

General

Immunisation

Patient education

**RATIONAL PRESCRIBING**

**CONTINUOUS PROFESSIONAL DEVELOPMENT**

**MANAGEMENT**

**MEDICAL ETHICS**

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**2.2 COMMON PROBLEMS**

	Knowledge	Problem solving skills		Attitudes
		Clinical	Communication	
<b>The acutely ill young baby</b>	Recognise and refer baby with vomiting dehydration, breathlessness, cyanosis, irritability and unresponsiveness, convulsions, paralysis, choking, jaundice	Examine the newborn, recognise problems and take appropriate action	Educate parents to seek appropriate help Explain the need for hospitalisation if necessary	
<b>Convulsions</b>	Recognition Differentiation of important common forms Referral criteria	Immediate treatment Management plan	Communicate sensitively with distressed companions	Takes into account the effect of seizures on individual and family
<b>Anaemia</b>	Problem definition Recognition of clinically important forms Risk groups Referral criteria	Appropriate investigations and interpretation of results Appropriate treatment and monitoring	Patient education, especially about nutrition	Takes into account occult bleeding

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<i>Lymphadenopathy</i>	Recognition of common causes of lymphadenopathy (local and systemic) and the need to differentiate simple conditions from serious diseases Referral criteria	Appropriate general clinical examination Appropriate investigation	Dealing with patient's anxiety	Be aware of own limitations
<i>Dyspepsia</i>	Common causes of dyspepsia Recognition of clinically important forms Treatments Referral Criteria	Appropriate investigations and interpretation of results Appropriate choice of treatment (e.g. Triple therapy for H.Pylori)	Counselling the patient about life style changes	Takes into account the difficulties in implementation of life style changes
<i>Dysphagia</i>	Recognition of common causes Recognition of clinically important forms Treatments Referral Criteria	Appropriate investigations and interpretation of results	Counselling the patient about life style changes	Be aware of own limitations Take into account the potentially serious causes
<i>Constipation/Fecal Impaction</i>	Recognition of common causes Recognition of clinically important forms Treatments Referral Criteria	Appropriate investigations and interpretation of results Avoidance of inappropriate use of laxatives	Patient education about diet, exercise and fluid intake	Takes into account the difficulties in implementation of life style changes

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<i>Gallstones</i>	Problem definition Differentiation from other common problems Treatments Referral criteria	Clinical examination Appropriate investigations	Dietary and lifestyle advise	
<i>Irritable bowel syndrome</i>	Problem definition Differentiation from other common problems Treatments Referral criteria	Avoidance of inappropriate investigations (especially in the younger patient)	Patient education – lifestyle changes	Takes into account the psychosomatic aspects of the symptoms
<b>Haemorrhoids</b>	Problem definition Differentiation from other common problems Treatments Referral criteria	Rectal examination	Patient education (e.g. information about rectal examination, dietary advice)	Understands the importance of respecting patient's privacy
<b>Jaundice</b>	Problem definition Early differentiation from other common problems Treatments Referral criteria	Careful clinical examination Appropriate investigations	Patient education including lifestyle advice	Awareness of the psychological stress because of possible seriousness of the disease
<b>Hernias</b>	Problem definition Differentiation of important common problems Treatments Referral criteria	Specific examination Recognition of urgent cases Reduction of hernias in appropriate cases	Patient education	Takes into account patient's reluctance to seek help

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<i>Prostate problems</i>	Problem definition Differentiation from important common problems Recognition of the need to differentiate benign from malignant causes Treatments Referral criteria	Prostate examination Urinary catheterisation Appropriate investigation	Explanation about examination Dealing with patient's anxiety Patient education	Takes into account some patients' reluctance to seek help Understands the importance of respecting patients' privacy
<b>Low-Back Pain</b>	Problem definition Differentiation from important common problems Treatments (including non-drug treatments) Referral criteria	Back examination Avoidance of inappropriate investigations	Patient education, including risks of long term NSAIDs Encourage exercise	Takes into account implications (both social and occupational)
<b>Blepharitis Conjunctivitis</b>	Problem definition Treatments Referral criteria	Appropriate investigation (e.g. newborn) Appropriate treatment (e.g. drug administration)	Patient education on eyelid hygiene and drug application	
<i>Red eye</i>	Problem definition Differentiation of important causes Treatments Referral criteria	Appropriate simple treatment	Patient education (e.g. prophylactic goggles)	Be aware of own limitations
<b>Cataracts</b>	Problem definition Differentiation of important common problems Risk factors	Eye examination	Appropriate explanation and information	Takes into account social and occupational implications of the disease

