

Module Overview

Please note: This module must be read in conjunction with the [Fundamentals of the Framework](#) and [Medical Services](#) modules.

The speciality of General Medicine provides comprehensive care for a wide variety of adults with complex medical and social needs. Patients of General Medicine typically have a range of acute exacerbations amidst chronic conditions, a condition known as multimorbidity, which can make identification of the principal diagnosis and management challenging. General Medicine addresses these challenges through diagnostic rigor and individualised care.

The patient under the care of a specialist General Medicine multi-disciplinary team might suffer from a common, organ-specific principal diagnosis (e.g. congestive heart failure, pneumonia, acute kidney injury, dementia) and/or incur a common complication (e.g. delirium, functional decline, acute kidney injury) of the principal diagnosis. The principal diagnosis and the complications often occur in different organ systems. Patients may suffer acute exacerbations of other chronic conditions unrelated to the principal diagnosis for which they required hospitalisation. In this way, General Medicine services are interstitial and overlapping between traditional subspecialties. Additionally, there is care provided to the general medical patient by a General Practitioner (GP) at various service levels. This module acknowledges that most of the acute and long-term care provided in regional Australia comes from a GP and the teams of nurses and allied health associated with that GP.

The Specialist General Physician, Pharmacy, Allied Health and Nursing teams that attend the needs of this patient cohort have expertise in acute care of the multimorbid patient. They work in various settings including inpatient facilities, hospital-based ambulatory clinics and within the community providing longitudinal care in multispecialty clinics. The Specialist General Physician also routinely serves other teams with consultative services for patients with multimorbidity. The strengths of a well-functioning General Internal Medicine team include:

- > caring for the undifferentiated medical patient: making an accurate principal diagnosis in acutely unwell patients with multimorbidity that might otherwise mask the main issues
- > providing efficient and comprehensive care of the acutely unwell multimorbid inpatient
- > providing the safest hospital care to an acutely unwell multimorbid patient who is at higher risk of in-hospital complications and iatrogenic morbidity (e.g. inappropriate polypharmacy)
- > providing perioperative concurrent medical care of the multimorbid patient, either in a preoperative assessment clinic or post-operative inpatient setting
- > complex clinical care of the multimorbid patient (e.g. Rapid Assessment Unit; MACS clinic; a GP Super Clinic)
- > teaching of many students, including physician trainees, pharmacy, allied health practitioners and nurses
- > the conduct of clinical research for continued clarification of the most effective and efficient ways of treating the multimorbid patient
- > the collection and presentation of patient reported outcome measures (PROM) to clarify better, more patient-centred models of care
- > interfacing to allow patients access to input from subspecialties when diagnostic procedures are required (e.g. endoscopy, bronchoscopy, cardiac catheterisation, interventional radiology)
- > coordination of Aged Care Assessment Team (ACAT) assessment, Transition Care Program (TCP) assessment and Advanced Care Directives
- > expertise in the management of end of life discussions, education and decision-making.

Best practice involves clarification of a patient's care goals with the patient (or substitute decision maker) together with diagnostic clarity and prognostication. There is, however, almost always a degree of uncertainty, and the exercise of judgment in the face of uncertainty leading to individualised care plans, is the hallmark of a peak General Medicine service. Documented care plans developed, reviewed and shared with patients, carers and all care providers including General Practitioners, community services and other specialist practitioners, form the basis for quality care.

General Medicine services range from Level 1, which may be delivered by a single practitioner to ambulatory clients in their local areas, to Levels 5 and 6, which are delivered to patients with highly complex or specialised needs, and require multi-disciplinary and inter-professional care.

The capability level of each General Medicine service is based on:

- > the skills, knowledge and experience of staff, as well as the clinical scope of practice at that site
- > the availability of supporting clinical services required to diagnose, treat and manage presenting conditions or complications (i.e. prompt consultant-level subspecialty consultation and timely access to diagnostic and interventional radiology)
- > engagement in both clinical research and teaching as outlined in the service level requirements below.

