

Supporting Professionalism in Practice

The Framework in Action



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Foreword

It was my pleasure and privilege to contribute in some small way to the development of *Supporting Professionalism in Practice – The Framework in Action*.

This guide is an update of SPPP (Supporting Physicians' Professionalism and Performance). While it seems extraordinary that it is more than 10 years since the launch of SPPP in 2011, this guide demonstrates how far the College has come in that time: in terms of the content and the alignment of the guide with physician training and Continuing Professional Development. What was aspirational in 2011 is now the norm in 2022.

The retention in the title of the words “supporting” and “professionalism” is significant. The document is all about professionalism, in its broadest sense, and as it applies to all domains of ‘physician-ly’ activity. The document is not meant to be authoritarian or overly directive; rather the aim is to support physicians in their daily practice in a variety of ways. While still aspirational in some areas, the majority of listed behaviours are those that should be, and generally are, undertaken by most physicians most of the time.

I strongly commend this guide to all physicians. Please read it, reflect on it, use it to structure discussions during annual performance reviews, use it to develop personal development plans, use it to reflect on clinical or other professional episodes, and use it as a framework to support struggling colleagues. In short, use it in many and varied ways to support and enhance your own professionalism.

Professor John Kolbe
Past President, RACP, 2010 - 2012

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Introduction:

The *Supporting Professionalism in Practice – The Framework in Action* is a guide aimed to support physicians' ongoing professionalism, in all aspects of their professional practice.

The guide describes many attributes and behaviours to help Fellows meet the Professional Standards expected of all physicians. The guide also serves as a tool to support Continuing Professional Development (CPD) by assisting physicians' reflection on, and improvement of, the quality of their practice.

Background:

In 2011, the Supporting Physicians' Professionalism and Performance (SPPP) was launched. It used the domains of the Professional Qualities Curriculum (PCQ), and an additional 'Collaboration and Teamwork' domain, to describe a range of professionalism behaviours for Fellows and trainees and to help physicians implement these into their professional lives.

In 2017, the RACP implemented the [Professional Practice Framework \(PPF\)](#) that articulated 10 domains of practice for physicians of Australia and Aotearoa New Zealand, reunifying the domains of Professional Qualities Curriculum (PCQ) and Supporting Physicians' Professionalism and Performance (SPPP). The PPF underpins the new RACP curricula and Continuing Professional Development (CPD).

In response to the development of the PPF, a review of the SPPP guide began to align the guide with the PPF, RACP curricula, and the changing regulatory environment.

The current version of the guide has been endorsed by the following RACP committees (in no order): The College Research Committee, the Curriculum Advisory Group, the Consumer Advisory Group, the College Policy and Advocacy Council Executive Committee, the Ethics Committee, the Aboriginal and Torres Strait Islander Health Committee, the Māori Health Committee, the Continuing Professional Development Committee, the College Education Committee, and the RACP Board.

Scope and Structure of the Supporting Professionalism in Practice Guide:

Scope:

The guide has been written to a level appropriate for a Fellow's professional practice. It describes the professional qualities and skills Fellows should maintain from admission to fellowship and throughout their career.

The guide is a logical extension of the Basic and Advanced Training Standards, thus ensuring consistency across the continuum from training to fellowship (Diagram 1) and includes many attributes and behavioural examples relevant to physicians.



Diagram 1 Continuum from training to fellowship

The guide remains consistent with other RACP policies and guidelines. It is also consistent with codes of conduct published by the regulatory bodies, including the Medical Board of Australia (MBA) and Medical Council of New Zealand (MCNZ).

The guide is not a replacement for these codes nor is it a substitute for legislation and case law.

Structure:

Figure 1 illustrates the PPF's 10 domains of physician practice. Within each domain is a **Professional Standard**: suggested statements of behaviours, skills, and attributes.

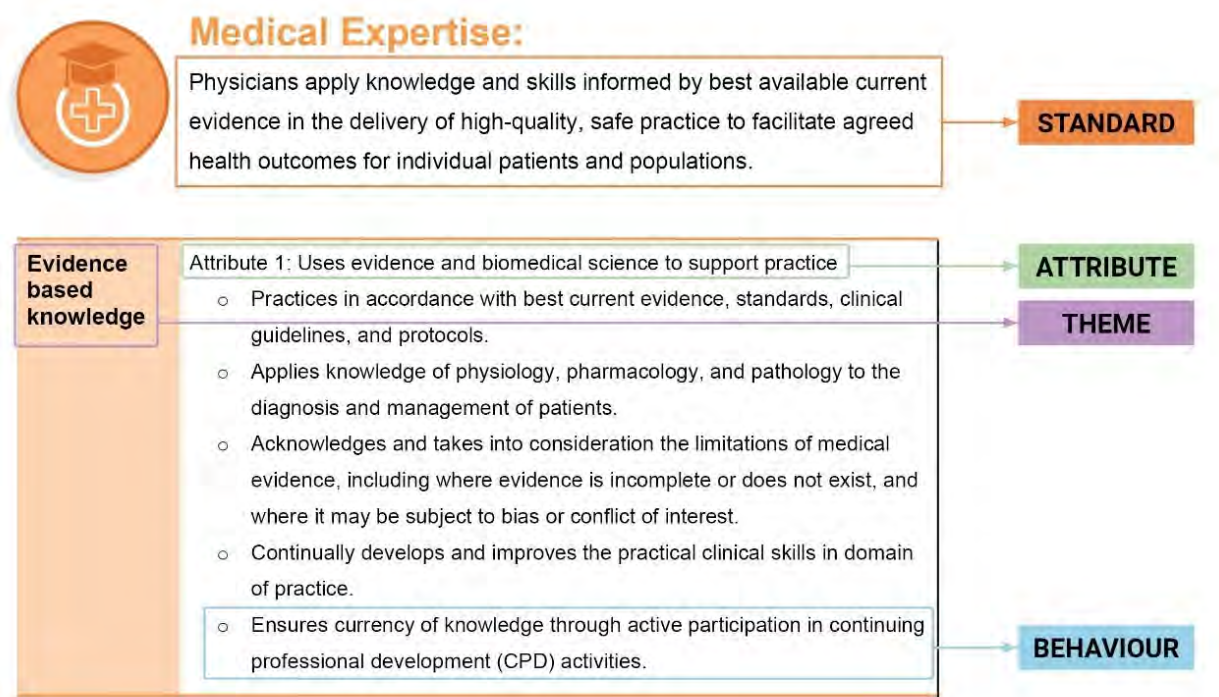
Each domain has **Attributes** that articulate specific qualities or skills Fellows would demonstrate to meet the standard. The attributes detail the minimum expectation of professionalism for Fellows.



Figure 1
The Professional Practice Framework

Each attribute has **Behaviours** that provide specific examples of expected standards. (They are a sample, not an exhaustive list that covers every situation or issue).

Attributes and behaviours are grouped into **Themes** used primarily for structure and further clarity. The diagram below outlines each element.



Using Supporting Professionalism in Practice Guide:

The RACP recommends the guide be used as a supplementary tool to inform a Fellow's Continuing Professional Development. This could include being used to reflect on one's own professional performance, as a tool to identify areas for improvement that would be incorporated into professional development plans, and as a resource to support auditing processes and annual performance reviews. The behavioural examples are not intended to be a checklist to meet the attributes but rather prompts to assist the physician in their reflections and in their ongoing professional development.

Using the guide as a tool to support Continuing Professional Development (CPD)

Three possible ways that the guide can be used for CPD include:

- 1. As a tool to assist in developing a Professional Development Plan (category 2 CPD)**

Reviewing the behaviours is one way of completing a learning needs analysis and of identifying areas of practice that could be added to your professional development plan and improved through targeted CPD.

- 2. As a guide to assist individual or group peer review of practice (category 2 CPD):**

Seek feedback from a peer/s you trust and who is very familiar with your work. Identify a standard then select from within that standard one or two attributes or behaviours you want their feedback on. Set up a time to discuss your practice against these attributes/behaviours. Ensure you get feedback on your positive behaviours that support the standard and on areas where there is room for improvement. Seek specific examples of how you meet that behaviour so you can identify a clear objective if change is required.

If you are a member of a peer review group it may be appropriate, as well as reviewing clinical cases, to focus occasionally on specific areas of professional

practice. For example, it may be valuable to share strategies and examples of both good and bad practice around the ‘Stakeholder engagements’ theme under the Health Systems Policy and Advocacy standard.

3. As a source of measuring outcomes activities (Category 3 Measuring Outcomes):

The professional standards clearly encourage Category 3: Measuring Outcomes activities through identifying the importance of a commitment to ‘collect, analyse, and use clinical data and patient feedback to guide and improve practice.’ They can also provide a guide to the kinds of activities this might involve. For example:

- Based on the communication standard it may be useful to measure how ‘structured, clear, timely, accessible, and compliant with regulatory and legal requirements’ your written communication is.
- As listed in the quality and safety standard - analysing health data to ‘develop standards to improve practice and where appropriate, evaluate health services and programs, and recommend improvements’.

