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.

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

Each Professional Standard will have a set of underpinning competencies that elaborate on that standard.

The Professional Standards form the public statement of what can be expected of the physicians of Australia and New Zealand.

Figure 1. Professional Practice Framework

1. Competence is the ability to do what one has been trained to do, and performance is what one actually does in day-to-day practice.
The Professional Standards will guide the development of physicians along the continuum of lifelong learning. 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**

Central to the RACP Professional Practice Framework is the goal of **Serving the health of patients, carers, families, communities, and populations**. 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.

**RACP principles of Patient Centred Care and Consumer Engagement**

- **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 evidenced-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 and Pacific Islander peoples experience care which recognises their unique cultural identities and addresses the significant health inequities and lower life expectancies of their peoples.

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

---

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.

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

Information is shared with patients, families, carers, colleagues, community groups, the public, and policy makers to facilitate optimal health outcomes.

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 engage in continuous improvement activities.

Physicians prioritise self care in their practice.

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.

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

---

Physicians understand the impact of culture on health. Physicians endeavour to understand the culture of individual patients, and the varied and diverse cultural perceptions of health, illness, family, life, death, and dying held by patients, their families, their carers, and their communities, and adapt their practice accordingly.

Physicians acknowledge their own intrinsic cultural bias and adapt their practice so as to function effectively, sensitively and respectfully when working with and treating all people.

Physicians encourage, respect and value a diverse medical workforce, and acknowledge the experiences and perspectives of individual patients, society and colleagues from different social and cultural backgrounds.4

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 personal standards of behaviour.

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

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.

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.

4. Definition of cultural competence
The RACP has adopted the Medical Council of New Zealand’s definition of cultural competence (below), which has been revised to span both Australia and New Zealand. This definition has been endorsed by the RACP’s Aboriginal and Torres Strait Islander Health Advisory Committee.

“Cultural competence requires an awareness of cultural diversity and the ability to function effectively, and respectfully, when working with and treating people of different cultural backgrounds. Cultural competence means a doctor has the attitudes, skills, and knowledge needed to achieve this. A culturally competent doctor will acknowledge:
• That Australia and New Zealand have culturally diverse populations.
• That a doctor’s culture and belief systems influence his or her interactions with patients and accepts this may impact on the doctor-patient relationship.
• That a positive patient outcome is achieved when a doctor and patient have mutual respect and understanding.”
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.

Progression
The RACP’s Continuum of Lifelong Learning (Figure 2) sets out the progressive stages of learning for physicians during training and CPD. 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.

Figure 2. RACP Continuum of Lifelong Learning
Learning and teaching
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.

Assessment
New and existing assessment methods will be mapped to the domains of the Professional Practice Framework to assist in the selection of assessment tools.

Programs of assessment will be designed and reviewed to check for coverage of the standards for achievement of progression along the continuum of lifelong learning.

For example, programs of assessment for the RACP Advanced Training programs will be evaluated to ensure that they provide adequate assessment of competency according to the Professional Standards.

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 and for the appraisal of doctors for revalidation. The Professional Practice Framework will similarly be used to frame and influence developments in the RACP’s CPD area.