

NEW CURRICULA

Curriculum standards

Advanced Training in General and Acute Care Medicine

February 2025



RACP
Specialists. Together

About this document

The new Advanced Training in General and Acute Care Medicine curriculum consists of curriculum standards and learning, teaching, and assessment (LTA) programs.

This document outlines the curriculum standards for Advanced Training in General and Acute Care Medicine for trainees and supervisors. The curriculum standards should be used in conjunction with the Advanced Training in General and Acute Care Medicine [LTA programs](#).

The new curriculum was approved by the College Education Committee in February 2025. Please refer to the [College website](#) for details on its implementation.

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Program overview

Purpose of Advanced Training

The RACP offers Advanced Training in 33 diverse medical specialties as part of Division, Chapter, or Faculty training programs.

The purpose of Advanced Training is to develop a workforce of physicians who:

- have received breadth and depth of focused specialist training, and experience with a wide variety of health problems and contexts
- are prepared for and committed to independent expert practice, lifelong learning, and continuous improvement
- provide safe, quality health care that meets the needs of the communities of Australia and Aotearoa New Zealand.

Specialty overview

General and acute care physicians navigate the intricate web of patient needs, healthcare systems, and diverse medical settings with expertise honed in complexity.

General and acute care physicians are adept at providing pragmatic, integrated care to patients grappling with complex health conditions, encompassing multisystem and undifferentiated presentations. They thrive in collaborative environments and are experts in navigating uncertainty. They serve as the bedrock of service provision, ensuring comprehensive care delivery in dynamic healthcare settings.

General and acute care physicians provide care in a range of diverse settings, demonstrating skills in:

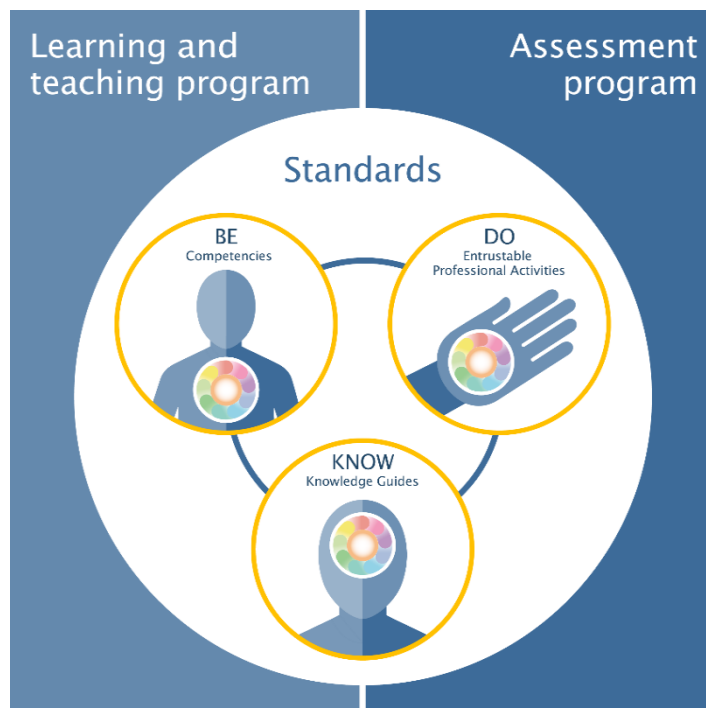
- **using a global approach.** Regardless of the focus of referrals, the general and acute care physician's assessment is always comprehensive, enabling problems to be detected and diagnostic possibilities to be considered that might otherwise be missed.
- **integrated care.** General and acute care physicians are uniquely trained to provide integrated care for patients facing complex illnesses and diagnostic challenges. Their extensive training equips them with expertise in diagnosing and treating conditions that affect multiple systems, while also addressing the social and psychological impacts of disease.
- **embracing uncertainty.** General and acute care physicians demonstrate a unique ability to embrace uncertainty, manage risks, and tackle diagnostic challenges, contradictions, and conflicting priorities with confidence and thoroughness, ensuring comprehensive care.
- **being diagnostic experts.** General and acute care physicians excel in diagnosing complex medical conditions, using diagnostic tests judiciously and effectively to investigate challenging diagnostic issues and formulate comprehensive diagnoses.

- **diversity of practise.** General and acute care physicians' diverse practise encompasses perioperative assessment, care in rural, remote, and regional settings, management of "orphan" areas of medicine, Indigenous health care, obstetric care, and the transition to adulthood, ensuring well-placed medical expertise across varied care needs and communities.

General and acute care physicians provide comprehensive evidence-based medical care, make skilled clinical decisions, coordinate with other health professionals, communicate empathetically with patients, advocate for health issues, lead healthcare teams, promote innovation, engage in continuous learning, and focus on equity in complex care for diverse populations. They use these personal and professional attributes to:

- **provide integrated management.** General and acute care physicians excel in devising integrated management plans that consider therapeutic effectiveness, comorbidity interactions, functional status, life expectancy, patients' values and goals, and the broader social and environmental context of care.
- **problem solve.** General and acute care physicians adeptly handle challenging and intricate clinical presentations, skilfully identifying and prioritising care goals, and resolving issues through a flexible and holistic approach.
- **advocate for patients.** General and acute care physicians consider each patient holistically, incorporating their social backgrounds, belief systems, and preferences into personalised advice and recommendations. They actively address equity concerns and strive to overcome barriers to healthcare access.
- **communicate effectively.** General and acute care physicians communicate using a patient-centred approach that encourages patient trust and autonomy and is characterised by empathy and respect. They elicit and accommodate a diversity of views and opinions in relation to patients' care and then negotiate agreed ways forward on the part of all stakeholders.
- **innovate and lead systems.** General and acute care physicians identify the broad context of healthcare systems, and contribute to strategies that improve the value of healthcare delivery.
- **teach, learn, and mentor.** General and acute care physicians recognise the power of role modelling and the impact of the hidden curriculum on learners. They promote a safe and appropriately challenging learning environment, demonstrate effective teaching to facilitate learning, identify learning needs of others, and seek and provide meaningful feedback. They engage in continuous improvement and professional development through ongoing learning.

Advanced Training curricula standards



The **RACP curriculum model** is made up of curricula standards supported by learning, teaching, and assessment programs.

Learning and teaching programs outline the strategies and methods to learn and teach curricula standards, including required and recommended learning activities.

Assessment programs outline the planned use of assessment methods to provide an overall picture of the trainee's competence over time.

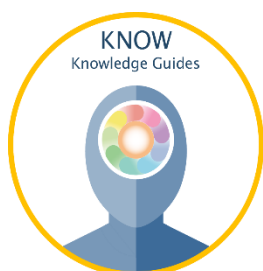
The **curricula standards** outline the educational objectives of the training program and the standard against which trainees' abilities are measured.



- **Competencies** outline the expected professional behaviours, values, and practices of trainees in 10 domains of professional practice.