Have a Question?

You can contact the RACP through Member Services: MemberServices@racp.edu.au

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Acknowledgements:

The RACP would like to sincerely thank all the Fellows, trainees, subject matter experts and RACP staff who dedicated their time and their expertise to the development of this guide.

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Committees (in no specific order):

Ethics Committee, College Policy and Advocacy Council Executive Committee, College Research Committee, Consumer Advisory Group, Curriculum Advisory Group, Māori Health Committee, Aboriginal and Torres Strait Islander Health Committee, Continuing Professional Development Committee, College Education Committee and the RACP Board.

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.

Evidence based knowledge	Attribute 1: Uses evidence and biomedical science to support practice. <ul style="list-style-type: none"> • Practises in accordance with best current evidence, standards, clinical guidelines, and protocols. • Applies knowledge of physiology, pharmacology, and pathology to the diagnosis and management of patients. • Acknowledges and takes into consideration the limitations of medical evidence, including where evidence is incomplete or does not exist, and where it may be subject to bias or conflict of interest. • Continually develops and improves the practical clinical skills in domain of practice. • Ensures currency of knowledge through active participation in continuing professional development (CPD) activities.
Personal and social determinants of health	Attribute 2: Applies knowledge of individual and social determinants of health. <ul style="list-style-type: none"> • Understands how social determinants of health and structural inequities contribute to patients' health problems and to their resolution. • Understands the role of culture, values, history, and worldviews in creating health and disease and in shaping the experience of illness. • Understands how individual patient factors such as age, comorbidities, emotional and psychological state, cognitive ability, decision-making capacity and social support impact on health problems and their resolution. • Has knowledge of social determinants of Indigenous health and understands the ongoing impact of colonialism.
Limitations of knowledge	Attribute 3: Recognises and works within the limits of one's knowledge, skills, and competencies. <ul style="list-style-type: none"> • Is open to seeking assistance from others with diagnosis and management. • Recognises the value of clinical standards and protocols as guides to practice. • Appropriately delegates tasks to others in line with their training, knowledge, skills, and experience and provides support where appropriate. • Makes appropriate use of multidisciplinary meetings (MDMs) and other peer review processes.

	<ul style="list-style-type: none"> • Is receptive to feedback from peers and others and changes practice where appropriate. • Seeks cultural knowledge, perspectives and worldviews when required for engaging with patients from cultures other than one's own.
Health system and resource knowledge	<p>Attribute 4: Awareness of the costs of health care.</p> <ul style="list-style-type: none"> • Understands the funding of health care and the need for equitable and cost-effective allocation of health resources. • Is aware of the costs and benefits of interventions. • Is aware of and appreciates the impact of direct and indirect costs of health care and management plans on patients, carers, family, and community, and society. • Appreciates the importance of avoiding waste and the cost of low-value care such as over-investigation, overdiagnosis and overtreatment. • Understands the impact the health system and colonialism have on justice and equity for Indigenous communities to access specialist care.

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.

Clinical reasoning	<p>Attribute 1: Applies sound reasoning to clinical problems.</p> <ul style="list-style-type: none">• Understands the science of clinical decision making, including the kinds of heuristics and biases that can influence and distort clinical decision-making.• Reflects on one's own clinical reasoning, and how it impacts on patient outcomes.• Understands how one's own culture, beliefs, values, and attitudes shape one's behaviours, decisions, and interactions, including one's approach to clinical problems.• Seeks feedback on clinical reasoning.
Information	<p>Attribute 2: Effectively obtains, integrates, and synthesises clinical information.</p> <ul style="list-style-type: none">• Uses a structured approach to obtaining clinical information from patients.• Is able to elicit all relevant information, including information about patients' social circumstances, culture, values, health literacy, health beliefs and preferences.• Seeks relevant information from carers and support workers, family, community, other health professionals and other organisations when appropriate.• Considers and incorporates information obtained from other health professionals.• Obtains information about whether a patient has formally expressed treatment preferences (e.g.: via an advance care plan).• Has knowledge of and uses culturally safe resources for ongoing care with health providers.
Synthesis	<p>Attribute 3: Develops diagnostic and management plans by integrating all relevant data.</p> <ul style="list-style-type: none">• Ensures that diagnostic and management plans are age appropriate and informed by findings from history and examination and by information provided by other health professionals, carers and support workers, family and/or community.

	<ul style="list-style-type: none"> • Ensures that diagnostic and management plans are informed by the patient's social circumstances, culture, values, health literacy, health beliefs, emotional needs, preferences, and desired outcomes. • Actively seeks access to reviews, clinical guidelines, and published evidence to guide diagnosis and management. • Adapts management plans to patients' financial, geographic, cultural, and social circumstances. • Identifies therapeutic options, converses with the patient to determine patient-centred options. including cultural approaches such as Indigenous healing practices and recommends management plan. • Considers contraindications, potential interactions, and complications of diagnostic and therapeutic options. • Ensures that management plans give due consideration to risk mitigation, health promotion and preventive care. • Recognises the signs of the seriously unwell or deteriorating patient, who requires urgent care and accurately prioritises treatment based on patient needs and clinical urgency. • Encourages patients to take responsibility for their own health and wellbeing and empowers them to do so.
Consent and shared decision making	<p>Attribute 4: Engages in shared decision-making with patients and/or others where ethically appropriate (e.g., carers, support workers, family, whānau, and community).</p> <ul style="list-style-type: none"> • Accurately assesses the patient's decision-making capacity and identifies the appropriate decision maker, including whether a substitute decision maker is to be involved. • Encourages the patient (and carers and family) to ask questions and seek information about their condition and care. • Takes into consideration the patient's (or, where appropriate, their substitute decision-maker's) preferences for communication, receiving information and making decisions. • Clearly explains, and provides information to the patient about the problem, risks, benefits, costs, areas of uncertainty and limitations of available evidence, and ensures the patient has sufficiently understood the information provided and has given free and voluntary consent (including informed financial consent). • Establishes clinically reasonable goals in collaboration with the patient and, where ethically appropriate, with carers, family, or community. • Explains the process by which clinical decisions are being made in a manner that takes into account the patient's information preferences, health literacy, cognitive capacity and communication abilities. • Ensures that if substitute decision makers are involved, decisions are made in terms of the patient's previously expressed wishes (where the patient

	was previously competent and where their wishes are known) or in terms of their best interests.
Continuing care	<p>Attribute 5: Adapts management plan in light of changes in the patient's condition or the receipt of additional information.</p> <ul style="list-style-type: none"> • Actively follows up the results of investigations and implements clinical decisions within an appropriate timeframe. • Anticipates possible changes to clinical course or complications. • Has a contingency plan in response to changes in patient condition and/or response to therapy.

Communication



Physicians collate information, and share this information clearly, accurately, respectfully, responsibly, empathetically and in a manner that is understandable. Information is appropriately shared with patients, families, carers, colleagues, community groups, the public, and policy makers to facilitate optimal health outcomes.

Communication and documentation skills	<p>Attribute 1: Uses a range of effective and appropriate verbal, non-verbal, and written communication, and documentation techniques.</p> <ul style="list-style-type: none"> • Actively seeks feedback on communication skills. • Engages in communication skills training as part of CPD. • Uses standardised templates for written communication when appropriate. • Effectively uses electronic medical record systems and other digital technology. • Prepares written material to support discussions when necessary. • Clearly documents and communicates the diagnostic and management plan, including how consent has been obtained, how decisions have been made, and who has been involved. • Documents information in a structured, clear, timely, accessible way, and complies with regulatory and legal requirements. • Provides and utilises telehealth for patients and/or communities where appropriate.
Communication with patients, families, and carers	<p>Attribute 2: Uses respectful and effective, communication with patients and, where appropriate, their carers, family, whānau, and community.</p> <ul style="list-style-type: none"> • Displays respect and sensitivity towards patients and their families. • Communicates with patients in a collaborative, empathetic, open, and honest way. • Makes appropriate use of decision aids or support tools when sharing decision making with patients. • Prepares for and allocates sufficient time and private space for difficult or challenging conversations and conducts them in a professional, sensitive, and caring manner, ensuring that the patient, carers and support workers, family, and other staff members, as appropriate, have understood the information discussed. • Engages in cultural awareness and safety training to optimise communication. • Appropriately uses the skills of qualified language/cultural interpreters.