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	Referral criteria			
<b>Haematuria</b>	Problem definition Differentiation from other common problems Treatments Referral criteria	Appropriate investigation and interpretation of results	Cope with patient's anxiety	
<b>Urinary incontinence</b>	Problem definition Differentiation of important common problems Treatments Referral criteria	Appropriate investigations and treatments Catheterisation of the bladder	Patient education (advice on hygiene)	Takes into account some patients' reluctance to seek help
<b>Oedema</b>	Problem definition Differentiation of important common problems Treatments Referral criteria	Careful physical examination	Patient education, including self management	
<b>Urolithiasis</b>	Problem definition Differential diagnosis Management of acute attacks Referral criteria	Appropriate treatment Pain control	Patient advice (e.g. fluid intake)	
<b>Headache</b>	Problem definition Recognition of clinically important forms Treatments including non-drug therapies Referral criteria	Careful history taking and physical examination Avoidance of unnecessary investigation Avoidance of inappropriate drug therapy	Patient education about common causes and preventive measures Dealing with patient pressure	Takes into account psychosomatic nature of many headaches Take into account social and occupational implications

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<b>Tremor</b>	Problem definition Differentiation of important common problems (e.g. Parkinsonism, hyperthyroidism, alcoholism) Treatments Referral criteria	Careful history taking and physical examination Appropriate investigations	Patient education (e.g. lifestyle advice) and explanation about the nature of the condition	Takes into account patient's concerns and distress Takes into account social and occupational implications of the disease
<b>Breast lumps</b>	Problem definition Recognition of clinically important forms Risk factors Diagnostic procedures Treatments Referral criteria	Breast examination	Patient education about risk factors and self-examination Ability to convey information in sensitive and positive manner	Takes into account patient's anxiety Takes into account implications of the disease for the patient and the family
<b>Vaginal bleeding</b>	Differentiation of important common problems. Principles of therapy Referral criteria	Vaginal examination Appropriate investigation e.g. ultrasound referral	Counseling the patient	Be aware of own limitations

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<i>Paralysis</i>	Problem definition Recognition of common causes Recognition of clinically important forms Treatments Referral criteria	Careful history taking Focused neurological examination Avoidance of inappropriate investigations	Advice on rehabilitation	Takes into account the importance of multidisciplinary approach Takes into account implications both social and occupational
<i>Muscular weaknesses</i>	Problem definition Recognition of common causes Recognition of clinically important forms Treatments Referral criteria	Careful history taking Focused neurological examination Avoidance of inappropriate investigations	Advice on rehabilitation	Takes into account the importance of multidisciplinary approach Takes into account implications both social and occupational
<i>Disorders of sensations</i>	Problem definition Recognition of common causes Recognition of clinically important forms Treatments Referral criteria	Careful history taking Focused neurological examination Avoidance of inappropriate investigations	Advice on rehabilitation	Takes into account the importance of multidisciplinary approach Takes into account implications both social and occupational

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**2.3 INFECTIOUS DISEASES**

	<b>Knowledge</b>	<b>Problem solving skills</b>		<b>Attitudes</b>
		<b>Clinical</b>	<b>Communication</b>	
<b>General</b>	Understand of the aetiology and natural history of -common infectious diseases -important world-wide infectious Interpret laboratory results and other investigations Action and classification of antimicrobial agents Ethical standard and legal responsibilities of the medical profession in infection diseases Management of common infections	Obtain a history to make an early diagnosis Early recognition of danger signs Physical examination of patient Taking cultures and blood for investigation Safe handling of microbial and blood specimens Interpret results of common investigation	To provide prevention, where possible Promotion of health Explain to the patient the nature of the disease, management and follow up	Awareness of the ethical responsibilities in patient care Takes into account the regional prevalence of infective diseases Takes into account the necessity to protect himself and the others from infections

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	Knowledge	Problem solving skills		Attitudes
		Clinical	Communication	
<b>Viral infection</b> Infectious rashes Mumps Infectious mononucleosis	Recognise, initial problem definition Differentiation from clinical important common problems Management of common viral infection	Examination of skin rashes Accurate record keeping of immunisation and past illness	Advice about isolation Provides prevention for other members of the family	Takes into account the risk of viral infections in pregnancy Takes into account inappropriate use of antibiotics in viral infections
<b>Diarrhoeal syndrome</b>	Common causes of diarrhoea according to the age of patients Differentiation of important common problems Fluid balance and treatments of dehydration Referral criteria	Assessment of dehydration Abdominal examination Safe handling of microbial specimens	Advice on hygiene Patient education	Takes into account inappropriate use of antibiotics in viral infections
<b>Viral Hepatitis</b>	Common presentation Early diagnosis and referral to a consultant		Advice on hygiene Patient education about diet and risk for to family members	Takes into account own limitation
<b>Meningitis</b>	Presentation, early diagnosis and referral to a consultant Immediate start of treatment according to the guidelines	Examination of meningeal signs Conscious level assessment Neurological assessment	Dealing with anxiety of relatives	