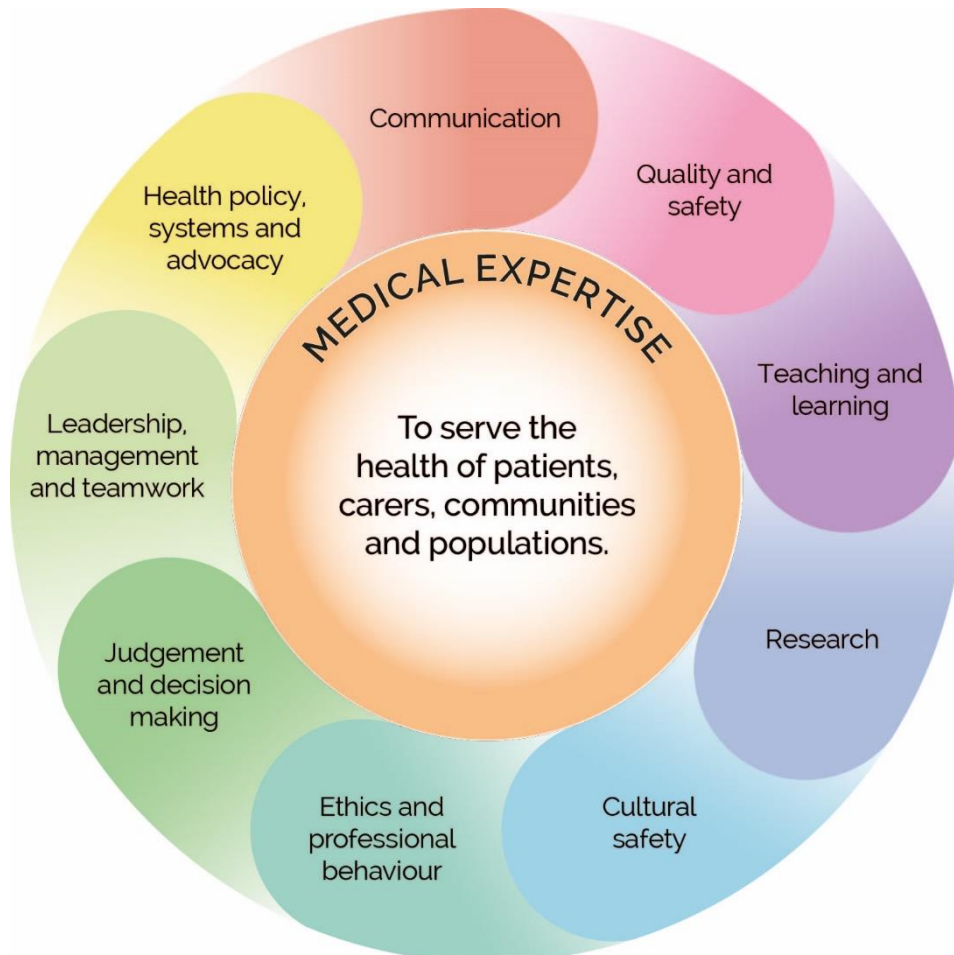
- **Entrustable Professional Activities (EPAs)** outline the essential work tasks trainees need to be able to perform in the workplace.



- **Knowledge guides** outline the expected baseline knowledge of trainees.

Professional Practice Framework

The Professional Practice Framework describes 10 domains of practice for all physicians.



Learning, teaching, and assessment structure

The learning, teaching, and assessment structure defines the framework for delivery



Advanced Training learning, teaching, and assessment structure

- An **entry decision** is made before entry into the program.
- **Progress decisions**, based on competence, are made at the end of the specialty foundation and specialty consolidation phases of training.
- A **completion decision**, based on competence, is made at the end of the training program, resulting in eligibility for admission to Fellowship.

Advanced Training is a **hybrid time- and competency-based training program**.

There is a minimum time requirement of between three to five years' full-time equivalent experience, depending on the training program undertaken. Progress and completion decisions are based on evidence of trainees' competence.

Curriculum standards

Competencies

Competencies outline the expected professional behaviours, values, and practices that trainees need to achieve by the end of training.

Competencies are grouped by the 10 domains of the professional practice framework.

Competencies will be common across training programs.



Medical expertise

Professional standard: 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.

Knowledge: Apply knowledge of the scientific basis of health and disease to the diagnosis and management of patients.

Synthesis: Gather relevant data via age- and context-appropriate means to develop reasonable differential diagnoses, recognising and considering interactions and impacts of comorbidities.

Diagnosis and management: Develop diagnostic and management plans that integrate an understanding of individual patient circumstances, including psychosocial factors and specific vulnerabilities, epidemiology, and population health factors in partnership with patients, families, whānau, or carers¹, and in collaboration with the healthcare team.

¹ References to patients in the remainder of this document may include their families, whānau and/or carers.



Communication

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

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

Effective communication: Use a range of effective and appropriate verbal, nonverbal, written and other communication techniques, including active listening.

Communication with patients, families, and carers: Use collaborative, effective, and empathetic communication with patients, families, and carers.

Communication with professionals and professional bodies: Use collaborative, respectful, and empathetic clinical communication with colleagues, other health professionals, professional bodies, and agencies.

Written communication: Document and share information about patients to optimise patient care and safety.

Privacy and confidentiality: Maintain appropriate privacy and confidentiality, and share information responsibly.



Quality and safety

Professional standard: Physicians practice in a safe, high-quality manner within the limits of their expertise.

Physicians regularly review and evaluate their own practice alongside peers and best practice standards, and conduct continuous improvement activities.

Patient safety: Demonstrate a safety focus and continuous improvement approach to own practice and health systems.

Harm prevention and management: Identify and report risks, adverse events, and errors to improve healthcare systems.

Quality improvement: Participate in quality improvement activities to improve quality of care and safety of the work environment.

Patient engagement: Enable patients to contribute to the safety of their care.



Teaching and learning

Professional standard: Physicians demonstrate a lifelong commitment to excellence in practice through continuous learning and evaluating evidence.

Physicians foster the learning of others in their profession through a commitment to mentoring, supervising, and teaching.²

Lifelong learning: Undertake effective self-education and continuing professional development.

Self-evaluation: Evaluate and reflect on gaps in own knowledge and skills to inform self-directed learning.

Supervision: Provide supervision for junior colleagues and/or team members.

Teaching: Apply appropriate educational techniques to facilitate the learning of colleagues and other health professionals.

Patient education: Apply appropriate educational techniques to promote understanding of health and disease among patients and populations.



Research

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

Evidence-based practice: Critically analyse relevant literature and refer to evidence-based clinical guidelines, and apply these in daily practice.

Research: Apply research methodology to add to the body of medical knowledge and improve practice and health outcomes.

² Adapted from Richardson D, Oswald A, Chan M-K, Lang ES, Harvey BJ. Scholar. In: Frank JR, Snell L, Sherbino J, editors. The Draft CanMEDS 2015 Physician Competency Framework – Series IV. Ottawa: The Royal College of Physicians and Surgeons of Canada; 2015 March.

Cultural safety



Professional standard: 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 backgrounds.³

Critical reflection. Engage in iterative and critical self-reflection and demonstrate cultural safety in the context of their own cultural identity, power, biases, prejudices and practising behaviours.

Allyship. Recognise the patient and population's rights to culturally-safe care, including being an ally for patient, family, whānau and/or community autonomy and agency over their decision-making.

Inclusive communication. Apply culturally-safe communication, acknowledging the sharing of power, and cultural and human rights to enable patients, families and whānau to engage in appropriate patient care decisions.

Culturally-safe environment. Contributes to a culturally-safe learning and practice environment for patients and team members. Respect patients may feel unsafe in the healthcare environment.

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

Cultural safety can be defined as¹.

- The need for doctors to examine themselves and the potential impact of their own culture on clinical interactions and healthcare service delivery.
- The commitment by individual doctors to acknowledge and address any of their own biases, attitudes, assumptions, stereotypes, prejudices, structures, and characteristics that may affect the quality of care provided.
- The awareness that cultural safety encompasses a critical consciousness where healthcare professionals and healthcare organisations engage in ongoing self-reflection and self-awareness and hold themselves accountable for providing culturally safe care, as defined by the patient and their communities.

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



Ethics and professional behaviour

Professional standard: Physicians' practice is founded upon ethics, and physicians always treat patients, their families, communities, and populations in a caring and respectful manner.

Physicians demonstrate their commitment and accountability to the health and wellbeing of individual patients, communities, populations, and society through ethical practice.

Physicians demonstrate high standards of personal behaviour.

Beliefs and attitudes: Reflect critically on personal beliefs and attitudes, including how these may impact on patient care.

Honesty and openness: Act honestly, including reporting accurately, and acknowledging their own errors.

Patient welfare: Prioritise patients' welfare and community benefit above self-interest.