	<ul style="list-style-type: none"> Provides the patient with a discharge summary if they have been hospitalised and checks to ensure that the patient understands it. <p>Attribute 3: Empowers patients and is respectful of their rights in all aspects of communication.</p> <ul style="list-style-type: none"> Identifies themselves and their team and explains their roles. Speaks directly to the patient, even if there is an interpreter or family present. Shares medical records and results with patients in line with the patient's preferences. Ensures that patients are aware of their rights to and how to access their medical health records and understands complaint procedures. Where appropriate, informs patients about alternative sources of information, including their right to seek a second opinion. Informs patients about transitions in care and, where appropriate, involves the patient and family in the transition. Recognises when the relationship between patient and physician has irretrievably broken down and assists in finding an alternative doctor.
Communication with health professionals	<p>Attribute 4: Communicates effectively with other health professionals.</p> <ul style="list-style-type: none"> Communicates clearly (including by writing) and in a timely fashion. Communicates respectfully towards junior, senior, allied health, and non-medical staff. Encourages contribution to the discussion from the healthcare team. Ensures appropriate, comprehensive, and timely handover. Communicates accurately and in a timely fashion to ensure an effective transition between settings, and continuity and quality of care. Ensures provision of information to patients' referring doctor or general practitioner. Is easy to contact when on call and answers in a professional, timely and constructive manner.
Communication with the media, the public, commercial and government agencies	<p>Attribute 5: Communicates effectively with professional bodies, commercial organisations, the media, and the public.</p> <ul style="list-style-type: none"> Communicates respectfully and in a timely manner with professional bodies and commercial organisations. Uses social media appropriately and ethically. When acting as a representative of an organisation, understands and complies with external and media communication policies and guidelines. Provides honest and accurate medical certification where required.

**Gathering,
documenting,
and sharing
information**

Attribute 6: Appropriately manages patient information, including written information.

- Maintains records to facilitate optimal patient care.
- Avoids expressing judgemental opinions about patients in documentation.
- Maintains confidentiality of documentation and stores clinical notes appropriately.
- Is aware of patients' right to privacy and confidentiality, as well as the limits to these rights (e.g., legal obligations to disclose information).
- Ensures that patients are aware of the limits of confidentiality and when information might be shared with others.

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 engage in continuous improvement activities.

Physicians prioritise self-care in their practice.

Patient safety

Attribute 1: Takes responsibility for the safe care of individual patients.

- Engages in patient centred care.
- Understands the impact their own cultural background has on decision-making which in turn influences patient safety.
- Acknowledges the impact of a patient's cultural background and/or identity on patient outcomes.
- Effectively integrates patients' cultural needs with clinical expertise to enhance patient safety.
- Ensures that the benefits of recommended interventions outweigh their risks, and takes steps to prevent, identify and manage safety risks.
- Works within a defined scope of practice and demonstrates appropriate diagnostic, therapeutic and procedural skills.
- Only offers interventions when suitably qualified to do so, or adequately supervised.
- Speaks up if not suitably trained or adequately supervised.
- Engages with organisational and other credentialing and professional development activities.
- Is familiar with Good Medical Practice guidelines regarding the provision of safe medical care.
- Makes effective use of clinical guidelines, workplace patient safety guidelines, cultural supports, and local risk management policies.
- Ensures safe coordination and continuity of care, including documentation of all referrals, transfers, and delegation.
- Receives patients in a manner that ensures continuity and quality of care.
- Is aware of and complies with organisational or other approval processes for specific interventions (e.g., high risk or innovative interventions).
- Ensures appropriate supervision of trainees and medical students involved in patient care and takes responsibility for patient safety when acting as a supervisor.

Errors and adverse events

Attribute 2: Understands and participates in identification and reporting of adverse events and errors to improve healthcare systems.

- Helps create and support a clinical environment in which clinicians and others can raise concerns about risks.
- Participates in the recognition of and reporting, investigation, analysis and other reviews of adverse events and shares knowledge with others to promote learning.
- Applies the principles of open disclosure to adverse events, notifying the patient, carers, families, and others as appropriate.
- Takes responsibility for errors and poor outcomes for which one bears some responsibility and does not become unreasonably defensive when questioned.
- Applies knowledge of quality and safety methodology to reduce risk and identify and/or manage adverse events.
- Records and reports any adverse events (including near misses) and complies with any statutory reporting requirements, including mandatory reporting requirements.
- Reviews, reflects on, and discusses experiences of errors and adverse events to identify areas for system and practice improvement.
- Supports debriefing and team based and organisational learning arising from adverse events.

Safe working practices

Attribute 3: Optimises safe working practices.

- Practices according to safe working practices articulated in codes of conduct and standards provided by the Medical Board of Australia, Medical Council of New Zealand, AHPRA, the Australian Quality and Safety Commission, as well as local, workplace codes of conduct and standards.
- Involves themselves in the development of standards to improve practice and where appropriate, evaluates health services and programs, and recommends improvements.
- Mitigates risks associated with changes to care teams or clinical environments.
- Demonstrates required compliance with accepted standards of practice, quality, and safety processes, regularly updates scope of practice and encourages team members to do the same.
- Considers local hospital conditions and support services when defining scope of practice.

**Continuous
quality
improvement**

Attribute 4: Is committed to continuous improvement of own practice and health systems.

- Collects, analyses, and uses clinical data and patient feedback to guide and improve practice.
- Uses available measures to gather accurate patient feedback (e.g., Patient Reported Outcome Measures or real time patient feedback facilitated by Patient Reported Experience Measures).
- Supports staff and students in developing skills in quality and safety processes.
- Assists in the design and evaluation of health information systems for disease monitoring, screening, and measuring health outcomes.
- Regularly reviews their own practice and engages in continual self-reflection as part of continuous quality improvement.
- Seeks cultural supervision to advance professionalism.

**Wellbeing and
physician self-
care**

Attribute 5: Maintains personal, mental, and physical health and wellbeing.

- Recognises that one's own personal health and wellbeing has an impact on practice and patient safety.
- Recognises that burnout can result in a loss of compassion and empathy and impact the ability to provide adequate care.
- Seeks expert advice and care for the prevention and management of illness, including having a personal general practitioner.
- Avoids self-diagnosis and self-prescribing.
- Seeks psychological or psychiatric assistance for mental health symptoms or concerns.
- Avoids practicing an unsafe number of hours, working when unwell, or severely fatigued.
- Takes regular rest and holidays, setting an example for colleagues and trainees.
- Seeks support and services to maintain health and wellbeing, particularly when involved in medico-legal matters or physicians who have current medico-legal concerns.

Attribute 6: Considers and works to ensure the health and safety of colleagues and other health professionals.

- Demonstrates an interest in the health and wellbeing of peers and trainees.
- Promotes a culture that recognises and responds to physicians in need and intervenes before physician impairment has an adverse impact on patients.
- Provides support for peers and trainees, including providing opportunities to debrief.
- Prioritises self-care and models good health maintenance practices to other team members.

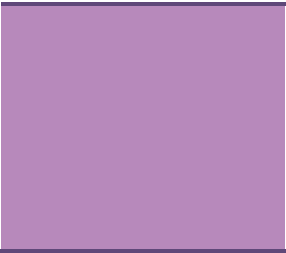
- Recognises the impact of workplace determinants to practitioner wellbeing.
- Engages with health-care leaders and management to address workplace factors that are affecting the team.

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.

Life-long learning	<p>Attribute 1: Is committed to lifelong learning and continuing professional development.</p> <ul style="list-style-type: none"> • Identifies and reflects on gaps in one's own knowledge and skills to inform self-directed learning. • Actively seeks peer review and other means of assessing one's skills and knowledge. • Understands that professional development continues over one's entire career and willingly engages in activities to keep knowledge and skills up-to-date throughout one's working life. • Engages with CPD in a manner that best supports one's current scope of practice and future career development. • Engages in collaborative learning to improve one's practice. • Regularly engages in critical self-reflection and cultural critical self-reflection to understand one's own cultural biases and impact.
Teaching and supervision	<p>Attribute 2: Is committed to the supervision and training of future physicians.</p> <ul style="list-style-type: none"> • Engages in the training, mentoring and supervision of RACP trainees and other health professionals. • Participates in RACP supervisor workshops and is up to date with requirements to being a supervisor. • Promotes a safe and positive learning environment by ensuring that bullying and harassment do not occur. • Maintains appropriate professional boundaries when engaging with students and trainees. • Encourages and supports team members with their learning, development, and career planning. • Integrates communication skills into bedside teaching. • Uses appropriate educational techniques to facilitate the learning of colleagues and other health professionals. • Provides specific, constructive, and objective feedback to those being supervised and trained.

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- Seeks feedback regarding teaching style and abilities and provides feedback to colleagues.
 - Regularly engages in activities to improve teaching skills.
 - Champions protected time for teaching and endeavours to safeguard other colleagues protected time.
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Research



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 the health outcomes of patients and populations.