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	Knowledge	Problem solving skills		Attitudes
		Clinical	Communication	
<b>Respiratory tract infection (RTI)</b>	Problem definition, recognition of common clinical forms and treatments of RTI according the age of the patient Assessment of recurrent respiratory tract infection Rational prescribing of antibiotics Indication for and limitation of investigations of respiratory tract infections	Recognise the signs Obtain cultures Use of different inhalers/ nebulisers	Influence of smoking and pollutants on respiratory infections	Choosing appropriate therapy and avoid inappropriate use of antibiotics Justify the non use of antibiotics and explain about it to patient Understand the patient anxiety about the use of antibiotics
<b>Upper RTI</b> (otitis, sinusitis, tonsillo-pharyngitis, croup)		ENT examination	Advice patient on simple non-antibiotic treatment	
<b>Lower RTI</b> (Bronchiolitis, bronchitis, pneumonia)		Interpret X ray		
<b>UTI</b>	Problem definition Recognition of common clinical forms Treatments of UTI according the age of the patient Referral criteria	Appropriate sample collection Perform and interpret urinalysis	Advice patient on prevention measures	
<b>Epididimitis</b>	Problem definition, Recognition of common Clinical forms	Appropriate examination	Relieve patient anxiety Explain sensitively to the patient risks of	Takes into account the possibility of STDs

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	Treatments Referral criteria		possible complications	
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	Knowledge	Problem solving skills		Attitudes
		Clinical	Communication	
<b>Skin infections</b> Bacterial (impetigo, boils, cellulites, phlegmona, abscessus)	Problem definition, Recognition of common clinical forms Treatments of skin infections Referral criteria	Assessment of skin lesions and description in terms of morphology, configuration and distribution	Advice the patient on hygiene and application of local treatments	
Viral (herpes simplex et zoster, warts, molloscum contagiosum)	Problem definition, Recognition of common clinical forms Treatments of skin infections Referral criteria	Assessment of skin lesions and description in terms of morphology, configuration and distribution	Advice the patient on hygiene and application of local treatments	Takes into account concurrent diseases e.g. diabetes
Fungal and yeast (pityriasis versicolor, tinea, candidiasis)	Problem definition, Recognition of common clinical forms Treatments of skin infections	Skin scrapings	Advice the patient on hygiene and application of local treatments Advice the patient for prevention	Takes into account concurrent diseases e.g. diabetes
Parasitic infections (lases, scabies, tick bites)	Problem definition, Recognition of common clinical forms Treatments of skin infections	Adequate treatments with explanation	Appropriate hygiene and prevention in family	
<b>Tuberculosis</b>	Recognise the common presentations of TBC according the age of patient Referral criteria for further investigation Management of contacts of the patient with tuberculosis Knowledge about side effects	Mantoux test Safe handling with pathological materials	Prevention in the family	Taking into account safe handling with pathological specimens Sensitive attitude towards patient Confidentiality Legal issues

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	of tuberculostatics			
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	<b>Knowledge</b>	<b>Problem solving skills</b>		<b>Attitudes</b>
		<b>Clinical</b>	<b>Communication</b>	
<b>Brucellosis</b>	Recognition Clinical presentation and differentiation from other common problems Diagnostic tests and their availability Risk groups/regions Therapy Referral criteria	Careful history taking Interpret test results	Advice on preventive measures for patients at risk Communicate effectively with other specialists	Takes into account the epidemiology of brucellosis in the country
<b>Parasitoses</b>	Epidemiology of common parasitoses in the country Common causes of parasitoses in the country Clinical presentation Diagnostic tests and their availability Risk groups/regions Therapy Drug resistance relevant to the country Referral criteria	Careful history taking including travel history	Advice on preventive measures for patients at risk	

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	Knowledge	Problem solving skills		Attitudes
		Clinical	Communication	
<b>Helminthiases</b>	Epidemiology of common helminthiasis in the country Common causes of helminthiasis in the country Clinical presentation Diagnostic tests and their availability Risk groups/regions Therapy Drug resistance relevant to the country Referral criteria	Careful history taking Careful clinical examination	Advice on preventive measures for patients and relatives	
<b>HIV infection</b>	Knowledge about common presentation of the disease Know the risk groups, and the infection control measures Knowledge about exceptional circumstances when doctor can disclose information without consent. Referral criteria for further investigation	Take appropriate measures to protect doctors and others from infection Safe handling of microbial and blood specimens	Prevention in risk groups Counselling before blood test Asymptomatic patient with positive HIV tests	Confidentiality Sensitive attitude towards patient Take into account safe handling with pathological specimens Take into account own prejudices
<b>Febrile State</b>	Early recognition of septic state Referral criteria Fever in compromised host	Investigation of febrile state according the age of patient Investigation of fever of unknown origin		