Accountability: Be personally and socially accountable.

Personal limits: Practise within their own limits and according to ethical principles and professional guidelines.

Self-care: Implement strategies to maintain personal health and wellbeing.

Respect for peers: Recognise and respect the personal and professional integrity, roles, and contribution of peers.

Interaction with professionals: Interact equitably, collaboratively, and respectfully with other health professionals.

Respect and sensitivity: Respect patients, maintain appropriate relationships, and behave equitably.

Privacy and confidentiality: Protect and uphold patients' rights to privacy and confidentiality.

Compassion and empathy: Demonstrate a caring attitude towards patients, and endeavour to understand patients' values and beliefs.

Health needs: Understand and address patients', families', carers', and colleagues' physical and emotional health needs.

Medical and health ethics and law: Practise according to current community and professional ethical standards and legal requirements.



Judgement and decision making

Professional standard: 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 health professionals.

Diagnostic reasoning: Apply sound diagnostic reasoning to clinical problems to make logical and safe clinical decisions.

Resource allocation: Apply judicious and cost-effective use of health resources to their practice.

Task delegation: Apply good judgement and decision making to the delegation of tasks.

Limits of practice: Recognise their own scope of practice and consult others when required.

Shared decision making: Contribute effectively to team-based decision-making processes.



Leadership, management, and teamwork

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

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

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

Managing others: Lead teams, including setting directions, resolving conflicts, and managing individuals.

Wellbeing: Consider and work to ensure the health and safety of colleagues and other health professionals.

Leadership: Act as a role model and leader in professional practice.

Teamwork: Negotiate responsibilities within the healthcare team and function as an effective team member.



Health policy, systems, and advocacy

Professional standard: 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.

Health needs: Respond to the health needs of the local community and the broader health needs of the people of Australia and Aotearoa New Zealand.

Prevention and promotion: Incorporate disease prevention, health promotion, and health surveillance into interactions with individual patients and their social support networks.

Equity and access: Work with patients and social support networks to address determinants of health that affect them and their access to needed health services or resources.

Stakeholder engagement: Involve communities and patient groups in decisions that affect them to identify priority problems and solutions.

Advocacy: Advocate for prevention, promotion, equity, and access to support patient and population health needs within and outside the clinical environment.

Resource allocation: Understand the factors influencing resource allocation, promote efficiencies, and advocate to reduce inequities.

Sustainability: Manage the use of healthcare resources responsibly in everyday practice.

Entrustable Professional Activities

Entrustable Professional Activities (EPAs) outline the essential work tasks trainees need to be able to perform in the workplace.



#	Theme	Title
1	<u>Team leadership</u>	Lead a team of health professionals
2	<u>Supervision and teaching</u>	Supervise and teach professional colleagues
3	<u>Quality and service improvement</u>	Identify and address improvement opportunities in health care quality, efficiency, and effectiveness
4	<u>Clinical assessment and management</u>	Clinically assess and manage the ongoing care of patients
5	<u>Management of transitions in care</u>	Manage the transition of patient care between health professionals, providers, and contexts
6	<u>Acute care</u>	Manage those who are acutely unwell and stabilise haemodynamic compromise
7	<u>Longitudinal care</u>	Manage and coordinate the longitudinal care of patients with chronic illness, disability, and/or long-term health issues
8	<u>Shared decision making with patients and carers</u>	Formulate an agreed management plan with patients that fits with their medical context, goals, and values
9	<u>Prescribing</u>	Prescribe and deprescribe therapies tailored to patients' needs and conditions
10	<u>Procedures</u>	Plan, prepare for, perform, and provide aftercare for important practical procedures
11	<u>Diagnostic decision making</u>	Select, organise, and interpret investigations
12	<u>Ambulatory care</u>	Provide outpatient care across diverse settings
13	<u>End-of-life care</u>	Manage the care of patients at the end of their lives

EPA 1: Team leadership

Theme	Team leadership		AT-EPA-01
Title	Lead a team of health professionals		
Description	<p>This activity requires the ability to:</p> <ul style="list-style-type: none">• prioritise workload• manage multiple concurrent tasks• articulate individual responsibilities, expertise, and accountability of team members• understand the range of team members' skills, expertise, and roles• acquire and apply leadership techniques in daily practice• collaborate with and motivate team members• encourage and adopt insights from team members• act as a role model.		
Behaviours			
<u>Professional practice framework domain</u>	Ready to perform without supervision	Requires some supervision	
	<p>Expected behaviours of a trainee who can routinely perform this activity without needing supervision</p> <p>The trainee will:</p>	<p>Possible behaviours of a trainee who needs some supervision to perform this activity</p> <p>The trainee may:</p>	
Medical expertise	<ul style="list-style-type: none">• synthesise information with other disciplines to develop optimal, goal-centred plans for patients⁴• use evidence-based care to meet the needs of patients or populations• assess and effectively manage clinical risk in various scenarios• demonstrate clinical competence and skills by effectively supporting team members	<ul style="list-style-type: none">• demonstrate adequate knowledge of healthcare issues by interpreting complex information• assess the spectrum of problems to be addressed• apply medical knowledge to assess the impact and clinical outcomes of management decisions• provide coordinated and quality health care for populations or patients as a member of a multidisciplinary team	
Communication	<ul style="list-style-type: none">• provide support and motivate patients or populations and health professionals by using effective communication• demonstrate a transparent, consultative style by engaging patients, families, carers, relevant professionals, and/or the public in shared decision making• work with patients, families, carers, and other health professionals to resolve conflict that may arise when planning and aligning goals	<ul style="list-style-type: none">• communicate adequately with colleagues• communicate adequately with patients, families, carers, and/or the public• explain the roles of team members	

⁵ References to patients in the remainder of this document may include their families, whānau, and/or carers.

	<ul style="list-style-type: none"> demonstrate rapport with people at all levels by tailoring messages to different stakeholders 	
Quality and safety	<ul style="list-style-type: none"> identify opportunities to improve care by participating in surveillance and monitoring of adverse events and 'near misses' identify activities within systems to reduce errors, improve patient and population safety, and implement cost-effective change place safety and quality of care first in all decision making 	<ul style="list-style-type: none"> participate in audits and other activities that affect the quality and safety of patients' care participate in interdisciplinary collaboration to provide effective health services and operational change use information resources and electronic medical record technology where available
Teaching and learning	<ul style="list-style-type: none"> regularly self-evaluate personal professional practice, and implement changes based on the results actively seek feedback from supervisors and colleagues on their own performance identify personal gaps in skills and knowledge, and engage in self-directed learning maintain current knowledge of new technologies, health care priorities, and changes of patients' expectations teach competently by imparting professional knowledge manage and monitor learner progress, providing regular assessment and feedback 	<ul style="list-style-type: none"> accept feedback constructively, and change behaviour in response recognise the limits of personal expertise, and involve other health professionals as needed demonstrate basic skills in facilitating colleagues' learning
Cultural safety	<ul style="list-style-type: none"> demonstrate culturally competent relationships with professional colleagues and patients demonstrate respect for diversity and difference take steps to minimise unconscious bias, including the impact of gender, religion, cultural beliefs, and socioeconomic background on decision making 	<ul style="list-style-type: none"> demonstrate awareness of cultural diversity and unconscious bias work effectively and respectfully with people from different cultural backgrounds
Ethics and professional behaviour	<ul style="list-style-type: none"> promote a team culture of shared accountability for decisions and outcomes encourage open discussion of ethical and clinical concerns respect differences of multidisciplinary team members understand the ethics of resource allocation by aligning optimal patients and organisational care effectively consult with stakeholders, achieving a balance of alternative views 	<ul style="list-style-type: none"> support ethical principles in clinical decision making maintain standards of medical practice by recognising the health interests of patients or populations as primary responsibilities respect the roles and expertise of other health professionals work effectively as a member of a team promote team values of honesty, discipline, and commitment to continuous improvement

