

Professional Practice Framework

Professional Standards
Updated October 2022



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Professional Standards

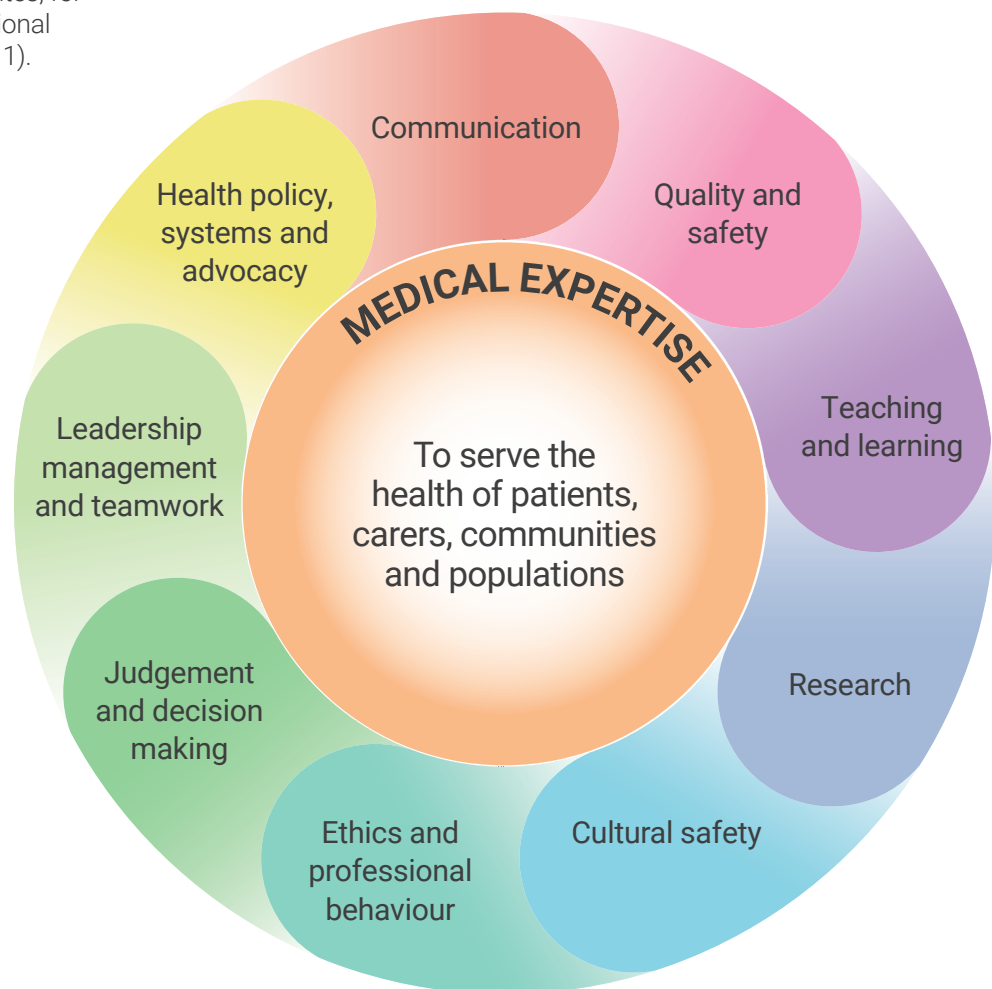
The Professional Standards are broad statements of expected competencies to be attained by all graduates of RACP training programs and maintained throughout expert professional practice.

The Professional Standards are overarching statements of behaviours, skills and attributes, for each domain of the Professional Practice Framework (Figure 1).

Each Professional Standard has a set of competencies that articulate what a graduate of the training program needs to **be** by the end of training.

The Professional Standards are public statements of what the communities of Australia and Aotearoa New Zealand can expect of physicians.