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**2.4 SEXUALLY TRANSMITTED DISEASES**

	Knowledge	Problem solving skills		Attitudes
		Clinical	Communication	
Genital warts Genital herpes Gonorrhoea Syphilis Vaginal discharge Non specific urethritis Balanitis	Epidemiology of common STDs in the country Common causes of STDs in the country Clinical presentation Most specific and sensitive diagnostic tests and their availability Complications and risk for cervical cancer Risk groups Therapy Drug resistance relevant to the country Referral criteria	Recognize Taking vaginal and urethral swab Interpretation of microscopy Send the material for analysis Blood analysis Contact tracing Identify “high risk” individuals Treatment for both partners	Health education and promotion Counselling on “safe sex”	Respect of confidentiality Awareness of own prejudices

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**2.5 SKIN PROBLEMS**

	<b>Knowledge</b>	<b>Problem solving skills</b>		<b>Attitudes</b>
		<b>Clinical</b>	<b>Communication</b>	

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<p><b>Skin tumors</b> Benign Pre-malignant Malignant</p>	<p>Recognise the benign lesions Follow-up the pre-malignant Referral criteria for any suspected lesion</p>	<p>Describe the features of skin lumps and bumps Minor surgery (removal of small benign skin lesions, exceptions – facial lesions and anything which is not obviously benign) Send material for histological analysis</p>	<p>Counselling for prevention and sun protection Education for self-examination of patients at risk</p>	
<p><b>Dermatological Emergencies</b> Angio-oedema and urticaria Erythrodermia Toxic epidermal necrolysis Disseminated herpes simplex</p>	<p>Recognise Referral criteria</p>	<p>Initial treatment</p>		<p>Take into account own limitations</p>
<p><b>Eczema</b> Atopic (children and adults) Contact (irritant and allergic) Seborrhic</p>	<p>Problem definition Appropriate referral (e.g. for allergic testing)</p>	<p>Chose the appropriate local treatment with avoidance of inappropriate use of corticosteroids</p>	<p>Counselling for preventive measures Education the patient for the use of topical preparations Education the parents of atopic child</p>	<p>Takes into account the implication both social and occupational Takes into account the psychological impact of chronic diseases</p>

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	<b>Knowledge</b>	<b>Problem solving skills</b>		<b>Attitudes</b>
		<b>Clinical</b>	<b>Communication</b>	

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<b>Cutaneous reactions to mechanical, chemical and thermal injures, actinic and ionnizing reactions</b>	Problem definition Treatments Referral criteria	Appropriate selection of topical treatment Initial treatment	Counselling for preventive measures Counselling for sun protection	Takes into account the psychological impact of possible esthetic consequences
<b>Psoriasis</b>	Recognise Understand the principles and be familiar with the use of topical treatment Indications for PUVA and UVB photo-therapy Referral criteria for difficult forms of the disease	Appropriate selection of topical treatment including the use of occlusion	Sensitive handling required to deal with patients handicapped by chronic skin disease	Takes into account the psychological impact of chronic diseases
<b>Ulcers/leg ulcers</b> Arterial Venous Diabetic Decubitus Vasculitis	Recognise and differentiate the different types of ulcers Recognise the complications (infection, cellulites, eczematisation) Referral criteria	Appropriate choice of ulcer dressing Recognition of appropriate use of Doppler Chose appropriate limb compression	Counselling for adequate footwear and lifestyle Advice on hygiene	Take into account the impact of the disease on patient's quality of life Liaison with fellow professionals e.g. nurses
<b>Blistering dermatoses</b> Pemphigus Bullous pemphigoid	Recognise Referral Indications, duration and side effects of long-term immunosuppressive therapy	Monitor the patients receiving long-term therapy with corticosteroids (shared care protocols)	Counselling the patient for adequate lifestyle	Take into account the psychological impact of the disease

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	Knowledge	Problem solving skills		Attitudes
		Clinical	Communication	
<b>Other common skin problems</b> Acne Hair loss Prurigo/ pruritus Photosensitivity Hiper and hipopigmentation Hyperhidrosis Drug eruptions Skin condition-markers for constitutional disease	Problem definition and differentiation from other common skin diseases Appropriate investigations especially when suspected underlying disease Referral criteria especially in case of suspected drug sensitivity and photosensitivity	Appropriate treatment both local and systemic	Patient education on avoidance of certain drugs Counselling for sun protection	Take into account the impact on patients quality of life and psychological impact of skin problems e.g. patients with acne or hair loss