	<ul style="list-style-type: none"> • acknowledge personal conflicts of interest and unconscious bias • act collaboratively to resolve behavioural incidents and conflicts such as harassment and bullying 	<ul style="list-style-type: none"> • demonstrate understanding of the negative impact of workplace conflict
Judgement and decision making	<ul style="list-style-type: none"> • evaluate health services and clarify expectations to support systematic, transparent decision making • make decisions when faced with multiple and conflicting perspectives • ensure medical input to organisational decision making • adopt a systematic approach to analysing information from a variety of specialties to make decisions that benefit health care delivery • recognise own limitations and seek help, when required, in an appropriate way 	<ul style="list-style-type: none"> • monitor services and provide appropriate advice • review new health care interventions and resources • interpret appropriate data and evidence for decision making • inadequately consult with senior colleagues
Leadership, management, and teamwork	<ul style="list-style-type: none"> • combine team members' skills and expertise in delivering patient care and/or population advice • develop and lead effective multidisciplinary teams by developing and implementing strategies to motivate others • build effective relationships with multidisciplinary team members to achieve optimal outcomes • ensure all members of the team are accountable for their individual practice 	<ul style="list-style-type: none"> • understand the range of personal and other team members' skills, expertise, and roles • acknowledge and respect the contribution of all health professionals involved in patients' care • participate effectively and appropriately in multidisciplinary teams • seek out and respect the perspectives of multidisciplinary team members when making decisions
Health policy, systems, and advocacy	<ul style="list-style-type: none"> • engage in appropriate consultation with stakeholders on the delivery of health care • advocate for the resources and support for healthcare teams to achieve organisational priorities • influence the development of organisational policies and procedures to optimise health outcomes • identify the determinants of health of the population, and mitigate barriers to access to care • be familiar with institutional support frameworks and options when advocating for patients or disadvantaged populations • remove self-interest from solutions to health advocacy issues 	<ul style="list-style-type: none"> • communicate with stakeholders within the organisation about health care delivery • understand methods used to allocate resources to provide high-quality care • promote the development and use of organisational policies and procedures

EPA 2: Supervision and teaching

Theme	Supervision and teaching		AT-EPA-02
Title	Supervise and teach professional colleagues		
Description	<p>This activity requires the ability to:</p> <ul style="list-style-type: none">• provide work-based teaching in a variety of settings• teach professional skills• create a safe and supportive learning environment• plan, deliver, and provide work-based assessments• encourage learners to be self-directed and identify learning experiences• supervise learners in day-to-day work, and provide feedback• support learners to prepare for assessments.		
Behaviours			
<u>Professional practice framework domain</u>	Ready to perform without supervision	Requires some supervision	
	<p>Expected behaviours of a trainee who can routinely perform this activity without needing supervision</p> <p>The trainee will:</p>	<p>Possible behaviours of a trainee who needs some supervision to perform this activity</p> <p>The trainee may:</p>	
Medical expertise	<ul style="list-style-type: none">• combine high-quality care with high-quality teaching• explain the rationale underpinning a structured approach to decision making• consider the patient-centric view during consultations• consider the population health effect when giving advice• encourage the learner to consider the rationale and appropriateness of investigation and management options	<ul style="list-style-type: none">• teach learners using basic knowledge and skills	
	Communication	<ul style="list-style-type: none">• establish rapport and demonstrate respect for junior colleagues, medical students, and other health professionals• communicate effectively when teaching, assessing, and appraising learners• actively encourage a collaborative and safe learning environment with learners and other health professionals• encourage learners to tailor communication as appropriate for different patients⁵, such as younger or older people, and different populations	<ul style="list-style-type: none">• demonstrate accessible, supportive, and compassionate behaviour

⁶ References to patients in the remainder of this document may include their families, whānau, and/or carers.

	<ul style="list-style-type: none"> • support learners to deliver clear, concise, and relevant information in both verbal and written communication • listen and convey information clearly and considerately 	
Quality and safety	<ul style="list-style-type: none"> • support learners to deliver quality care while maintaining their own wellbeing • apply lessons learnt about patient safety by identifying and discussing risks with learners • assess learners' competence, and provide timely feedback to minimise risks to care • maintain the safety of patients and organisations involved with education, and appropriately identify and action concerns 	<ul style="list-style-type: none"> • observe learners to reduce risks and improve health outcomes
Teaching and learning	<ul style="list-style-type: none"> • demonstrate knowledge of the principles, processes, and skills of supervision • provide direct guidance to learners in day-to-day work • work with learners to identify professional development and learning opportunities based on their individual learning needs • offer feedback and role modelling • participate in teaching and supervision of professional development activities • encourage self-directed learning and assessment • develop a consistent and fair approach to assessing learners • tailor feedback and assessments to learners' goals • seek feedback and reflect on own teaching by developing goals and strategies to improve • establish and maintain effective mentoring through open dialogue • support learners to identify and attend formal and informal learning opportunities • recognise the limits of personal expertise, and involve others appropriately 	<ul style="list-style-type: none"> • demonstrate basic skills in the supervision of learners • apply a standardised approach to teaching, assessment, and feedback without considering individual learners' needs • implement teaching and learning activities that are misaligned to learning goals • adopt a teaching style that discourages learner self-directedness
Research	<ul style="list-style-type: none"> • clarify junior colleagues' research project goals and requirements, and provide feedback regarding the merits or challenges of proposed research 	<ul style="list-style-type: none"> • guide learners with respect to the choice of research projects • ensure that the research projects planned are feasible and of suitable standards

	<ul style="list-style-type: none"> • monitor the progress of learners' research projects regularly, and may review research projects prior to submission • support learners to find forums to present research projects • encourage and guide learners to seek out relevant research to support practice 	
Cultural safety	<ul style="list-style-type: none"> • role model a culturally appropriate approach to teaching • encourage learners to seek out opportunities to develop and improve their own cultural safety • encourage learners to consider culturally appropriate care of Aboriginal and Torres Strait Islander peoples and Māori into patients' management • consider cultural, ethical, and religious values and beliefs in teaching and learning 	<ul style="list-style-type: none"> • function effectively and respectfully when working with and teaching with people from different cultural backgrounds
Ethics and professional behaviour	<ul style="list-style-type: none"> • apply principles of ethical practice to teaching scenarios • act as a role model to promote professional responsibility and ethics among learners • respond appropriately to learners seeking professional guidance 	<ul style="list-style-type: none"> • demonstrate professional values, including commitment to high-quality clinical standards, compassion, empathy, and respect • provide learners with feedback to improve their experiences
Judgement and decision making	<ul style="list-style-type: none"> • prioritise workloads and manage learners with different levels of professional knowledge or experience • link theory and practice when explaining professional decisions • promote joint problem solving • support a learning environment that allows for independent decision making • use sound and evidence-based judgement during assessments and when giving feedback to learners • escalate concerns about learners appropriately • recognise own limitations and seek help, when required, in an appropriate way 	<ul style="list-style-type: none"> • provide general advice and support to learners • use health data logically and effectively to investigate difficult diagnostic problems • inadequately consult with senior colleagues
Leadership, management, and teamwork	<ul style="list-style-type: none"> • maintain personal and learners' effective performance and continuing professional development • maintain professional, clinical, research, and/or administrative responsibilities while teaching 	<ul style="list-style-type: none"> • demonstrate the principles and practice of professionalism and leadership in health care • participate in mentor programs, career advice, and general counselling

	<ul style="list-style-type: none"> • create an inclusive environment in which learners feel part of the team • help shape organisational culture to prioritise quality and work safety through openness, honesty, shared learning, and continued improvement 	
Health policy, systems, and advocacy	<ul style="list-style-type: none"> • advocate for suitable resources to provide quality supervision and maintain training standards • explain the value of health data in the care of patients or populations • be familiar with institutional support frameworks and options when advocating for patients or disadvantaged populations • support innovation in teaching and training 	<ul style="list-style-type: none"> • incompletely integrate public health principals into teaching and practice