Application of research	<p>Attribute 1: Actively seeks and applies research to practice.</p> <ul style="list-style-type: none"> • Identifies and critically appraises research evidence. • Demonstrates understanding of research methodologies and critical appraisal of the literature. • Engages in continuing professional development in research and critical appraisal e.g., journal clubs, research talks. • Identifies research that may inform relevant health policy. • Uses research evidence to de-implement low-value care.
Participation in research and quality improvement	<p>Attribute 2: Strives to improve medical practice through participation in research and practice improvement.</p> <ul style="list-style-type: none"> • Leads or contributes to research or practice improvement through the provision of data and involvement in research and quality improvement projects. • When conducting research, uses appropriate research design and methodology so that research contributes to the body of medical knowledge and improves practice and health outcomes. • Ensures that research has been approved by an accredited human health research ethics committee and is conducted in compliance with the protocol approved by the committee. • Ensures that research is conducted in compliance with national policies such as: <ul style="list-style-type: none"> ○ The principles outlined in National Health and Medical Research Council National Statement on Ethical Conduct in Human Research ○ The Australian Code for the Responsible Conduct of Research ○ The Health Research Council of New Zealand guidelines including Kaupapa Māori principles • Is alert to the potential conflicts of interest associated with research funding and publication and manages these in accordance with the College's

Guidelines on Ethical Relationships between Health Professionals and Industry.

Attribute 3: Encourages and supports others (including trainees and junior colleagues) to participate in research.

- Understands the research project types and project requirements for trainees and the role of the supervisor in terms of support and guidance.
- When leading a research team, ensures all members have the necessary skills (and opportunity to upskill) to complete their delegated tasks, and are up to date with required certification, including good clinical practice.
- When leading a research team, ensures research protocols are adhered to, information is appropriately documented, and that records are retained for the required time.
- Endeavours to engage the next generation of researchers through mentoring and/or supervision of higher degree students.

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.

Cultural safety is integral to every facet of a physicians practice, including education, leadership, advocacy, and patient care. The pursuit to becoming a culturally safe physician begins with the development of [cultural awareness](#) (the Australian context) or [cultural competence](#) (the Aotearoa New Zealand context) and is an ongoing journey. [Culture](#) encompasses a broad spectrum, including Indigenous heritage, age, sexual orientation, and ethnicity, among other dimensions. Cultural safety requires the physician to critically analyse their own cultural biases to disrupt any [power](#) imbalance, working towards culturally safe

³ The RACP has adopted the Medical Council of New Zealand's definition of cultural safety (below): Cultural safety can be defined as 1 • 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.

* 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

interactions.

This domains framework is designed to help navigate the phases of [cultural competence](#), [awareness](#), and safety, enhancing the understanding of the histories, beliefs, and customs of Aboriginal, Torres Strait Islander and Māori communities. It also covers the significance of being an ally and understanding concepts like cultural loading. A glossary is provided to help clarify the subtle difference and interpretations of essential terminology.

Cultural Competency & Cultural Awareness

The first section of the domain begins with attributes and behaviours that demonstrate individual knowledge and understanding of cultural concepts often acquired after undertaking [cultural competence](#) and [awareness](#) training and learning. For example, understanding what is meant by [culture](#), identity, and cultural beliefs, world views and behaviours and their relevance to health care. Attributes and behaviours that apply to both individual and team interactions with patients, families, and whanau, are then explored, with this section also examining cultural considerations when working with Aboriginal and/or Torres Strait Islander and Māori communities. Finally, recognising the importance of the building of knowledge in [cultural competence](#) and awareness from a health setting perspective, including institutional structures, policies, practices, and systemic attitudes, and behaviours which contribute to [health inequities](#), is considered.

Cultural Safety

The second section of the domain articulates the attributes and behaviours associated with cultural safety, firstly exploring skills at an individual level, including critical reflection, addressing biases, [prejudices](#), [assumptions](#), and minimisation of power differentials. This section then focuses on cultural safety when interacting with patients, both individually and as a team, and creating reciprocal, safe, relationships which upholds the mana (essence of authority) of the individual and their whānau (family). Finally, strategies are examined to embed cultural safety principles in the healthcare environment, articulating concepts such as advocacy, cultural loading, and allyship.

Cultural Competency & Awareness

Knowledge of cultural concepts and beliefs

Attribute: Has knowledge of the concept of ‘[culture](#)’ and ‘[cultural identity](#)’

- Can identify and summarise the elements that contribute to and create culture and cultural identity, including their own, e.g., thoughts, communications, actions, customs, beliefs, values, and institutions of a racial, ethnic, religious, or social group.

	<ul style="list-style-type: none"> • Recognises that cultures have complex layers e.g., cultures within a friendship group, cultures between health departments, cultures between communities or countries etc. • Understands culture is dynamic, evolving, and not static. • Recognises culture, <u>race</u>, and <u>ethnicity</u> are not only social constructs but also separate concepts that have the potential to overlap. <p>Attribute: Understands ‘<u>culture</u>’ as a critical <u>social determinant of health</u> (SDOH)</p> <ul style="list-style-type: none"> • Identifies culture as a determinant of health which influences other determinants e.g., income, education, access to health services etc. • Understands the relationship between SDOH and <u>health inequities</u>, specifically the relationship between marginalised groups, privilege, and health <u>equities/inequities</u>. • Understands how culture can influence behaviours such as social inclusion or exclusion, <u>racism</u>, and discrimination.
<p>Knowledge of cultural competence and cultural awareness</p>	<p>Attribute: Understands the concepts ‘<u>cultural competence</u>’ (Aotearoa New Zealand) and ‘<u>cultural awareness</u>’ (Australia)</p> <ul style="list-style-type: none"> • Can define each concept and describe the general principles and differences of each. • Understands that cultural competence or cultural awareness is the first stage in the development of cultural safety in practice. • Recognises cultural competence or cultural awareness can help a physician both better understand the role of <u>culture</u> as a determinant of health, and his or her own culture. <p>Attribute: Engages in <u>cultural competence</u> or <u>cultural awareness</u> training</p> <ul style="list-style-type: none"> • Uses knowledge of <u>culture</u> and <u>cultural identity</u> as a foundation for understanding cultural competence and awareness. • Endeavours to cultivate attitudes and skills to facilitate cultural competence and awareness, including <u>critical consciousness</u>, reflection, analysis, and implications for practice. • Understands that competence or awareness in specific cultures is challenging, nevertheless, recognises that a level of competence or awareness contributes to cross-cultural communication. • Recognises competence or awareness of other cultures is a personal cultural knowledge-set and does not mean it is experienced the same way by the person from that <u>culture</u>. • Is committed to ongoing developments of the knowledge and skills to work effectively within cross-cultural contexts, recognising that it is not possible to learn everything about every diverse <u>culture</u>.

Cultural competence or cultural awareness in interactions

Attribute: Understands the relationship between [cultural competency](#) or [cultural awareness](#), and physician and patient interactions

- Can explain the relationship between cultures, [cultural protocols](#), worldviews, belief systems, communication styles and the influence these have on interactions between physicians and patients.
- Can incorporate differing perspectives to ensure that the patient's needs are better managed to improve patient centred care and health outcomes.
- Recognises positive outcomes are achieved when people's knowledge systems are embedded in care and when doctors treat patients, family, whānau, and 'mob' with respect and through empowerment.

Attribute: Integrates knowledge of [cultural competence](#) and [awareness](#) into practice

- Endeavours to learn about the communities and populations a physician will interact with in a healthcare setting.
- Identifies when cultural competence or cultural awareness is needed in their practice through their interactions with patients.
- Applies this knowledge in the patient interaction, where appropriate.
- Is committed to ongoing development of the knowledge and skills to work effectively in cross-cultural contexts.
- Has knowledge of [cultural protocols](#), beliefs, and worldviews, and uses these to facilitate engagement with patients during clinical encounters.
- Begins to become aware of the impact of their own cultures in interactions with patients.

Attribute: Makes a conscious effort to avoid '[othering](#)' when applying [cultural competence](#) or [cultural awareness](#)

- Understands the concept of othering and the tendency for humans to categorise individuals into in-groups and out-groups and how this contributes to the formation of [prejudices](#), [stereotypes](#), bias, and [assumptions](#).
- Recognises othering comments and behaviours in team meetings and holds members accountable.
- Knows to avoid valuing one's own [culture](#) above others in therapeutic relationships.
- Is aware that automatic biases can contribute to othering, and endeavours to recognise, and address these, through self-reflection or peer/supervisor feedback.

Attribute: Understands the universality and applicability of [cultural competence](#) or [cultural awareness](#) for any [culture](#) or community with which a physician may be working

- Does not presume this knowledge automatically applies to all individuals of that culture, rather as knowledge to inform the current circumstances, including nuances and unique distinctions in the relationship between the physician and the individual patient, family, and community.