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### 3.1 CHRONIC DISEASES

	Knowledge	Problem solving skills		Attitudes
		Clinical	Communication	
<b>Asthma</b>	Problem definition Differentiation from other common problems Recognition of clinically important forms Risk factors Treatments Referral criteria Recognize asthma emergencies	Appropriate investigation and interpreting results including PFM and reversibility test Providing appropriate treatment according age, ability, acuteness and severity	Educate patients about inhalation techniques Lifestyle advise, especially smoking	Recognition of particular difficulties in avoiding triggers especially smoking Understanding difficulties in children and adolescent Encourage positive attitudes
<b>Allergic rhinitis</b>	Problem definition Differentiation from other common problems Common triggers Treatments Referral criteria	Choose appropriate treatment( e.g. nasal steroid sprays)	Patient education to avoid triggers and inappropriate treatment (e.g. Ephedrine drops)	Takes into account on implications both social and occupational.
<b>Chronic Obstructive Pulmonary Disease (COPD)</b>	Problem definition Differentiation from other common problems Treatments Worsening factors Referral criteria	Examination (Finger clubbing, etc) Appropriate investigation Assessment of reversibility	Patient education- prevention	Takes into account of patient difficulties in following lifestyle advice

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	Knowledge	Problem solving skills		Attitudes
		Clinical	Communication	
<b>Diabetes mellitus type 2</b>	Problem definition Differentiation from other common problems Risk factors Recognition of clinically important forms Complications Appropriate treatments Referral criteria	Appropriate investigations and their interpretation. Early diagnosis of complications Regular monitoring (e.g. BP, renal function. feet)	Communicate with other members of multidisciplinary team Educational program for patients Counselling patients about self monitoring Educate patients about existence of self-help groups	Takes into account of the importance of patient's knowledge and self confidence about managing disease Takes into account the importance of a multidisciplinary approach Recognize the implications of disease for patients and family
<b>Diabetes mellitus type 1</b>	Problem definition Recognize diabetic emergencies Referral	Immediate treatment of diabetic emergencies Ensure regular monitoring	As for type - 2 Patient education to include the use of insulin	As type – 2 also: Take into account the need for specialist care
<b>Coronary artery disease (CAD)</b>	Problem definition Differentiation of clinically important forms Risk factors (aggravating and relieving factors) Treatments and indications for non-drug interventions Referral criteria including immediate referral Recognise the other causes for	Careful history taking Appropriate investigations ECG Secondary Prevention Monitoring	Patient education- lifestyle advice, especially smoking	Takes into account the patients difficulties in following lifestyle advice Takes into account implications both social and occupational. Takes into account patient's anxiety Be aware of own limitations

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	Knowledge	Problem solving skills		Attitudes
		Clinical	Communication	
<b>Hypertension</b>	Definition Recognition of clinically important forms Associated CVS risks Referral criteria Treatments Recognise hypertensive emergencies	BP taking Appropriate investigations and interpretation of results Choice of appropriate treatment Regular monitoring Recognition of target organ damage Recognition and initial treatment of hypertensive emergencies	Patient education: about risk factors – need for continuous therapy Education for self monitoring at home Lifestyle advice	Understanding of patients difficulties in following lifestyle advice
<b>Hyperlipidaemia</b>	Problem definition Recognition of clinically important forms Risk factors Referral criteria	Appropriate investigations and interpretation of results of lipid profile Calculate all CVS risks Choosing appropriate treatment and avoid inappropriate use of statins	Patient education about lifestyle modification Explaining to the patients the avoidance of unnecessary drug treatment	Understanding of patient's difficulties in following lifestyle advice

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		Clinical	Communication	
<b>Heart failure</b>	Problem definition Differentiation from other common problems Treatments Referral criteria Recognise emergencies e.g. pulmonary oedema	Careful clinical examination Appropriate investigations (e.g. FBC) Appropriate choice of treatment e.g. ACE-inhibitors rather than Digitalis	Lifestyle advise	Understanding of the patient's anxiety Takes into account the patient's difficulties in following lifestyle advice
<b>Arrhythmias</b>	Problem definition Recognition of clinically important forms Associated diseases Referral criteria	ECG interpretation Monitoring patient with controlled arrhythmia	Explanation of risks for patient or reassurance if appropriate	Takes into account doctor's own limitations
<b>Peripheral arterial disorders</b>	Recognise peripheral arterial occlusion Referral criteria	Specific signs of arterial insufficiency	Patient education - lifestyle changing especially smoking	Takes into account patient's difficulties in following lifestyle advice
<b>Peripheral venous disorders</b>	Recognise peripheral venous occlusion- DVT, superficial, thrombophlebitis Associated risk factors Referral criteria	Specific signs of venous occlusion/ insufficiency	Patient education about risks e.g. oral contraceptives, flying	Understanding patient's difficulties in following lifestyle advice