Service Requirements

In addition to the requirements outlined in the [Fundamentals of the Framework](#), specific service requirements include:

- > providing patient and carer information about the service and other support services
- > assisting patients to achieve their goals and addressing the needs of carers and family through a fully engaged multi-disciplinary team
- > providing relevant clinical indicator data that is used regularly in quality improvement initiatives
- > compliance with SA Health policy directives and guidelines that are referenced in:
 - > [SA Health Policy Directives](#)
 - > [SA Health Policy Guidelines](#)
 - > [SA Health Clinical Directives and Guidelines](#)

Workforce Requirements

The CSCF does not prescribe staffing ratios, absolute skill mix, or clerical and/or administration workforce requirements for a team providing a service, as these are best determined locally and in accordance with relevant industrial instruments. Where minimum standards, guidelines or benchmarks are available, the requirements outlined in this module should be considered as a guide only. All staffing requirements should be read in conjunction with the Health Care Act 2008, Awards and relevant Enterprise Agreements including, but not limited to:

- > SA Health Salaried Medical Officers Enterprise Agreement 2017
- > SA Health Visiting Medical Specialists Enterprise Agreement 2017
- > SA Health Clinical Academics Enterprise Agreement 2014
- > Nursing/Midwifery (South Australian Public Sector) Enterprise Agreement 2016
- > SA Ambulance Service Enterprise Agreement 2017
- > SA Modern Public Sector Enterprise Agreement: Salaried 2017

In addition to the requirements outlined in the [Fundamentals of the Framework](#), specific workforce requirements include:

- > access to a multidisciplinary mix of staff with competency-based skill levels and defined roles in order to deliver safe, effective and efficient care, including, but not limited to, medical staff, nurses and allied health (dietitians, occupational therapists, physiotherapists, psychologists, social workers, speech pathologists, dentists, audiologists and podiatrists) as required
- > access to supporting clinical services including pharmacy, pathology and medical imaging as outlined below
- > access to Aboriginal and Torres Island client services delivered onsite, and/or remotely in partnership with higher level services

General Medicine	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
<p>Service description</p> <ul style="list-style-type: none"> > Ambulatory care for clients who are medically stable and live in the community. > Generally focusing on the multimorbid patient > Hospital avoidance strategies requiring linkage with community-based teams helping coordinate complex chronic care. > Assisting clients in the development of self-management skills with the help of a multi-disciplinary team > Monthly department wide morbidity and mortality review. 	<p>As per Level 1, plus:</p> <ul style="list-style-type: none"> > Inpatient and ambulatory care to low-risk clients whose needs are not complex > Provides limited outpatient service (may be via visiting arrangement) 	<p>As per Level 2, plus:</p> <ul style="list-style-type: none"> > Inpatient and acute ambulatory care managed by a medical practitioner (general practitioner) or health professional with experience, knowledge and skills in General Medicine. > Ambulatory care will include outpatient specialist clinics (medical, nursing or allied health) for ongoing treatment or review and may be by visiting arrangement. > Provided in General Medicine clinics and through multidisciplinary day program. > Longitudinal care of multimorbid or complex patients. > Regular case conferences for patients with complex medical or social needs. 	<p>As per Level 3, plus:</p> <ul style="list-style-type: none"> > Inpatient and acute ambulatory care provided by General Physician. 	<p>As per Level 4, plus:</p> <ul style="list-style-type: none"> > Specialty and subspecialty ambulatory and inpatient General Internal Medicine services. > Ambulatory services may include preoperative assessments, or holistic multidisciplinary clinics with special focus on the multimorbid patient. > Inpatient care is provided in designated units with multidisciplinary team providing holistic, integrated care > Weekly case conferences for patients with complex medical or social needs, and any patient whose pathway is deviating from the outcomes and length of stay expected. 	<p>As per Level 5, plus:</p> <ul style="list-style-type: none"> > Specialist and subspecialist services for clients with care needs of highest complexity. > Provided in designated unit/s with dedicated multidisciplinary teams. > Ambulatory services include complex multidisciplinary day-only treatment, subspecialist outpatient clinics and specialist community outreach programs. > In addition to using the most contemporary evidence base to inform clinical practice, Level 6 service is actively involved in clinical research to improve clinical practice. > Monthly department wide mortality review that includes postmortem review of relevant cases 	