Cultural competency and awareness in the healthcare context

Attribute: Understands [Cultural Competency](#) or [Cultural Awareness](#) in the Healthcare context as a whole

- Recognises where there are gaps in cultural competence or awareness within the healthcare team.
- Can identify existing initiatives and resources including community assessments, community, and patient feedback, culturally and linguistically appropriate health education materials and health promotion and disease prevention interventions [1].
- Has knowledge of and understands the critical importance of Indigenous liaison officers and interpreters.
- Understands healthcare settings as a determinant of health for patients and its relationship to [culture](#).
- At any appropriate interaction, utilises these services in consultation with the patient to facilitate best outcomes.
- Is committed to continuous quality improvement to improve processes, safety, health outcomes, and patient care, inclusive of, family, whānau, and 'mob'.
- Works in an ecosystem approach to healthcare that involves consideration of the interconnected stakeholders, organisations and structures that contribute to the health of individuals and communities [2] [3].
- Understands their role as a '[border worker](#)' and emphasises the importance of this role in navigating the often differing social, emotional, and cultural borders between patients and the health system [2] [3].

Attribute: Understands the concept of (and impact) of cultural loading on Aboriginal and Torres Strait Islander, Māori and Culturally and Linguistically Diverse colleagues and subject matter experts

- Understands the impact of identity strain whereby colleagues and/or consultants are expected to work harder or be asked to do things that compromise their [cultural identity](#).
- Avoids expecting or assuming colleagues and/or consultants speak for all people from their cultures.
- Ensures colleagues and/or consultants are not merely used to address knowledge gaps or ignorance of other individuals not aware of specific cultures.

Cultural awareness (Australia)

Aboriginal and Torres Strait Islander Context

Attribute: Has knowledge of Aboriginal and Torres Strait Islander cultures, and related historical and contemporary health situations

- Endeavours to learn about Aboriginal and Torres Strait Islander communities and cultures at a local level as each community is unique and diverse.
- Recognises the diversity of concepts and traditions across Aboriginal and Torres Strait Islander communities and their importance when interacting with an individual from that [culture](#). For example:
 - Dadirri or 'deep listening' (from the Malak Malak language group)
 - Ngapartji, Ngapartji or 'turn-in-turn/reciprocity' (from the Pitjantjatjara language group)
- Recognises Aboriginal and Torres Strait Islander belief systems, models of health, and protocols about health and wellbeing.
- Comprehends data and statistics that highlight the disadvantage, as well as and strengths-based language and outcomes to minimise the deficit narrative experienced by Aboriginal and Torres Strait Islander peoples in health outcomes.
- Acknowledges the impact of settler [colonialism](#), the [social determinants of health](#), and intergenerational trauma on the health of Aboriginal and Torres Strait Islander peoples.
- Understands the impact of historically negative healthcare experiences and the [racism](#) that contributes to mistrust and suspicion of health services and health practitioners.
- Understands the concept of self-determination, resilience, and capacity strengthening, and what this means for Aboriginal and Torres Strait Islander peoples.

Attribute: Appropriately applies [cultural awareness](#) to interactions with Aboriginal and Torres Strait Islander patients

- Ensures practitioners, interpreters and patients are familiar and comfortable with clinical yarning, and other forms of culturally appropriate communication.
- Acknowledges the importance of incorporating Aboriginal and Torres Strait Islander world views and protocols in both teamwork and as an individual practitioner.
- Recognises the importance of family and community in health decision making for patients.
- Effectively uses clinical yarning when engaging with Aboriginal and Torres Strait Islander patients and their families.
- Minimises the use of medical jargon, talking down to patients and withholding talk, to ensure clinical information is clearly communicated.
- Factors in time-pressures and is flexible, open, and transparent with patients if this may impact on the interaction.

Attribute: Utilises appropriate initiatives, models, and tools appropriate for Aboriginal and Torres Strait Islander patients and communities

- Has knowledge of tools such as [Ngaa-bi-nya](#) to understand Aboriginal and Torres Strait Islander peoples' contexts.
- Has read the [AHPRA's National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy](#)
- Has knowledge of the [ACCHO Sector](#) and understands the importance of Aboriginal & Torres Strait Islander communities engaging in self-determination.
- Has read the [NACCHO Strategic Directions](#) guide.
- Promotes the use of the [715 Aboriginal Health Assessment](#) for ongoing care with health providers

Attribute: Can identify when [Gratuitous Concurrence](#) occurs in an interaction

- Understands the concept of 'gratuitous concurrence' and why it occurs.
- Understands the impact of gratuitous concurrence on the interaction with patients and on potential health outcomes.
- Can identify the common signs of gratuitous concurrence evident in an interaction with a patient and/or their carer, and family.
- Recognises some of communication pitfalls that can lead to gratuitous concurrence such as close ended questions and language differences.

Attribute: Avoids the tendency to homogenise or stereotype Aboriginal and Torres Strait Islander, or any other communities' history and [culture](#).

- Is conscious, when learning about Aboriginal and Torres Strait Islander cultures not to lean towards an Aboriginal/non-Aboriginal dichotomy [4] or a binary position.
- Avoids applying a mono-cultural approach to all Aboriginal and Torres Strait Islander patients and recognises diversity.
- Avoids applying a mono-cultural approach to patients from other cultural backgrounds.
- Recognises when to engage with Aboriginal and Torres Strait Islander Liaison Officers to build rapport and trust with patients and their family. Working with Aboriginal interpreters or liaison officers can help to overcome language and cultural barriers between practitioners and Aboriginal patients.
- Understands Aboriginal and Torres Strait Islander healing practices and beliefs and how this may be integrated into health management.

**Cultural competence
Aotearoa New Zealand and
Hauora Māori**

Māori Context

Attribute: Mana Motuhake (Self-determination, authority) has knowledge of the historical and contemporary determinants surrounding Māori health [2]

- Awareness of Mana Motuhake and the right for Māori to be Māori (Māori self-determination); to exercise their authority over their lives and to live on Māori terms and according to Māori philosophies, values, and practices, including tikanga Māori (Māori philosophy and customary practices) [5].
- Aware of the historical context which lead up to the signing of [Te Tiriti o Waitangi](#).
- Acknowledges the impact of [colonialism](#), the [social determinants of health](#), and intergenerational trauma on the health of Māori, including the 1863 New Zealand Settlements Act and Confiscation of land and the Tohunga Suppression Act 1907
- Recognises Te Tiriti o Waitangi and the Treaty of Waitangi are different documents and carry different meanings.
- Aware of the four principles of the Treaty of Waitangi: partnership, active protection, equity, and options as outlined in the [Treaty of Waitangi Hauora Report](#) [6] and how these are considered in a health care setting.

Attribute: Mana Whakahaere (Autonomy) - Is [culturally competent](#) in interactions with whānau Māori

- Recognises Mana whakahaere is the exercise of control in accordance with tikanga, kaupapa and kawa Māori (purpose, expected behaviour), enabling Māori aspirations for health and independence [5].
- Understands that Te Reo Māori and Tikanga Māori (language and the protocols or procedures) are whānau led in the use of these practices.
- Understands the importance of tikanga that surrounds manaakitanga (the process of showing respect, generosity), whakawhānaungatanga (process of establishing relationships) and rangatiratanga (self-determination) [7].
- Recognises the importance of asking about cultural expectations and traditional practices, including the correct pronunciation of names during clinical consultations [3].
- Recognise that Māori experience “differences in health that are not only avoidable but unfair and unjust” [8].
- Understands Mana tangata (authority of people), enhancing the mana of people across their life course and contributing to the overall health and wellbeing of Māori [5].

Attribute: Whakamana (empower) – Recognises and protects the inclusion of Mātauranga Māori and Te Ao Māori (Māori worldview) models of health and wellbeing.

- Understands Mana Māori - Ritenga Māori (Māori customary rituals), which are framed by [Te Ao Māori](#), enacted through tikanga Māori (Māori philosophy and customary practices) and encapsulated within mātauranga Māori (Māori knowledge) [5].

- Recognises that inherent within Te Ao Māori is the understanding that a person's health or hauora is interconnected with te taiao - the environment which surrounds them. Hauora Māori is viewed holistically encompassing the elements of [Pae Ora – healthy futures, Mauri ora – healthy individuals, Whānau ora – healthy Families, and Wai ora – healthy environments](#) [11].

Cultural Safety – General

Individual cultural safety skills

Attribute: Engages in ongoing critical reflection

- Understands critical reflection and identifies strategies and tools to develop reflective practice in professional practice. Practices several types of self-reflection:
 - Before action – prior to engaging with patients.
 - In action – reflecting in real time and adjusting approach within the interaction.
 - On action – reflecting on previous interactions with participants.
- Approaches self-reflection with [critical consciousness](#), honesty, and integrity.
- Builds skills and knowledge in self-reflection, including applying theories or tools as a guide, or reflecting with a colleague/s and/or supervisor.

Attribute: Engages in self-reflection on their own cultures, biases, [stereotypes](#), [prejudices](#), [assumptions](#), [power](#) and how this applies to their professional behaviours.