Figure 1.
Professional Practice Framework




The Professional Standards and associated competencies guide the development of physicians. The standards will introduce the benefits of:

- **Clarity.** Standards clarify the professional expectations of all physicians, to the RACP membership, potential trainees, and the public.
- **Calibration.** Standards are useful to calibrate supervisor judgements on trainee performance and physician self-assessment, and for use in international benchmarking of RACP training and Continuing Professional Development (CPD) programs.
- **Consistency.** A common framework and agreed standards establish greater consistency across the RACP's diverse range of training pathways and the CPD program.

To serve the health of patients, carers, communities and populations

The goal of serving the health of patients, carers, families, communities and populations is central to the RACP Professional Practice Framework. This goal is underpinned by the principles of patient-centred care. Through mutually beneficial partnerships among health care providers, patients, families, communities, and populations, the underpinning culture of health systems and patient care is fostered through the everyday practice of these principles.



To serve the health of patients, carers, communities and populations.

RACP principles of Patient-centred Care and Consumer Engagement¹

- **Respect and dignity.** Patient, family and carer knowledge, values, beliefs and cultural backgrounds are respected and incorporated into the planning and delivery of care.
- **Share information.** Patients, families and carers receive consumer-friendly, timely and accurate information in order to effectively participate in decision-making and care.
- **Excellent clinical care.** Patients, families and carers experience safe, effective, timely and co-ordinated care. At a system and population level, this care is informed by innovative evidence-based health policy development and quality improvement initiatives.
- **Participation.** Patients, families and carers are encouraged and supported to participate in decision making and care at the level they choose across the whole continuum of care.
- **Collaboration.** Consumers and communities are involved at the health system level in policy and program development, delivery, evaluation and research.
- **Indigenous health as a priority.** Aboriginal and Torres Strait Islander peoples and Māori people must experience care that recognises their unique cultural identities and addresses the significant health inequities and lower life expectancies.

Such efforts, grounded in humanity, are well placed to create better health experiences and healthier communities.

Domain of professional practice

Professional Standard



Medical expertise

Physicians apply knowledge and skills informed by best available current evidence in the delivery of high-quality, safe practice to facilitate agreed health outcomes for individual patients and populations.



Communication

Physicians collate information, and share this information clearly, accurately, respectfully, responsibly, empathetically and in a manner that is understandable.

Physicians share information responsibly with patients, families, carers, colleagues, community groups, the public, and other stakeholders to facilitate optimal health outcomes.



Quality and safety

Physicians practice in a safe, high-quality manner within the limits of their expertise. Physicians regularly review and evaluate their own practice alongside peers and best practice standards and conduct continuous improvement activities.



Teaching and learning

Physicians demonstrate a lifelong commitment to excellence in practice through continuous learning and evaluating evidence. Physicians foster the learning of others in their profession through a commitment to mentoring, supervising, and teaching.²

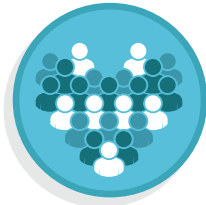


Research

Physicians support creation, dissemination and translation of knowledge and practices applicable to health.² They do this by engaging with and critically appraising research and applying it in policy and practice to improve the health outcomes of patients and populations.

Domain of professional practice

Professional Standard



Cultural safety

Physicians engage in iterative and critical self-reflection of their own cultural identity, power, biases, prejudices and practising behaviours. Together with the requirement of understanding the cultural rights of the community they serve; this brings awareness and accountability for the impact of the physician's own culture on decision-making and healthcare delivery. It also allows for an adaptive practice where power is shared between patients, family, whānau and/or community and the physician, to improve health outcomes.

Physicians recognise the patient and population's rights for culturally safe care, including being an ally for patient, family, whānau and/or community autonomy and agency over their decision-making. This shift in the physician's perspective fosters collaborative and engaged therapeutic relationships, allows for strength-based (or mana-enhanced) decisions, and sharing of power with the recipient of the care; optimising health care outcomes.