General Medicine	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Service requirements	<p>As per module overview, plus:</p> <ul style="list-style-type: none"> > Services for clients either referred, transferred or returned from higher level service to continue treatment in their local environment following subacute or acute episode. > Partnership arrangements with local general practitioner/s and other local care providers who may include community health staff. > Typically no specialist involvement but some sites may have access to visiting specialists (e.g. cardiologist, respiratory physicians, psychiatrists) > Documented processes with higher level services enabling clients to have access to other members of wider multidisciplinary team. 	<p>As per Level 1, plus:</p> <ul style="list-style-type: none"> > May have access to local General Practitioners with procedural skills and visiting specialists. > May have access to specialist nurses working in Community Health to support General Practitioners (e.g. palliative care, diabetes educators and community nurses with stomal and wound management skills). > May have some research commitments by an individual clinician or the health service 	<p>As per Level 2, plus:</p> <ul style="list-style-type: none"> > Service accepts clients referred and transferred from higher level services for continuing or less complex care. > Documented processes exist to access medications and clinical advice/services outside business hours. 	<p>As per Level 3, plus:</p> <ul style="list-style-type: none"> > Service networked with appropriate subacute services (e.g. rehabilitation, geriatric medicine, palliative care, pain management) > Coordinated emergency department systems 	<p>As per Level 4, plus:</p> <ul style="list-style-type: none"> > Holistic patient care plans developed collaboratively by experienced multidisciplinary team and includes structured ward rounds and multidisciplinary case conferencing arrangements. > Provides internal consultancy services. > Multidisciplinary team has demonstrated experience, and advanced knowledge and skills, in delivery of holistic services pertaining to the acutely ill, multimorbid patient. > Interdependencies with subspecialties for timely diagnostic imaging or procedures > May have major research commitments by individual clinicians in local or national service-based and multicentre research; or have a major role in providing clinical placements for all health students and/or supervised practice for health professionals. 	<p>As per Level 5, plus:</p> <ul style="list-style-type: none"> > Extensive range of allied health professionals onsite. > Access for down-transfers for those patients requiring further subacute care > Provides network support for lower level services. > Have major research commitments by individual clinicians in local or national service-based and multicentre research, and have a major role in providing clinical placements for all health students and/or supervised practice for health professionals

General Medicine	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Workforce requirements	<p>As per module overview, plus:</p> <p>Medical</p> <ul style="list-style-type: none"> > Access to medical practitioner (general practitioner) who may have advanced rural generalist training. <p>Nursing</p> <ul style="list-style-type: none"> > Staffing levels in accordance with the relevant industrial instruments. > Access to suitably qualified and experienced nurses including qualifications and/or experienced in rural and remote community nursing, where appropriate. <p>Allied health</p> <ul style="list-style-type: none"> > Access to relevant allied health professionals, as required. > Access to allied health services are typically available via phone/telemedicine and/or site visit. <p>Pharmacy</p> <ul style="list-style-type: none"> > Access to pharmacist via an outreach / teleconference service on a prioritised basis 	<p>As per Level 1</p>	<p>As per Level 2, plus:</p> <p>Medical</p> <ul style="list-style-type: none"> > Access during business hours to General Physician or Advanced Trainee in General and Acute Medicine > (via phone/telemedicine and/or site visit) > Access 24 hours to advice from registered medical specialist with credentials in general surgery (via phone/telemedicine and/or site visit) > Access to advice from registered medical specialists in geriatrics, cardiology, neurology, endocrinology, respiratory, gastroenterology and orthopaedics (via phone/telemedicine and/or site visit) <p>Nursing</p> <ul style="list-style-type: none"> > Staffing levels in accordance with the relevant industrial instruments. > Suitably qualified and experienced registered nurses in charge of shifts appropriate to service being provided 	<p>As per Level 3, plus:</p> <p>Medical</p> <ul style="list-style-type: none"> > Access 24 hours to General Physician or Advanced Trainee in General and Acute Medicine. 	<p>As per Level 4, plus:</p> <p>Medical</p> <ul style="list-style-type: none"> > Registered medical specialist with credentials in General, Acute and Emergency Medicine. > Access 24 hours to registered medical specialists with credentials in cardiology, neurology, endocrinology, gastroenterology and rheumatology. > to registered medical specialists with credentials in neurosurgery, vascular surgery and urology within 1 week. <p>Nursing</p> <ul style="list-style-type: none"> > Staffing levels in accordance with the relevant industrial instruments. > Experience with the acute needs of the undifferentiated medical patient <p>Allied health</p> <ul style="list-style-type: none"> > Allied health professionals with demonstrated advanced level of knowledge and skills in the care of the multimorbid patient. > Access - during business hours - to relevant and suitably qualified allied health professionals 7 days a week. 	<p>As per Level 5, plus:</p> <ul style="list-style-type: none"> > Multidisciplinary team has experience, and advanced knowledge and skills, in delivery of care to the acutely unwell multimorbid patient <p>Medical</p> <ul style="list-style-type: none"> > Registered medical specialists with credentials in practice of General, Acute and Emergency Medicine. > Interdependencies with subspecialties for timely (<24hour) consultant-level opinion, diagnostic imaging or procedures <p>Nursing</p> <ul style="list-style-type: none"> > Staffing levels in accordance with the relevant industrial instruments. <p>Allied health</p> <ul style="list-style-type: none"> > Onsite access to appropriately skilled and experienced multidisciplinary workforce (including but not limited to physiotherapy, occupational therapy, speech pathology, dietetics, and social work) within an appropriate time - during business hours - 7 days per week.