- Applies cultural safety principles and cultural knowledge to reflect on one's practicing behaviours e.g., norms, linguistic preferences, Stereotypes of patients identifying with a particular [culture](#).
- Has knowledge of the types of biases and heuristics, including racial and/or cultural biases.
- Embraces diverse perspectives and constructive feedback from others regarding attitudes, biases, stereotypes, or assumptions.
- Engages in educational activities that help identify biases in professional behaviours.

Attribute: Takes steps to address challenging and discomforting thoughts, emotions and/or behaviours contributing to culturally unsafe practicing behaviours.

- Makes a conscious effort to be more aware of bias in practicing behaviours.
- Engages in critical reflection to engage in culturally safe professional behaviour.
- Engages in effective communication with patients, families, and colleagues.
- Understands the idea of a growth mindset and applies this perspective when working on cultural safety skills.

	<ul style="list-style-type: none"> • Asks questions of themselves and other such as: “what do I need to do about this? What can I do to improve this.” <p>Attribute: Ensures wellbeing is maintained when exploring own identify, cultures, and challenging existing <u>assumptions</u>, and practicing behaviours:</p> <ul style="list-style-type: none"> • Understands that professional activities involving challenging beliefs, biases, and behaviours may be uncomfortable. • Has supports in place when working through the more contested aspects of <u>cultural identity</u>, <u>cultural awareness</u>, <u>cultural competence</u>, and cultural safety concepts and reflection in practice. • Understands the purpose of cultural safety and uses this framework when working through challenging experiences. • Seeks out cultural safety mentors to help guide them through the process. • Acknowledges unsafe practice through a reflective learning process and continues to improve culturally safe practice through lived professional experience, and life-long learning.
<p>Cultural safety skills in interactions</p>	<p>Attribute: Understand what is meant by a reciprocal and ally-based relationship with patients and their family and whānau</p> <ul style="list-style-type: none"> • Understand the concepts of autonomy and agency of healthcare decisions. • Understands that shared <u>power</u> in relation to decision making provides a balanced approach to the preferences, needs, and rights of the patient, and clinical responsibilities. • Recognises that shared power and decision making does not mean patients make clinical decisions. • Understands that culturally safe care is determined by the patient and is optimised when physicians critically-reflect on how their practicing behaviours contribute to safe or unsafe care. • Understands the idea of strength-based or mana-enhanced decisions - allowing the decisions of a patient/population to be based on cultural strengths, be confidence-building and positive esteem-affirming (mana). <p>Attribute: Creates reciprocal relationships with patients and their families and whānau to foster shared <u>power</u>, decision making and informed consent</p> <ul style="list-style-type: none"> • Balances the need to provide information at the level of the patient without being condescending and patronising. • Considers whose values are being valued when engaging with patients and their family and makes conscious and continual effort not to impose values and beliefs on patients. • Identifies/becomes aware that when cultural values are being imposed that there are endeavours to correct or modify. • If appropriate, asks patient what is needed for them to feel culturally safe in the interaction.

	<ul style="list-style-type: none"> • Make provision for regular feedback and input from patients, families, whānau and communities on the cultural safety to inform both individual practice and team development, • Implements recommendations from patients, whānau, and communities, ‘mob’ and tangata whenua, in practice [2] [3] <p>Attribute: Recognises the critical influence power has on healthcare interactions and patient health</p> <ul style="list-style-type: none"> • Understands the type of power physicians hold within the healthcare interaction, including informational, expert, referent, legitimate, reward/coercive [12] • Understands what kind of power is legitimately held by a physician or a patient during an interaction. For example, doctors hold clinical/non-clinical knowledge and power for best treatment, while an individual holds power through informed consent and making decisions and choices about their own health. • Understands there may be times where power may sometimes lack balance in the interest of the individual (i.e., in a medical emergency), but remains flexible and ensures this is minimised as much as possible through informing family, carers, community, as well as the individual as soon as possible. • Understands certain types of power are often unacknowledged, unearned, and invisible and takes responsibility to minimise inappropriate power differentials where possible. • Uses critical reflection to identify times where there has been, or remains, a power imbalance. • Uses case studies and previous experiences to reflect on power imbalances and ways to minimise in healthcare interactions and to inform practice. • Ensures diversity of perspectives are sought from patients, whānau and communities about where power imbalances exist in healthcare interactions.
<p>Cultural safety in the healthcare context</p>	<p>Attribute: Engages in reflection on the healthcare context and culturally safe practices</p> <ul style="list-style-type: none"> • Identifies policies and processes that are, or at risk of being, culturally unsafe. • Advocates for improved policy, practice, and healthcare interactions • Identifies factors that facilitate or act as barriers for optimal health for individuals of all diverse cultures. • Examines health outcomes for individuals of specific cultures in clinical audit and case reviews and identifies interventions to eliminate inequities and progress optimal health. • Engages in reflection with peers and team members in relation to patient care.

Attribute: Role models cultural safety skills and encourages development of these skills in peers, trainees, and colleague

- Demonstrates commitment to understanding cultural safety in the workplace by continually building knowledge and skills in these areas.
- Contributes to ensuring the workplace is culturally safe and inclusive for Indigenous staff and for staff of other specific cultures.
- Supports trainees and colleagues to build their skills in cultural safety.
- Advocates and intervenes in response to discrimination against patients and/or colleagues of another [culture](#).
- Intervenes when racist [stereotypes](#) or discriminatory attitudes are expressed by others, otherwise these attitudes may be passively condoned.
- Recognises that Indigenising the workplace is a process rather than an endpoint.

Attribute: Engages in allyship with colleagues and other health professionals

- Asks questions regarding what an ally looks like for that colleague or health professional.
- Acts as a mentor and supporter for other colleagues and health professionals in their own advocacy

Cultural safety and [health equity](#)
Aboriginal and Torres Strait Islander context

Address [power](#) imbalances in healthcare interactions with Aboriginal and Torres Strait Islander patients and families, communities.

- Recognises power imbalances may stem from inappropriate communication with Indigenous patients in clinical interactions:
 - Recognises medical jargon can be used to assert authority and power over patients and work to minimise these differentials.
- Communicates openly and honestly with Indigenous patients and does not withhold information.
- Role models culturally safe behaviour with peers and team members.
- Does not assume a patient is not being honest about their health concerns based on previously held [stereotypes](#), biases, or [assumptions](#) (e.g., problematic drinking habits, non-compliant, drug seeking).
- Discusses the potential negative health impacts of [stereotypes](#), with team members.
- Empowers patient by engaging in clinical yarning.
- Recognises that authoritative communication or misuse of power may lead to [gratuitous concurrence](#) and endeavours to mitigate this.
- Empowers patient by engaging with the patient and his/her family and community.
- Seeks the engagement of Aboriginal and Torres Strait Islander (ATSI) Liaison services, Support Workers where appropriate to broker power sharing.

Attribute: Recognises when cultural loading on Aboriginal and Torres Strait Islander people, including staff, occurs, and where possible, takes steps to reduce its occurrence and/or minimise its impact.

- Engages with Indigenous colleagues and/or consultants regularly to ask about cultural loading and resultant expectations.
- Flags any culturally unsafe and discriminatory practices that add to the cultural load of staff.
- Implements Aboriginal and /or Torres Strait Islander health and wellbeing strategies to improve retention.
- When seeking feedback or consulting with Indigenous colleagues regarding cultural safety, considers carefully how much responsibility and expectations are placed on that person.
- When engaging a colleague or consultant in cultural safety requiring considerable time and effort, then consider and advocate for remuneration. If appropriate.

Attribute: Engages in allyship with Aboriginal and /or Torres Strait Islander colleagues and other health professionals

- Asks questions regarding what an ally looks like to an Aboriginal and /or Torres Strait Islander colleague or health professional.
- Avoids speaking on behalf of Aboriginal and /or Torres Strait Islander peoples when Indigenous perspectives should be privileged, but if not possible, uses voice to represent and advocate for underrepresented colleagues.
- Recognises Aboriginal and /or Torres Strait Islander staff and groups as leaders and experts in Indigenous knowledges, especially when collaborating with colleagues and teams.
- Promote a sense of belonging for Aboriginal and /or Torres Strait Islander staff by valuing, respecting, and privileging Indigenous ways of being.
- Supports the agency, and acts as an advocate, for Indigenous colleagues and health professionals.

Cultural safety and [health equity](#)

Māori Context

Attribute: Address [power](#) imbalances in healthcare interactions with Whānau Māori and communities

Attribute: Engage in ongoing development of [critical consciousness](#)

- Understanding of their own cultural heritage, values, and history.
- Recognises their own biases, attitudes and privileges that may impair the quality of the healthcare provided.
- Engages in ongoing self-reflection and self-awareness of their own conduct and interactions with colleagues [1].