EPA 3: Quality and service improvement

Theme	Quality and service improvement		AT-EPA-03
Title	Identify and address improvement opportunities in health care quality, efficiency, and effectiveness		
Description	<p>This activity requires the ability to:</p> <ul style="list-style-type: none">• identify, analyse, and report actual and potential ('near miss') events• conduct root cause analysis / gap analysis using appropriate tools• recognise and apply quality improvement methodology, including audit cycles• conduct and evaluate system improvement activities• recognise and interpret systems' quality and performance indicators• adhere to best practice guidelines• contribute to the development of policies and protocols designed to protect patients and enhance sustainable health care• monitor one's own practice and develop individual improvement plans.		
Behaviours			
<u>Professional practice framework domain</u>	Ready to perform without supervision	Requires some supervision	
	<p>Expected behaviours of a trainee who can routinely perform this activity without needing supervision</p> <p>The trainee will:</p> <ul style="list-style-type: none">• review patients¹⁶ or population health outcomes to identify opportunities for improvement in delivering appropriate care• evaluate environmental and lifestyle health risks, and advocate for healthy lifestyle choices• use standardised protocols to adhere to best practice and prevent the occurrence of wrong-site, wrong-patient procedures• regularly monitor personal professional performance• use relevant guidelines to develop clinical quality and performance indicators• use key aspects of healthcare safety, quality, and system governance• comprehend, and use, data systems that enable regular auditing and reviews of processes of care and patient outcomes	<p>Possible behaviours of a trainee who needs some supervision to perform this activity</p> <p>The trainee may:</p> <ul style="list-style-type: none">• contribute to processes on identified opportunities for improvement• recognise the importance of prevention and early detection in clinical practice• use local guidelines to assist decision making for patient care	
Medical expertise			

⁶ References to patients in the remainder of this document may include their families, whānau, and/or carers.

	<ul style="list-style-type: none"> • evaluate the quality of health care in practice • identify evidence-based practice gaps using clinical quality and performance indicator measurements • develop quality improvement strategies and methods to measure response • identify systemic factors that drive health system change currently and into the future, and consider approaches to address these 	
Communication	<ul style="list-style-type: none"> • advocate for patients in critical errors / 'near misses', and partner with patients in system improvement • approach patient care and the healthcare system holistically, in terms of being able to identify stakeholders to participate in multidisciplinary quality improvement discussions • discuss with patients any safety and quality concerns they have relating to their care • enable the healthcare team to effectively communicate safety and quality concerns between team members and with patients • implement the organisation's open disclosure policy and statutory duty of candour • encourage patients and carers to take an active role in advocating for their own safety and wellbeing • verify quality and accuracy of reports or documentation generated by others and technologies, including artificial intelligence-informed large language models • incorporate appropriate LGBTQIA+ safe language, including gender affirming language 	<ul style="list-style-type: none"> • demonstrate awareness of the evidence for consumer engagement and its contribution to quality improvement in health care • apply knowledge of how health literacy might affect the way patients or populations gain access to, understand, and use health information
Quality and safety	<ul style="list-style-type: none"> • demonstrate an awareness of evolving concepts and approaches to quality and safety improvement, and management of risks within organisations • demonstrate safety skills, including infection control, adverse event reporting, and effective clinical handover 	<ul style="list-style-type: none"> • be cognisant of a systematic approach to improving the quality and safety of health care • demonstrate awareness of the steps required in performing quality improvement projects

	<ul style="list-style-type: none"> participate in organisational quality and safety activities, including morbidity and mortality reviews, clinical incident reviews, root cause analyses, and corrective action preventative action plans participate in systems for surveillance and monitoring of adverse events and 'near misses', including reporting such events ensure that identified opportunities for improvement are raised and reported appropriately use quality improvement methodologies (including clinical audits) and registries of data on patients' experiences and outcomes, learnings from incidents, and complaints to improve care demonstrate awareness of factors that influence health care quality and safety, including the measurement and interpretation of key performance and quality indicators 	
Teaching and learning	<ul style="list-style-type: none"> participate in professional training in quality and safety to ensure a contemporary approach to safety system strategies translate quality improvement methodology into practice supervise and manage the performance of junior colleagues in the delivery of high-quality, safe care identify opportunities to increase the education and training of multidisciplinary team members in quality and service improvement 	<ul style="list-style-type: none"> work within organisational quality and safety systems for the delivery of clinical care use opportunities to learn about safety and quality theory and systems
Research	<ul style="list-style-type: none"> demonstrate the ability to carry out critical appraisal of the literature identify opportunities for research, focusing on quality and service improvements ensure that any protocol for human research is approved by a human research ethics committee, in accordance with the National Statement on Ethical Conduct in Human Research demonstrate familiarity with quality improvement research guidelines 	<ul style="list-style-type: none"> demonstrate awareness that patient participation in research is voluntary and based on an informed consent process regarding the purpose, methods, demands, risks, and potential benefits of the research demonstrate awareness of the ethics application process for conducting research and the various levels of 'risk' associated with clinical research
Cultural safety	<ul style="list-style-type: none"> recognise the vulnerability of marginalised patient groups involved in quality assurance or research 	<ul style="list-style-type: none"> communicate effectively with patients from culturally and linguistically diverse backgrounds

	<ul style="list-style-type: none"> undertake professional development opportunities that address the impact of cultural bias on health outcomes 	
Ethics and professional behaviour	<ul style="list-style-type: none"> align improvement goals with the priorities of the organisation contribute to developing an organisational culture that enables and prioritises patients' safety and quality care 	<ul style="list-style-type: none"> comply with professional regulatory requirements and codes of conduct
Judgement and decision making	<ul style="list-style-type: none"> use decision-making support tools, such as guidelines, protocols, pathways, and reminders analyse and evaluate current care processes to improve care delivery explain human factors affecting safety, and describe strategies to prevent human error evaluate quality of processes and outcomes through well-designed quality improvement initiatives analyse adverse incidents using appropriate root cause / gap analysis tools to identify system failures and contributing factors evaluate improvement initiatives for outcomes and sustainability recognise own limitations and seek help, when required, in an appropriate way 	<ul style="list-style-type: none"> access information and advice from other health practitioners to identify, evaluate, and improve patients' care management inadequately consult with senior colleagues
Leadership, management, and teamwork	<ul style="list-style-type: none"> formulate and implement quality improvement strategies with the multidisciplinary team to manage the complex care needs of patients and reduce complication risk promote and foster interprofessional education and collaborative practice to optimise the safety and quality of care foster a critical, data driven, evidence-based, multidisciplinary, and systems-orientated approach to quality and safety issues lead the development of project plans that identify enablers, barriers, stakeholders, and risks, and articulate implementation methods 	<ul style="list-style-type: none"> demonstrate attitudes of respect and cooperation among members of different professional teams partner with clinicians and managers to ensure patients receive appropriate care and information on their care
Health policy, systems, and advocacy	<ul style="list-style-type: none"> participate in all aspects of the development, implementation, evaluation, and monitoring of governance processes identify and address equity impacts on quality of care through quality improvement 	<ul style="list-style-type: none"> maintain a dialogue with service managers about issues that affect patients' care contribute to relevant organisational policies and procedures