Physicians critically analyse their environment to understand how colonialism, systemic racism, social determinants of health and other sources of inequity have and continue to underpin the healthcare context. Consequently, physicians then can recognise their interfacing with, and contribution to, the environment in which they work to advocate for safe, more equitable and decolonised services and create an inclusive and safe workplace for all colleagues and team members of all cultural backgrounds³.



Ethics and professional behaviour

Physicians' practice is founded upon ethics, and physicians always treat patients and their families in a caring and respectful manner. Physicians demonstrate their commitment and accountability to the health and well-being of individual patients, communities, populations and society through ethical practice.

Physicians demonstrate high standards of personal behaviour.



Judgement and decision making

Physicians collect and interpret information, and evaluate and synthesise evidence, to make the best possible decisions in their practice. Physicians negotiate, implement, and review their decisions and recommendations with patients, their families and carers, and other healthcare professionals.



Leadership, management and teamwork

Physicians recognise, respect, and aim to develop the skills of others, and engage collaboratively to achieve optimal outcomes for patients and populations.

Physicians contribute to and make decisions about policy, protocols, and resource allocation at personal, professional, organisational, and societal levels.

Physicians work effectively in diverse multidisciplinary teams and promote a safe, productive, and respectful work environment that is free from discrimination, bullying, and harassment.



Health policy, systems and advocacy

Physicians apply their knowledge of the nature and attributes of local, national, and global health systems to their own practices. They identify, evaluate, and influence health determinants through local, national, and international policy. Physicians deliver and advocate for the best health outcomes for all patients and populations.

3. The RACP has adopted the Medical Council of New Zealand's definition of cultural safety (below):

Cultural safety can be defined as¹:

- The need for doctors to examine themselves and the potential impact of their own culture on clinical interactions and healthcare service delivery.

- The commitment by individual doctors to acknowledge and address any of their own biases, attitudes, assumptions, stereotypes, prejudices, structures, and characteristics that may affect the quality of care provided.
- The awareness that cultural safety encompasses a critical consciousness where healthcare professionals

and healthcare organisations engage in ongoing self-reflection and self-awareness and hold themselves accountable for providing culturally safe care, as defined by the patient and their communities.

1. Curtis et al. "Why cultural safety rather than cultural competency is required to achieve health equity". International Journal for Equity in Health (2019) 18:174

Implementation of the Professional Standards

The Professional Practice Framework and the Professional Standards will form the foundation and influence the design of the components of the RACP curriculum model and CPD framework.

RACP curriculum model

The RACP curriculum model includes:

- **Competencies** that articulate what a trainee needs to be
- **Entrustable Professional Activities**, which are key work tasks and articulate what a trainee needs to do
- **Knowledge Guides** that outline what a trainee needs to know.

Together these components form the standards of each curriculum. The three types of standards all align to the Professional Practice Framework.

Teaching and learning

The Professional Practice Framework will establish the key domains of professional practice on which the RACP will focus its efforts in supporting learning across the continuum. This will include curating and developing learning resources that support:

- **Work-based learning.** The majority of learning is gained from on-the-job experiences.
- **Learning from others.** Learning and development also occurs through feedback from and working with others, including supervisors, peers, juniors, and other health professionals.
- **Formal learning.** To a lesser extent learning occurs through formal learning experiences such as courses, conferences and online learning resources.

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Assessment

In the new RACP training programs, assessment methods are mapped to the standards.

Programs of assessment are deliberately designed to ensure coverage across all learning goals, to measure trainee progress along a continuum of learning.

Programs of assessment will be evaluated to ensure they are aligned with the curriculum standards.

Progression

In addition to the Professional Standards, standards will also be defined at key progression points in the continuum, such as entry into Basic Training and entry into Advanced Training.

Professional development

The Professional Practice Framework and Professional Standards will assist RACP Fellows and trainees to:

- reflect on their practice and performance, and
- identify areas of strength as well as opportunities for learning and professional development.

In many organisations, standards frameworks are used as the basis for continuing professional development requirements. The Professional Practice Framework will similarly be used to frame and influence developments in the RACP's CPD area.