Attribute: Examine and redress [power](#) relationships in healthcare interactions with whānau Māori and community

- Aware of power imbalances between themselves, patients and whānau and the community.
- Understands and encourages whānau Māori in the right to tino rangatiratanga (sovereignty or independence) over their health, through shared decision making and informed consent throughout treatment.
- Recognises and advocates for the rights and needs of whānau Māori, communities and tangata whenua (people of the land).
- Active in their approach to embed workplace behaviours, attitudes and policies that support a safe and equitable work environment for colleagues who identify as Māori.

Address: Commit to transformative action

- Can analyse the healthcare systems and processes that impact health experiences and outcomes.
- Identifies structural barriers to equitable, culturally safe care within the institution or entity where they work [3].
- Identify oppressive elements in workplace [culture](#) and support their colleagues on the cultural safety journey.
- Examine health outcomes for Māori in clinical audits, case reviews and Health Disability Commissioner breach investigations and identify interventions to eliminate inequities, and progress towards optimal health.

Address: Ensure that 'cultural safety' is determined by the patients and communities served.

- Makes time for open and authentic discussions and feedback from patients, whānau and communities on the cultural safety of the healthcare environment.
- Advocate for their organisation to ensure regular feedback and input from tangata whenua and mana whenua on cultural safety of the healthcare environment and interactions.
- Identify kaupapa Māori research that presents tangata whenua perspectives and experiences, to shape policy, practice, and healthcare interaction.

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.

Understanding ethics, law and professionalism

Attribute 1: Understands ethics and practices within current ethical frameworks.

- Understands that ethics refers to ideas about how we should or should not behave, not just in one social context or role, but in every aspect of our lives.
- Understands core ethical concepts such as 'autonomy', 'respect for persons', 'veracity', 'beneficence', 'non-maleficence' and 'justice' and how they apply in different contexts (e.g., when caring for people who are under-served or marginalised or made vulnerable through illness or disability).
- Is able to reason through ethical problems in a systematic and justifiable way.

Attribute 2: Understands the law and practices according to current legal standards.

- Understands the features of the legal system relevant to medical practice, including:
 - The medical regulatory system as provided by the Medical Board of Australia and Medical Council of New Zealand
 - Medical regulatory aspects of Australia and Aotearoa New Zealand's statutory and common law systems.
- Understands key bodies of law, including those related to consent, negligence, professional discipline, privacy and confidentiality, and end-of-life.

Attribute 3: Understands professionalism and practices according to professional standards.

- Understands that professionalism refers to the qualities, competencies and skills expected of a profession and that characterise it.
- Is aware of, and practices in, a manner consistent with professional codes, guidelines, and standards, including those provided in "Good Medical Practice: a code of conduct for doctors in Australia" and "Good Medical Practice" (Aotearoa New Zealand).

Attribute 4: Understands the relationship between “professionalism’, ‘law’ and ‘ethics’.

- Understands that professional norms and legal standards are often predicated on ethical values and principles such as respect, compassion, honesty etc.
- Understands that compliance with professional standards and laws are important but are not sufficient guides to ethical behaviour.
- Understands that professionalism can encourage ethical behaviour, but can also enable and maintain power imbalances, exclusion, discrimination, and inequity.

Personal ethics and integrity

Attribute 5: Is personally and socially responsible.

- Appreciates that being a ‘professional’ comes with both privileges and obligations to patients and society.
- Displays a commitment to medicine as a social practice and medical professionalism as a social obligation.
- Develops a high standard of personal conduct, consistent with professional and community expectations including honesty, responsibility, and accountability.
- Reflects critically on personal beliefs and attitudes, including how these may impact on ethical and legal decision-making, patient care and healthcare policy.

Attribute 6: Is honest in all dealings.

- Records and reports accurately.
- Does not engage in professional misconduct of any type.
- Acknowledges error.

Attribute 7: Prioritises patient welfare and community benefit above professional agendas and self-interest.

- Recognises when financial and non-financial interests might impact negatively on patient or social welfare.
- Avoids activities that are likely to create unmanageable conflicts of interest (e.g., entering financial relationships with patients, their carers or family).
- Discloses relevant interests to patients, colleagues, and others.
- Takes steps to prevent personal interests from impacting on patient and public welfare (e.g.: representing services honestly; ensuring that fees charged are reasonable; acting honestly when claiming from insurers; referring patients to other practitioners when unwilling to offer services because of conscientious objection).
- Avoids all corrupt behaviour and reports any corruption that is observed.

Interpersonal behaviour

Attribute 8: Treats others fairly, compassionately and with respect.

- Behaves fairly towards all, irrespective of their gender, age, culture, social and economic status, sexual preference, ability, beliefs, contribution to society, illness, or illness-related behaviours.
- Takes appropriate action in response to patients', carers and support workers, or colleagues' distress and concerns.

Attribute 9: Maintains boundaries in interactions with patients, students, and trainees.

- Recognises the power imbalances inherent in these relationships, and that boundaries provide the necessary 'limits' for safe, effective, and ethical relationships.
- Understands the differences between 'boundary crossings' and 'boundary violations' and avoids the latter.
- Avoids any sexual, intimate, and/or financial relationships with patients or trainees.
- Recognises that gifts from patients are acceptable only if they are of token monetary value and takes steps to reassure patients that care is not conditional on gifts.
- Avoids caring for family members.

Ethics in organisations and society

Attribute 10: Demonstrates a commitment to organisational ethics.

- Observes, helps to shape, and critically reflects on institutional policies.
- Works to establish an organisational culture that is inclusive, respectful, and that facilitates ethical behaviour.
- Contributes to organisational ethics processes initiatives (e.g., therapeutics committees clinical ethics services).

Attribute 11: Speaks out when appropriate.

- Speaks out when witnessing, or asked to take part in, unethical, illegal, discriminatory, or exploitative behaviours or practices, even if these are accepted or expected by the organisation.
- Speaks out against exclusion, discrimination, bullying or harassment of colleagues, trainees, students, and any other members of the organisation.
- Reports or speaks out about colleagues' behaviour when their practice is unethical, illegal or a risk to public safety, but avoids impugning their reputations or breaching confidentiality when this is not justified.

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 recognise important challenges to health in individuals as well at societal level and do not hesitate to lead advocacy appropriately.

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

Leadership and team management

Attribute 1: Acts as a role model and leader in professional practice.

- Understands leadership principles and how they may relate to their practice.
- Actively seeks out development opportunities to improve skills in leadership.
- Recognises the benefits of shared leadership models where all team members can assert their individual leadership qualities.
- Fosters effective working relationships with other leaders and managers.
- Recognises the mission, goals and strategic direction of a healthcare organisation or practice.
- Supports medical colleagues who have chosen to take on leadership and management positions.
- Retains a calm demeanour under pressure and provides reassurance to team members.

Attribute 2: Effectively manages teams.

- Creates and promotes a team culture that values collegiality, cooperation, inclusion, respect, equity, and diversity.
- Is clear about roles and obligations of team members and the process of working together.
- Regularly evaluates the team to optimise function and promptly resolve conflict when it arises.
- Encourages open dialogue, including with students and doctors in training who may be hesitant to discuss the behaviour/decisions of other colleagues.
- Recognises and addresses team dysfunction and poor behaviour by team members.

	<ul style="list-style-type: none"> • When engaging in performance management, ensures that the approach is supportive and provides an opportunity for colleague to reflect on their concern. • Responds quickly and effectively to complaints of bullying, harassment and unprofessional behaviours and is aware of the relevant policies and processes to combat these issues. • Builds resilience in teams, including the capacity to cope with change, error, and unexpected events. • Supports and motivates team members to engage in continuing professional development. • Supports junior colleagues and trainees to take on increasing responsibility in line with their training and skills, while retaining responsibility and accountability. • Models the concept of life-long learning as a leader and teaches this whenever possible. <p>Attribute 3: Plans ahead to ensure consistent patient care.</p> <ul style="list-style-type: none"> • Anticipates future events, including major events such as pandemics or natural disasters, and develops plans to manage them. • Adapts to unexpected circumstances.
Teamwork	<p>Attribute 4: Works effectively in multidisciplinary teams to carry out clinical activities in an effective, coordinated, and collaborative manner.</p> <ul style="list-style-type: none"> • Recognises and respects the personal and professional integrity and roles of peers and other health care professionals. • Shares workloads appropriately and equitably. • Acts collaboratively to resolve conflicts and behavioural incidents such as exclusion, discrimination, harassment, and bullying.

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.