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- be familiar with institutional support frameworks and options when advocating for patients or disadvantaged populations
 - participate regularly in multidisciplinary meetings where quality and safety issues are standing agenda items, and where innovative ideas and projects for improving care are actively encouraged
 - measure, analyse, and report a set of specialty-specific process of care and outcome clinical indicators, and a set of generic safety indicators
 - outline health policies relevant to society
 - evaluate the quality and safety systems implemented within the workplace, and identify gaps in the structure of these systems
 - devise and implement quality improvement strategies, such as clinical guidelines, reminders, academic detailing, and decision supports at a local level
 - consider the importance of environmental sustainability when designing health systems and policies
 - develop improvement plans that integrate local and system contexts
 - establish data systems that enable regular monitoring and evaluation of processes of care and patient outcomes for specific patient populations
 - develop policies informed by clinical practice
 - actively and constructively advocate for individuals, populations, and health services lacking power and voice to improve care delivery
 - seek to mitigate inequities of geographical isolation and lack of health service access on care provision
 - encourage a culture of reporting safety incidents with a focus on systems issues and a no-blame culture
- help shape an organisational culture that prioritises safety and quality through openness, honesty, learning, and quality improvement
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- take part in the design and implementation of the organisational systems for:
 - » clinical education and training
 - » defining the scope of clinical practice
 - » performance monitoring and management
 - » safety and quality education and training
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EPA 4: Clinical assessment and management

Theme	Clinical assessment and management		AT-EPA-04
Title	Clinically assess and manage the ongoing care of patients		
Description	<p>This activity requires the ability to:</p> <ul style="list-style-type: none">• identify and access sources of relevant information about patients⁷• obtain thorough patient histories• systematically evaluate patients' physical, medical, psychological, and functional status within their specific social and environmental context• synthesise findings to develop provisional and differential diagnoses• use a shared decision-making approach to develop care plans based on the findings of comprehensive assessments, and discuss with patients, families, whānau, and/or carers• manage acute and chronic multisystem health problems• develop comprehensive management plans that effectively prioritise care needs amidst competing priorities in a range of settings• work collaboratively with other health professionals as part of a multidisciplinary team to provide holistic care• actively assess patients' response to management, and re-evaluate treatment plans regularly• identify potential risks and employ preventative strategies against adverse events where possible.		
Behaviours			
<u>Professional practice framework domain</u>	Ready to perform without supervision	Requires some supervision	
	Expected behaviours of a trainee who can routinely perform this activity without needing supervision	Possible behaviours of a trainee who needs some supervision to perform this activity	
Medical expertise	The trainee will:	The trainee may:	
	<ul style="list-style-type: none">• elicit accurate, organised, and problem-focused medical histories, considering physical, psychosocial, and risk factors• obtain collateral history from carers, relatives, and other health professionals• perform appropriate and thorough physical examinations to establish the nature and extent of problems• adapt approach to history and examination in specific situations• obtain and review relevant past results, specialist reports, and hospital summaries to facilitate accurate knowledge of patient background and avoid duplication		

⁷ References to patients in the remainder of this document may include their families, whānau, and/or carers.

	<ul style="list-style-type: none"> • obtain accurate medication history, and always prescribe within the current clinical context • synthesise multisource information to form comprehensive patient assessments, including functional and cognitive capacity where appropriate • recognise and act when elements of a history or examination do not fit with expectations or an obvious pattern • assess the severity of problems, the likelihood of complications, and clinical outcomes • generate comprehensive problem lists, and appropriately prioritise management of individual problems within the current clinical context • synthesise and interpret findings to devise the most likely provisional diagnoses and reasonable differential diagnoses • recognise the significance and limitations of clinical and examination findings, and be able to interpret these in the relevant patient context • tailor and prioritise investigations and management for individual patients' circumstances • be cognisant of the inter-relatedness of physical / medical and psychiatric illness, and the relevance of this in management • re-assess management with regards to patient progress, making appropriate changes as clinically indicated • recognise an actively deteriorating patient, and when to escalate management versus reaching medical futility 	
Communication	<ul style="list-style-type: none"> • communicate openly, actively listen, and take patients' concerns seriously, giving them adequate opportunity to ask questions • incorporate appropriate LGBTQIA+ safe language, including gender affirming language • engage patients in exploration of the biological, psychological, and social components of their illness 	<ul style="list-style-type: none"> • anticipate, read, and respond to verbal and nonverbal cues • demonstrate active listening skills • communicate patients' situations to colleagues, including senior clinicians

	<ul style="list-style-type: none"> • provide information to patients and their family or carers to enable them to make fully informed decisions from various diagnostic, therapeutic, and management options • assess decision-making capacity, and review patients who want to discharge against medical advice • explain and discuss the risks, benefits, and costs (monetary and adverse effects) of diagnostic and therapeutic interventions • discuss prognosis, and formulate realistic treatment goals • collaborate with other specialties to balance conflicting treatment choices with patients' overall best interests • explain medical management plans clearly and promptly as part of a multidisciplinary team • check quality and accuracy of reports or documentation generated by others and technologies, including artificial intelligence-informed large language models • demonstrate effective strategies to minimise patient risk at points of clinical handover / change in patient care providers • support patients and families in adjusting to acute and chronic illness • provide clear and concise medicolegal and administrative reports • provide timely updates to both patients and other healthcare providers in the event of a change in clinical condition or management • discuss emotive issues with sensitivity, such as futility, limits of care, patient deterioration, and impending or unexpected death 	
Quality and safety	<ul style="list-style-type: none"> • demonstrate safety skills, including infection control, adverse event reporting, and effective clinical handover • recognise and effectively deal with aggressive and violent patient behaviours through appropriate training 	<ul style="list-style-type: none"> • document history and physical examination findings, and synthesise with clarity and completeness • take precaution against assaults from confused or agitated patients, ensuring appropriate care of patients

	<ul style="list-style-type: none"> • be aware of gender stereotypes and bias, including the importance of using correct pronouns • obtain informed consent before undertaking any investigation or providing treatment (except in an emergency) • ensure patients are informed of the material risks associated with any part of proposed management plans • ensure patients' safety while avoiding inappropriate overuse of investigations • practice open disclosure in the event of medical error • report any perceived risk to clinical safety, such as inadequate staffing levels or access blocks • demonstrate an awareness of evolving concepts and approaches to quality and safety improvement, and management of risks within organisations • demonstrate an ability to weigh the risk / benefit of proposed treatments against the risk / benefit of doing nothing 	<ul style="list-style-type: none"> • perform hand hygiene, and take infection control precautions at appropriate moments
Teaching and learning	<ul style="list-style-type: none"> • set defined objectives for clinical teaching encounters, and elicit feedback on mutually agreed goals • self-evaluate clinical practice • obtain informed consent before involving patients in teaching activities • turn clinical activities into an opportunity to teach, appropriate to the setting • engage in continual professional development activities • consolidate dissonance between clinical heuristics and evidence-based medicine • demonstrate methods for updating clinical beliefs and practices as new valid evidence becomes available 	<ul style="list-style-type: none"> • set unclear goals and objectives for self-learning • self-reflect infrequently • deliver teaching considering learners' level of training
Research	<ul style="list-style-type: none"> • demonstrate the ability to accurately interrogate available literature when required for clinical care • critically appraise literature, demonstrate awareness of limitations, and apply available evidence to the diagnosis and management of patients 	<ul style="list-style-type: none"> • refer to guidelines and medical literature to assist in clinical assessments when required • demonstrate awareness of the limitations of evidence and the challenges of applying research in daily practice