General Medicine	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Workforce requirements (continued)			<p>Allied health</p> <ul style="list-style-type: none"> > Access - during business hours - to allied health professionals, including but not limited to physiotherapist, occupational therapist, speech pathologist, social worker and dietician. > Access - during business hours - to Allied Health Assistant <p>Pharmacy</p> <ul style="list-style-type: none"> > Access to onsite pharmacist during business hours 			
Specific risk considerations	> Nil	> Reliance on telemedicine for critical decision - making support - reliable mechanisms need to be in place	> Reliance on telemedicine for critical decision - making support - reliable mechanisms need to be in place	> Key performance indicators (KPI) should be relevant to clinicians receiving it with annual review for relevance of those KPI.	> As per level 4	> As per level 5

The following table outlines the support service requirements for each level of General Medicine. The table cross-references to other modules in the CSCF, thereby recognising the interdependencies which exist between General Medicine and other specialty areas.

Support services requirements for General Medicine	Level 1		Level 2		Level 3		Level 4		Level 5		Level 6	
	Onsite	Accessible	Onsite	Accessible	Onsite	Accessible	Onsite	Accessible	Onsite	Accessible	Onsite	Accessible
Anaesthetic						3		3		4		5
Emergency	1		2		2		3		4		6	
Geriatric Medicine		1		1		2		4		4		4
Medical						3		3		4		5
Medical Imaging		1		1	2		3		4		5	
Mental health (relevant section/s)						4		4		5		5
Nuclear medicine								4		4		4
Palliative care						2		4		4		4
Pathology		1		1		2		2		4		4
Perioperative (acute pain)								5		5		5
Pharmacy		1		2	3		3		5		5	
Surgical						2		3		4		5

Legislation, regulations and legislative standards

Non-mandatory standards, guidelines, benchmarks, policies and frameworks (not exhaustive & hyperlinks current at date of release of CSCF)

Refer to the [Fundamentals of the Framework](#) for details.

In addition to what is outlined in the [Fundamentals of the Framework](#), the following are relevant to General Medicine services:

- > Australian Health Ministers Advisory Council, Care of Older Australians Working Group. Age-friendly Principals and Practices: Managing older people in the health services environment. <https://agedcare.health.gov.au/older-people-their-families-and-carers/resources-for-aged-care-clinicians>
- > South Australian Government, Health Service Framework for Older People 2009-2016 <http://www.sahealth.sa.gov.au/wps/wcm/connect/cd478e804278955d8b07ab182b8de443/hsframeworkolderpeople09-16-clinicalnetworks-sahealth-0905.pdf?MOD=AJPERES>

For more information

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