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		Clinical	Communication	
<b>Soft tissue rheumatism including fibromyalgia and postviral fatigue syndrome</b>	Problem definition Differentiation from other common problems Preventive measures Treatments Referral criteria	Pain control Maintenance of function and referral to physiotherapy as appropriate Prescribing appropriate therapy Monitoring of chronic disease	Patient education - lifestyle advice Awareness of side effects of drugs	Takes into account patients difficulties in following lifestyle advice Awareness of doctor's own limitations Implications - both social and occupational
<b>Inflammatory arthritis including rheumatoid arthritis and gout</b>				
<b>Osteoarthritis</b>				
<b>Other connective tissue diseases ( SLE, SS, Dermatomyositis)</b>	Problem definition Differentiation from other common problems Treatments Referral criteria	Shared care protocol	Counselling the patient for adequate lifestyle	Takes into account the need of shared care Takes into account the psychological impact of the disease
<b>Renal failure</b>	Problem definition Recognition of clinically important forms Predisposing/Risk factors (including drugs e.g. gentamycin, NSAID) Appropriate prescribing of drugs Referral criteria	Careful history taking and examination is essential as a screening procedure Appropriate investigations (e.g. proteinuria, microalbuminuria, creatinine) and result	Patient education about risk factors and need for regular monitoring e.g. necessity to control other chronic diseases, such as diabetes Lifestyle and dietary advice	Takes into account social and occupational implications of the disease

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	<b>Knowledge</b>	<b>Problem solving skills</b>		<b>Attitudes</b>
		<b>Clinical</b>	<b>Communication</b>	
<b>Thyroid diseases</b>	Problem definition of hypothyroidism and hyperthyroidism Differentiation from other common problems Appropriate treatment Referral criteria	Appropriate investigation and interpretation of results Initial treatment Monitoring	Patient education	Taking into account psychological aspects
<b>Osteoporosis</b>	Differentiation from other common problems Predisposing causes Prevention Appropriate treatments Referral criteria	Prescribing appropriate treatment	Patient education Lifestyle advice	Social and occupational implications of the disease
<b>Epilepsy</b>	Problem definition Recognition of clinically important forms Referral criteria	Initial management Monitoring (shared care protocols)	Education of patients and relatives (e.g. driving) Cope with the anxiety	Understanding difficulties in adaptation in every day activities Understanding psychological aspects

### 3.2 SCREENING PROGRAMS

Primary care provides a unique environment for screening as opportunistic screening can occur during the normal consultation or when a patient attends the practice for any reason. The Primary Health Care doctor or another member of the team may carry it out.

**The PHC doctor needs to understand the principles of screening and be able to implement programmes which are the result of local or national initiatives.**

He needs to have the ability to screen his own patients for common conditions.

The doctor must take into account the effect of discovering a disorder on the well being of the patient and the family.

#### **The principles of screening**

For a screening test to be effective:

- it must be for an important health disorder
- the population at risk of this disorder must be defined
- the prevalence must be known
- the natural history must be known
- effective treatment must be available

The screening test must be:

- readily available or easily implemented
- acceptable to users and patients
- simple and safe
- ethically acceptable: procedures following a positive result must be generally agreed and acceptable both to the screening authorities and to the patient, who should indicate consent to inclusion in the program
- sensitive and specific

The cost benefit analysis of the test must be defined

- the test must be cost effective

The program must be subjected to audit in order to assess outcomes. It must also monitor changes in the prevalence of the disorder.

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### 3.2 SCREENING PROGRAMS

	Knowledge	Problem solving skills		Attitudes
		Clinical	Communication	
<b>Diabetes</b>	Principles of screening	Blood glucose	Advice on healthy life-style Fasting blood glucose Testing urine for glucose	Takes into account patient's anxiety Takes into account the difficulties in following lifestyle advice
<b>Hypertension</b>	Principles of screening	Blood pressure measurement	Advice on healthy life-style	Takes into account patient's anxiety Takes into account the difficulties in following lifestyle advice
<b>Hyperlipidaemia</b>	Principles of screening	Interpretation of the lipide status	Advice on healthy life-style	Takes into account the difficulties in following lifestyle advice
<b>Renal Failure</b>	Principles of screening	Testing urine for protein Serum creatinine	Advice on healthy life-style	Takes into account patient's anxiety Takes into account the difficulties in following lifestyle advice
<b>Screening for cervical cancer</b>	Understand the precancerous stages and know the screening protocol Understand the cytological report	Take a PAP smear Speculum examination	Advice patient on importance of regular examination	Takes into account patient's anxiety

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<b>Screening for breast cancer</b>	Knowledge of current screening methods Risk groups Referral criteria	Manual breast examination Explanation of results of screening tests	Patient education Encourage self-examination Explain investigations	Takes into account patient's anxiety
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**3.3 HEALTH PROMOTION**

“The aim of Health Promotion is to improve the general standard of health in the community by improving knowledge about risk factors and encouraging people to adopt healthy lifestyles and behaviour. This will be done through information, education and vocational training measures covering topics such as nutrition, consumption of alcohol, tobacco and drugs, physical exercise, mental health, sexual behaviour and use of medicines.”