The broader context of healthcare systems and resource allocation	<p>Attribute 1: Knowledge of the Australian or the Aotearoa New Zealand healthcare systems.</p> <ul style="list-style-type: none"> • Maintains current knowledge of the operation of the Australian or Aotearoa New Zealand healthcare systems. • Understands and complies with the policies of the Australian or Aotearoa New Zealand healthcare systems and is cognisant of policy change. • Recognises that global factors can significantly impact local and regional healthcare systems. • Works in partnership with healthcare managers to contribute to the efficient and effective operation of health services. • Engages with external organisations to influence policies on societal issues that impact health and wellbeing. • Uses their understanding of the standards for the rights of Indigenous peoples to optimise outcomes (UN Declaration on the Rights of Indigenous Peoples). • Uses digital health initiatives and undertakes professional development in digital health application.
Social determinants of health	<p>Attribute 2: Understands the relevance of population health and social determinants to patients and communities.</p> <ul style="list-style-type: none"> • Is aware of the importance of social determinants in shaping the health and wellbeing of individuals and communities. • Recognises the contribution of structural inequities to the burden and impact of illness, the experience of disease and illness and health outcomes, including for women, Indigenous patients and communities, and people living with a disability.
Disease prevention and health promotion	<p>Attribute 3: Understands the relevance of disease prevention and health promotion to the health of patients and communities.</p> <ul style="list-style-type: none"> • Incorporates disease prevention, health promotion, and health surveillance into interactions with individual patients and the community. • Applies their medical expertise and knowledge of public health principles to promote health, prevent disease and implement effective management plans.

	<ul style="list-style-type: none"> • Supports and, where possible, contributes to disease prevention and health promotion initiatives, to reduce disease and health inequities. • Supports and facilitates the screening and case finding in “at risk” populations. • Possesses knowledge of major local, national, and global strategies for health promotion.
Stakeholder engagement	<p>Attribute 4: Works collaboratively to improve the health and wellbeing of all persons and communities.</p> <ul style="list-style-type: none"> • Recognises the necessity for respectful engagement with communities and patient groups in all domains of healthcare and biomedicine. • Facilitates stakeholder engagement in the co-design, delivery, and evaluation of health services. • Involves and supports communities and patient groups in decisions that affect them to identify priority problems and solutions. • Engages and supports partnerships with community agencies, policymakers, and others to support initiatives aimed at improving the health and wellbeing of all people and communities. • Remains professional, respectful and uses evidence in advocacy work.
Equity, access, and advocacy	<p>Attribute 5: Advocates for health promotion, disease prevention, and equity of access to health care.</p> <ul style="list-style-type: none"> • Incorporates disease prevention, health promotion, and health surveillance into their practice and into interactions with individual patients and the community. • Contributes to the development and implementation of local, national, and systemic strategies to reduce inequities in health status including inequities in access to health care. • Advocates for more equitable health outcomes, particularly for people in rural and remote areas and those who experience disadvantage as a result of ethnicity, gender, sexuality, citizenship status, disability, education, geography, nutrition and living standards. • Works to ensure patient access to the best possible health services and resources, including strategies targeted to specific populations. • Uses patient data and experiences as well as other published evidence to improve patient access to healthcare. • Assists patients to access and efficiently and effectively navigate healthcare systems. • Uses a variety of strategies, including outreach programs, to address the health needs of the community. • Uses expertise and influence to advocate for the health and wellbeing of patients and communities. • Supports, promotes, and helps disseminate RACP policy statements on health issues.

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Cultural Safety Glossary:

Assumptions	“Cultural assumptions define what is normal or natural in every social situation or human condition. Sometimes individuals, or even entire social groups, possess attributes that do not match the socially defined natural states.” [28]
Border Worker	Those in the medical profession defined as ‘border workers’, who work at the interface between the system, and patients and whānau [3]
Colonialism	<p>“Colonialism is the practice by which a powerful country directly controls less powerful countries and uses their resources to increase its own power and wealth.” [30]</p> <p>“Settler colonialism is a system defined by unequal power relationships (like colonialism) where external colonisers seek to eliminate and replace indigenous societies (unlike colonialism), to establish a permanent settlement by way of displacement.” [31]</p>
Critical Consciousness	Defined as individual thinkers not existing in isolation but, rather, in relationship to others in the world. The development of critical consciousness involves a reflective awareness of the differences in power and privilege and the inequities that are embedded in social relationships. [33]
Cultural Awareness	“Cultural awareness is essentially the basic acknowledgment of differences between cultures [14], having knowledge about cultural but, more specifically, ethnic diversity [15] and an individual’s awareness of her/his own views such as ethnocentric, biased and prejudiced beliefs towards other cultures. [16] [1]”
Cultural Competence	<p>“The ability of individuals to establish effective interpersonal and working relationships that supersede cultural differences by recognizing the importance of social and cultural influences on patients, considering how these factors interact, and devising interventions that take these issues into account [17]” and</p> <p>“Includes a set of congruent behaviours, attitudes, and policies that come together in a system, agency, or among professionals and enable that system, agency, or those professionals to work effectively in cross-cultural situations. [18]” [1]</p>
Cultural Identity	“The definition of groups or individuals (by themselves or others) in terms of cultural or subcultural categories (including ethnicity, nationality, language, religion, and gender). In stereotyping, this is framed in terms of difference or otherness. See also ethnic identity; gender identity; identity; lifestyle; national identity.” [13]
Cultural Protocols	Cultural protocols adhere to the values, customs and cultural practices that are important to a particular cultural group. Protocols provide guidance on how to treat and work with people in a respectful and reciprocal manner.
Culture	“An integrated pattern of human behaviour that includes thoughts, communications, actions, customs, beliefs, values, and institutions of a racial, ethnic, religious, or social group.” and

	<p>“the accumulated socially acquired result of shared geography, time, ideas, and human experience. Culture may or may not involve kinship, but meanings and understandings are collectively held by group members. Culture is dynamic and mobile and changes according to time, individuals, and groups.” [1]</p>
Gratuitous Concurrence	<p>“The tendency of [Aboriginal and Torres Strait Islander] patients to agree with whatever was being said. [29]</p>
Health equity	<p>Equity is the absence of unfair, avoidable, or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically or by other dimensions of inequality (e.g. sex, gender, ethnicity, disability, or sexual orientation). Health is a fundamental human right. Health equity is achieved when everyone can attain their full potential for health and well-being. [20]</p>
Health Inequities	<p>“Health inequities are systematic differences in the health status of different population groups. These inequities have significant social and economic costs both to individuals and societies.” [21]</p>
Othering	<p>“Othering identifies those that are thought to be different from oneself or the dominant culture.” [1] and</p> <p>“is a process whereby individuals and groups are treated and marked as different and inferior from the dominant social group.” [25]</p>
Power	<p>“The potential influence that one has over another person or group, and generally, the one with the power has control over something the other person (or group) desires” [32]</p>
Prejudices	<p>“[Cultural Prejudices are] the formation of opinion on certain members of the group grounded on the previous perception, attitude, and viewpoint of the group, heedless of the particular characteristic of the individual.” [26]</p>
Racism	<p><i>Australia:</i></p> <p>“Racism is the process by which systems and policies, actions and attitudes create inequitable opportunities and outcomes for people based on race. Racism is more than just prejudice in thought or action. It occurs when this prejudice – whether individual or institutional – is accompanied by the power to discriminate against, oppress or limit the rights of others.” [22]</p> <p><i>Aotearoa New Zealand:</i></p> <p>“Aotearoa New Zealand has no agreed definition of racism. The Human Rights Commission describes racism as “any individual action, or institutional practice backed by institutional power, which subordinates or negatively affects people because of their ethnicity.” This means racism is any belief in the superiority of one group over another, or any behaviour or system that overpowers or negatively impacts people because of their ethnicity or the colour of their skin.” [23]</p>

	<p><i>General:</i></p> <p>“The inability or refusal to recognize the rights, needs, dignity, or value of people of races or geographical origins. More widely, the devaluation of various traits of character or intelligence as ‘typical’ of particular peoples...” [24]</p>
Social Determinants of Health	<p>“The social determinants of health (SDH) are the non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies, and political systems.” [19]</p>
Stereotypes	<p>“An often unfair and untrue belief that many people have about all people or things with a particular characteristic.” [27]</p>
Types of Power	<p><i>Informal Power:</i> “an individual can demonstrate either referent or expert power without having any official authority or employees align under him or her in an organizational hierarchy. Specifically, referent and expert power.”</p> <p><i>Formal Power:</i> “exists because of holding a formal position of authority. Specifically, legitimate, reward, and coercive power.”</p> <p><i>Reward Power:</i> “Power whose basis is the ability to reward” [32]</p> <p><i>Coercive Power:</i> “Stems from the expectation on the part of [the person with whom power is exerted] that he will be punished if he fails to conform to the influence attempt.” [32]</p> <p><i>Legitimate Power:</i> “Stems from internalised values that dictate a legitimate right to influence and the obligation to accept this influence. Similar to the legitimacy of authority.” [32]</p> <p><i>Referent Power:</i> “Sometimes known as personal power, is based on respect and admiration an individual earned from others over time” [12]</p> <p><i>Expert Power:</i> “based on an individual’s advanced knowledge about a project, a given field or some other specialty, based on education and/or experience, and is not dependent on any formal position in an organization or social status.” [12]</p>

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