	<ul style="list-style-type: none"> • formulate research questions relevant to clinical practice and health systems to address practice gaps or ongoing needs • foster enquiry and research among colleagues in response to unanswered clinical questions • be aware of active clinical trials being undertaken in the workplace • explain how to report possible adverse events for patients participating in clinical trials • characterise personal clinical reasoning style and determine its alignment with evidence-based approaches 	
Cultural safety	<ul style="list-style-type: none"> • explain the need for culturally safe care • recognise the specific challenges for patients from culturally diverse backgrounds • explain cultural diversity and how this affects patients' health and interactions with the healthcare system • use culturally specific patient resources and physical spaces when available • use professional language interpreters and translated written material when available • engage specific support services when available, such as Aboriginal liaison services and Hāpai Kaimahi Hauora • ask patients about their preferences, such as name, family involvement, and same-gendered staff • be aware of gender stereotypes and bias, including the importance of using correct pronouns • demonstrate effective and culturally safe communication and care for Aboriginal and Torres Strait Islander peoples and Māori, and members of other cultural groups • acknowledge patients' beliefs and values, and how these might impact on health 	<ul style="list-style-type: none"> • display respect for patients' cultures, and attentiveness to social determinants of health • be cognisant of at least the most prevalent cultures in society, and an appreciation of their sensitivities • appropriately access interpretive or culturally focused services
Ethics and professional behaviour	<ul style="list-style-type: none"> • demonstrate professional values, including compassion, empathy, respect for diversity, integrity, honesty, and partnership to all patients 	<ul style="list-style-type: none"> • demonstrate professional conduct, honesty, and integrity • consider patients' decision-making capacity

	<ul style="list-style-type: none"> • hold information about patients in confidence, unless the release of information is required by law or public interest • reflect on cases where clinical enquiry and judgements have led to incorrect clinical decisions 	<ul style="list-style-type: none"> • identify patients' preferences regarding management and the role of families in decision making • not advance personal interest or professional agendas at the expense of patient or social welfare • identify local requirements for informed consent
Judgement and decision making	<ul style="list-style-type: none"> • assess patients' capacity for decision making, involving a proxy decision maker appropriately • explain the range of certainty around diagnoses, and the benefits and risks of treatments • apply knowledge and experience to identify patients' problems, making logical, rational decisions, and acting to achieve positive outcomes for patients • use a holistic approach to patient care, considering comorbidity, uncertainty risk, and patient preference • use the best available evidence for the most effective therapies and interventions to ensure quality care • evaluate the value of diagnostic tests in terms of sensitivity, specificity, likelihood ratios, predictive value, cost effectiveness, reproducibility, and patient convenience • implement processes to facilitate reflection and review of clinical cases that elicited doubt or uncertainty • appraise the accuracy, relevance, and ability to implement recommendations provided by other specialists • reconcile conflicting advice from other specialties, and apply judgement in making clinical decisions in the presence of uncertainty • recognise and acknowledge when the diagnosis is not clear despite appropriate investigation • identify situations where integrated care is in the best interests of individual patients • recognise own limitations and seek help, when required, in an appropriate way 	<ul style="list-style-type: none"> • demonstrate clinical reasoning by gathering focused information relevant to patients' care • recognise personal limitations and seek help, when required, in an appropriate way

<p>Leadership, management, and teamwork</p>	<ul style="list-style-type: none"> • determine the appropriate admitting team based on the care needs for individual patients, and be able to negotiate with other admitting teams • set clear parameters for monitoring medical illness and/or escalating medical care • demonstrate ability to recognise a colleague in difficulty, and how to evaluate and address the potential implications on their wellbeing and risk, and on patient safety • collaborate with specialty colleagues, and facilitate their input to provide optimal patient care • collaborate with allied health disciplines to ensure effective multidisciplinary teamwork • manage under-performing staff members • deal with conflict in a constructive and respectful way • demonstrate task delegation to maximise efficiency and the appropriate use of individual skill sets and teaching / learning without compromising patient safety • recognise factors required to build an effective team • demonstrate and encourage effective time management and task prioritisation while working within a team • give both positive and negative feedback to staff members under supervision 	<ul style="list-style-type: none"> • share relevant information with members of the healthcare team
<p>Health policy, systems, and advocacy</p>	<ul style="list-style-type: none"> • participate in health promotion, disease prevention and control, screening, and reporting of notifiable diseases • contribute to the development of guidelines and protocols • explain the difficulties of balancing equitable resource allocation • recognise key equity determinants as they pertain to clinical care, and devise strategies to address them • be familiar with institutional support frameworks and options when advocating for patients or disadvantaged populations 	<ul style="list-style-type: none"> • identify and navigate components of the healthcare system relevant to patients' care • identify and access relevant community resources to support patients' care

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- communicate system-level concerns through appropriate local channels
 - advocate for high cost or off-label medication for individual patients when needed
 - work with healthcare systems to develop innovative ways to balance quality care delivery with resource limitations and cost
 - contribute to clinical redesign projects
 - advocate for all disadvantaged, unsupported, and/or vulnerable patient groups to improve access and delivery of care
 - consider the importance of environmental sustainability when designing health systems and policies
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EPA 5: Management of transitions in care

Theme	Management of transitions in care		AT-EPA-05
Title	Manage the transition of patient care between health professionals, providers, and contexts		
Description	<p>This activity requires the ability to:</p> <ul style="list-style-type: none">manage transition of patients' care to ensure the optimal continuation of care between providersidentify the appropriate care providers and other stakeholders with whom to share patient⁸ informationexchange pertinent, contextually appropriate, and relevant patient informationperform this activity in multiple settings, appropriate to the speciality, including ambulatory, critical care, and inpatient settings.		
Behaviours			
<u>Professional practice framework domain</u>	Ready to perform without supervision	Requires some supervision	
	Expected behaviours of a trainee who can routinely perform this activity without needing supervision	Possible behaviours of a trainee who needs some supervision to perform this activity	
	The trainee will:	The trainee may:	
Medical expertise	<ul style="list-style-type: none">manage referrals, including discharges to primary care, complex ambulatory care models (such as hospital in the home), in- and out-bound interhospital transfers, and handover between shiftsapply understanding of transition needs between life stages, including the role of healthcare systems	<ul style="list-style-type: none">demonstrate awareness of the details of patients' conditions, illness severity, and potential emerging issues, with appropriate actionsprovide accurate summaries of patients' information with accurate identification of problems or issues	
	<ul style="list-style-type: none">facilitate an optimal transition of care for patients, including, but not limited to, handover meetingsidentify and manage key risks for patients during transitionanticipate possible changes in patients' conditions, and provide recommendations on how to manage themimplement measures to ensure patient care is appropriately monitored and reviewed as required		
Communication	<ul style="list-style-type: none">use digital communication tools and applications to aid in safe communication at transitions of care	<ul style="list-style-type: none">communicate clearly with clinicians and other caregivers	

⁸ References to patients in the remainder of this document may include their families, whānau, and/or carers.

	<ul style="list-style-type: none"> • write relevant and detailed medical record entries, including clinical assessments and management plans • write comprehensive and accurate summaries of care, including discharge summaries, clinic letters, and transfer documentation • initiate and maintain verbal communication with other health professionals when required • communicate with patients, families, and/or carers about transitions of care, and engage and support these parties in decision making, including appropriate safety-netting advice • communicate proactively with peers and managers regarding workload and patient care issues when required • incorporate appropriate LGBTQIA+ safe language, including gender affirming language • communicate effectively and apply understanding of the role of primary care providers • check quality and accuracy of reports or documentation generated by others and technologies, including artificial intelligence-informed large language models 	<ul style="list-style-type: none"> • use standardised verbal and written templates to improve the reliability of information transfer and prevent errors and omissions • communicate accurately and in a timely manner to ensure effective transitions between settings, and continuity and quality of care
Quality and safety	<ul style="list-style-type: none"> • identify and mitigate risks present during transitions of care or handover • use and respect the expertise of primary care professionals in coordinating care of patients outside hospital • recognise the importance of the context of care in the environments to which patients transition • work with colleagues to ensure management plans are appropriate and sustainable in the new context • use electronic tools (where available) to securely store and transfer patient information • use consent processes, including written consent if required, for the release and exchange of information 	<ul style="list-style-type: none"> • ensure that handover is complete, or work to mitigate risks if incomplete • ensure all outstanding results or procedures are followed up by receiving units and clinicians • keep patients' information secure, adhering to relevant legislation regarding personal information and privacy