	<b>Knowledge</b>	<b>Problem solving skills</b>		<b>Attitudes</b>
		<b>Clinical</b>	<b>Communication</b>	

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<b>General</b>	Knowledge of the principles of Health Promotion. Knowledge of normal development throughout the stages of life Risk factors for common diseases, both acute and chronic, physical and mental, and for those which are prevalent in the local community. Knowledge of measures which can reduce risks Knowledge of local priorities in the field of Public Health (e.g. cardiovascular disease, malnutrition, poor hygiene, pollution). Basic principles of the recognising professional diseases and referral criteria Basic principles of recognising the public health problems ( water, food pollution) and referral criteria	Identify the patient at risk and take appropriate action  Ensure the patients have access to appropriate advice and support both for themselves and in the upbringing of their families	Communicate information clearly, simply and effectively, recognising and respecting patient’s own health and cultural beliefs  Target information to the patient’s own health risks and problems  Encourage patients to take responsibility for their own health	Take into account Need for patients/parents to be empowered to take responsibility for their own health  The patients’ difficulties in making lifestyle changes  Doctors own prejudices and health beliefs Health promotion at the work place
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	<b>Knowledge</b>	<b>Problem solving skills</b>		<b>Attitudes</b>
		<b>Clinical</b>	<b>Communication</b>	

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<b>1.1.1.1.1 Immunisation</b>	Immunisation schedule Relative and absolute contraindications for immunisation Relevant travel advice	Perform immunisations Keep accurate records (for the doctor and patient)	Educate the patient/parents about the benefits relative to the risks Advice on possible reactions of immunizations	<b>1.1.1.1.2</b>
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	Knowledge	Problem solving skills		Attitudes
		Clinical	Communication	
<b>Patient education</b>	<p>Knowledge about pregnancy (preconception care, antenatal care) baby care, preschool children (difficult child, sleep problems) dental care, women's health, and elderly care.</p> <p>Prevention of socio-medical problems such as smoking, alcoholism, drug addiction, obesity, pregnancy in girls at school.</p>		Fit the preventive work into the normal consultation	1.1.1.1.3 Understands the doctor's role in education of patients, families and communities and in generally promoting good health Understands the doctor's role in education of patients, families and communities and in generally promoting good health

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#### **4.0 Rational prescribing**

Given the nature of problems with which patient present at the primary care level the doctor should be aware that there are many conditions where the drug prescription is not always the preferred method of management.

He will have skills to identify unbiased, evidence- based sources of information about drugs and use that information appropriately.

The future PHC specialist will be able to apply to his practice the principles of rational prescribing by choosing drugs that are effective, safe, appropriate and cost-effective.

He has to be familiar with the Positive list of drugs, and be able to prepare a Practice formulary, paying attention to prescribing for special groups (children, pregnant women, elderly).

He has to be able to appraise critically the medical literature and regularly review and amend prescribing protocols in his practice if necessary.

He will be able to monitor patients on long-term drug treatment, avoiding polypharmacy.

He will play an active role within the network for adverse drug reaction monitoring.

He will ensure that the Prescribing of his practice is audited regularly.

In order to implement successfully the policy of rational prescribing he should be able to educate and communicate effectively with patients, taking into account the social and cultural aspects that are the basis for patient pressure.

He is also expected to deal with pressure from the pharmaceutical representatives, taking into account the limited financial resources that are available.

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**1.1.1.1.3.1.1 5.0 CONTINUING PROFESSIONAL DEVELOPMENT (CPD)**

Continuing professional development is the process by which health professionals continue to improve their knowledge and skills in order to meet the needs of patients, the health services, and their own professional learning needs. It offers the opportunity to explore new career prospects. It is a process of lifelong learning in practice and it includes medical, managerial, social and personal education. The primary care doctors can achieve their development plans by practice based activities, consultation with peers and colleagues, attending CME courses, seminars, meetings and conferences. The main components of CPD are education, research and evidence based medicine, audit and clinical governance.

**EDUCATIONAL METHODS**

The GP should be life-long learner willing to upgrade personal knowledge and update his/herself and their colleagues. The main characteristics of adult learning are that it is:

- Self-directed
- Built upon previous experience
- Applicable
- Problem based

The primary care doctor should be able to identify learning needs by using Personal Learning Plans (PLPs), decide on the way how to achieve them and introduce modern methods of learning and teaching such as small group work and tutorials.

