

A conceptual model: essential dimensions of a primary care generalist medical practitioner¹

Ways of being (ontological frame)

Virtuous character: holds ethical character traits of compassion, tolerance, trust, empathy and respect.

Reflexive: interdependent; reflects on judgements and biases; lifelong learner.

Interpretive: uses processes of interpretation to understand patients, with an emphasis on the contextual factors; use of multiple health systems languages; active listener; autonomous decision-maker; has good communication skills.

Ways of knowing (epistemological frame)

Biotechnical: uses scientific and rational evidence; high index of suspicion; biomedically driven; technically focused; uses advanced information systems.

Biographical: concentrates on lived experience and life story; family, carers, community and social knowledge all provide evidence.

Ways of doing (theoretical frame)

Access: accessible; first-contact point; gatekeeper; provides referral.

Approach: balances individual versus population needs; consultation-based; holistic; comprehensive; flexible; adaptable; acts across clinical boundaries; provides early diagnosis; interdisciplinary team approach; negotiates and coordinates services; integrates knowledge; promotes health through education; prevents disease; is culturally sensitive; provides patient-centred care; minimises service inequities; reduces service fragmentation.

Time: provides continuity of care over whole of life cycle.

Context: community-based; uncertain; complex; deals with undifferentiated multiple problems of patients; acute and chronic care.

1. Gunn JM, Palmer VJ, Naccarella L, Kokanovic R, Pope CJ, Lathlean J, et al. The promise and pitfalls of generalism in achieving the Alma-Ata vision of health for all. *Med J Aust.* 2008;189(2):110-2.