**RESEARCH AND EVIDENCE BASED MEDICINE (EBM)**

Evidence based medicine is structured approach to looking at clinical papers both quantitative and qualitative

The primary care doctor should be able to:

- Understand the basic statistics (mode, mean, median, range, standard deviation, P value, parametric and non-parametric tests)
- Have basic computer literacy (databases, internet)

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1.1.1.1.3.2 In order to achieve this the GP should have :

- Recognise the difference between EBM and non EBM
- Ability to critically appraise the information
- Ability to implement useful findings in clinical practice

This knowledge will enable the doctor to participate in research network.

#### **AUDIT**

Audit means comparison against a previously agreed standard and it shows what is actually done rather than what is said to be done. The PC doctor should be able to describe the process of audit and differentiate it from research and project work. He/she should have skills to carry out audit in the practice.

The audit cycle consists of following stages:

- Defining criteria
- Setting the standards
- Checking against the standards
- Making changes to improve performance in order to achieve the standard
- Re-checking performance
- Re-defining criteria (if necessary)
- Re-setting (hopefully improving) the standard

He/she should be committed to improving the quality of professional performance and perform audits regularly.

#### **CLINICAL GOVERNANCE**

### **BIS HEALTHCARE GROUP**

*Bringing focus to public health*

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“Clinical governance is a system through which HCS (health care system) organizations are accountable for continuously improving the quality of health care and safeguarding high standards of care creating environment in which excellence in clinical care will flourish”.

Everyone in primary care needs to be familiar with the requirements of clinical governance if it is to succeed as a way to improve the quality of care. The doctors will improve their clinical quality by taking part in audit, practicing evidence based medicine, recognising poor performance early, improving team work and clinical quality.

Clinical governance is intended to maintain self-regulation, quality assurance and accountability to the public.

## **6.0 MANAGEMENT**

Managerial skills are essential in organizing the practice.

### ***Basic management***

The primary care doctor should have skills for:

- Organizing appointments or other system of access for patients
- Organizing clinics
- Keeping records (paper, computer)
- Create Practice Development Plans with other members of the team
- Setting up complaint procedures

This should be done with the respect for colleagues.

### ***Financial management***

The doctor working in primary care setting should be capable of effective control of resources and monitoring income and expenditure.

He should have the knowledge and skills to manage the budget and to forecast the cash flow.

### ***Time management***

Effective use of time for the primary care doctor is essential

He/she should have skills of planning, listing priorities and organizing meetings.

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The primary care doctor should take into account:

- Respect for the time of self and others
- The need for time for self and family
- Reduction of the stress in self, family and colleagues

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***Management of people***

The primary care doctor should respect the members of the team and recognize their strengths and weaknesses .  
He should be able to set up systems for decision making and the sharing of responsibility.  
He needs to understand the responsibilities of partnership.

**Teamwork**

The doctor should be familiar with:

- Basic principles of effective teamwork
- Balanced roles of the members of the team
- The role of the leader
- Clear objectives and agreed roles
- The need of individual development

It is essential that the doctor encourages good communication between team members and with outside agencies.  
He should be able to give and receive effective feedback.

**Employment of staff**

The doctor needs to have knowledge of:

- Recruitment and selection procedures
- Current employment law
- Equal opportunities legislation

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## 7.0 MEDICAL ETHICS

Ethics is “the study of rational and moral processes for determining the best course of action in the face of conflicting choice”.

In providing a wide range of medical services, the GP often is required to make health care decision based both on ethical principles and medical parameters. Whenever the ethical dimension of the problem is under consideration it is important to be aware of patient, doctor and society.

The doctors should be familiar with:

- Recognising the ethical dilemmas
- Fundamental ethical principles :
  1. *Justice* (or equity) – avoid discrimination on the grounds of age, sex, race, religion or social or economic standing
  2. *Respect for persons*-respect for patients autonomy, informed consent, truth-telling, respect for confidentiality
  3. *Beneficence* – (balance between beneficence and non-maleficence)
- Law and professional Codes that are currently in place

In order to make proper medical decisions the doctor should demonstrate the ability to:

- Analyse the ethical dilemmas – consider all the persons involved, what, who and when is to be done and make conclusions
- Obtain a valid informed consent
- Incorporate the team approach in dealing with ethical and moral issues to provide understanding, acceptance and support system for the patient

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- Discuss ethical dilemmas with the family where appropriate
- Act appropriately when aware of unethical conduct by a colleague
- Take appropriate actions when e.g.:
- Patient refuses medical therapy  
Patient with impaired decision-making capacity or children  
Withholding and withdrawing medical therapy  
Exceptional circumstances when the doctors can disclose information without consent

The doctor should develop attitudes that encompass:

- An appreciation for the value and dignity of human life
- A commitment to ethical practice
- An understanding of own biases that may affect ethical decision making
- An understanding of and appreciation for the value of institutional ethics committees and a willingness to collaborate with them.

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