	<ul style="list-style-type: none"> recognise the medicolegal context of professional communications, including confidentiality and conflicts of interest 	
Teaching and learning	<ul style="list-style-type: none"> integrate clinical education in handover sessions and other transition of care meetings tailor clinical education to the level of the professional parties involved demonstrate and teach best practice in handover, including closed-loop communication, and written and oral communication between health professionals 	<ul style="list-style-type: none"> take opportunities to teach junior colleagues during handover, as necessary
Cultural safety	<ul style="list-style-type: none"> ensure culturally safe communication, paying attention to culture and language ensure patient-centred care by eliciting patient preferences respect patients' choices whenever they are realistic and possible acknowledge and allow for differences in worldview and how this may impact on transitions in care and care planning recognise the timing, location, privacy, and appropriateness of sharing information with patients, whānau, their families, or carers 	<ul style="list-style-type: none"> include relevant information regarding patients' cultural or ethnic background in handovers, and whether an interpreter is required
Ethics and professional behaviour	<ul style="list-style-type: none"> disclose only contextually appropriate medical and personal information recognise the clinical, ethical, and legal rationale for information disclosure share information about patients' care in a manner consistent with privacy laws and professional guidelines on confidentiality explain the additional complexity related to some types of information, such as genetic information and blood-borne virus status, and seek appropriate advice about disclosure of such information interact in a collegial and collaborative way with professional colleagues during transitions of care 	<ul style="list-style-type: none"> maintain respect for patients, families, carers, and other health professionals, including respecting privacy and confidentiality
Judgement and decision making	<ul style="list-style-type: none"> ensure patients' care is in the most appropriate facility, setting, or provider 	<ul style="list-style-type: none"> use a structured approach to consider and prioritise patients' issues

	<ul style="list-style-type: none"> • facilitate patient care provision when disadvantage or vulnerability is present, such as lack of services or geographical isolation • make appropriate decisions regarding referring or transferring patients to other services for further assessment, including regional and remote patients 	<ul style="list-style-type: none"> • recognise personal limitations and seek help in an appropriate way when required
Leadership, management, and teamwork	<ul style="list-style-type: none"> • share the workload of transitions of care appropriately, including delegation • recognise the medical governance of patient care, and the differing roles of team members • work effectively as a member of professional teams, showing respect for the roles and expertise of other health professionals • ensure that multidisciplinary teams provide the opportunity for patients' engagement and participation when appropriate 	<ul style="list-style-type: none"> • recognise factors that impact on the transfer of care, and help subsequent health professionals understand the issues to continue care • work to overcome the potential barriers to continuity of care, appreciating the role of handover in overcoming these barriers
Health policy, systems, and advocacy	<ul style="list-style-type: none"> • contribute to processes for managing risks, and identify strategies for improvement in transitions of care • engage in organisational processes to improve transitions of care, such as formal surveys or follow-up phone calls after hospital discharge • work with primary care liaison teams and networks to foster continuous improvement in safe transitions to primary care • identify and build partnerships between metropolitan and rural health services to enable optimal patient care • recognise equity barriers that may impact on safe transitions of care, and mechanisms through which these may be addressed • be familiar with institutional support frameworks and options when advocating for patients or disadvantaged populations 	<ul style="list-style-type: none"> • factor transport issues and costs to patients into arrangements for transferring patients to other settings

EPA 6: Acute care

Theme	Acute care	AT-EPA-06
Title	Manage those who are acutely unwell and stabilise haemodynamic compromise	
Description	<p>This activity requires the ability to:</p> <ul style="list-style-type: none">• assess seriously unwell patients⁹, and initiate management• recognise clinical deterioration, and respond by following the local process for escalation of care• recognise and manage acutely unwell patients who require resuscitation (primarily in inpatient settings) and provide advanced life support• liaise with transport services and medical teams.	
Behaviours		
<u>Professional practice framework domain</u>	Ready to perform without supervision	Requires some supervision
	<p>Expected behaviours of a trainee who can routinely perform this activity without needing supervision</p> <p>The trainee will:</p> <ul style="list-style-type: none">• recognise immediate life-threatening conditions and deteriorating and critically unwell patients, and respond appropriately• perform advanced life support according to resuscitation council guidelines• lead a medical emergency / rapid response team• explain potential risks and complications of resuscitation• assess, diagnose, and manage acute undifferentiated clinical presentations• select investigations that ensure maximum patient safety through excluding or diagnosing critical patient issues• discuss goals of care, limitations, or escalation of treatment with patients and families• systematically identify causes of acute deterioration in health status and levels of physical and cognitive functioning• formulate complete and reasoned problem lists	<p>Possible behaviours of a trainee who needs some supervision to perform this activity</p> <p>The trainee may:</p> <ul style="list-style-type: none">• recognise seriously unwell patients requiring immediate care• apply basic life support as indicated• recognise general medical principles of caring for patients with undifferentiated and undiagnosed conditions• identify potential causes of current deterioration, and comply with escalation protocols• facilitate initial tests to assist in diagnosis, and develop management plans for immediate treatment• document information to outline the rationale for clinical decisions and action plans• assess perioperative and periprocedural patients
Medical expertise		

⁹ References to patients in the remainder of this document may include their families, whānau, and/or carers.

	<ul style="list-style-type: none"> • manage escalations or transitions of care in a proactive and timely manner • initiate empirical therapy aimed at stabilising patients and avoiding irreversible organ failure pending definitive diagnosis • formulate management plans that recognise treatment interactions with multisystem diseases and comorbidities • create contingency plans when initial management plans do not provide the expected outcome • develop management plans that are based on medical assessment of clinical condition and multidisciplinary assessment of functional capacity • provide clear and effective discharge summaries with recommendations for ongoing care • optimise medical management perioperatively 	
Communication	<ul style="list-style-type: none"> • communicate clearly and in a timely manner with other team members, and coordinate efforts of multidisciplinary team members • communicate with emergency medical staff and colleagues to optimise continuity of patient care and explore alternatives to hospitalisation • use closed-loop, clear communication with other healthcare team members during resuscitation • document sufficient information to outline rationale for clinical decisions and management plans • facilitate early communication with patients, families, and healthcare team members to allow shared decision making • negotiate realistic treatment goals, and determine and explain the expected prognoses and outcomes • employ communication strategies appropriate for younger patients or those with cognitive difficulties • explain the situation to patients in a sensitive and supportive manner, avoiding jargon and confirming their understanding 	<ul style="list-style-type: none"> • demonstrate communication skills to sufficiently support the function of multidisciplinary teams • determine patients' understanding of their diseases and what they perceive as the most desirable goals of care

	<ul style="list-style-type: none"> determine the level of health literacy of individual patients, and their level of understanding of agreed care decisions clearly and succinctly perform handover to the next treating team communicate requirements for nursing care, including frequency of observations and the time of the next planned review 	
Quality and safety	<ul style="list-style-type: none"> maintain up-to-date certification in advanced life support use clinical information technology systems for conducting prospective and retrospective clinical audits evaluate and explain the benefits and risks of clinical interventions based on individual patients' circumstances analyse adverse incidents and sentinel events to identify system failures and contributing factors identify evidence-based practice gaps using clinical indicators, and implement changes to improve patients' outcomes coordinate and encourage innovation, and objectively evaluate improvement initiatives for outcomes and sustainability 	<ul style="list-style-type: none"> evaluate the quality of processes through well-designed audits recognise the risks and benefits of operative interventions raise appropriate issues for review at morbidity and mortality meetings evaluate the quality and safety processes implemented within the workplace, and identify gaps in their structure
Teaching and learning	<ul style="list-style-type: none"> demonstrate effective supervision skills and teaching methods adapted to the context of the training coordinate and supervise junior staff encourage questioning among junior colleagues and students in response to unanswered clinical questions seek guidance and feedback from healthcare teams to reflect on encounters and improve future patients' care 	<ul style="list-style-type: none"> mentor and train others to enhance team effectiveness provide constructive feedback to junior colleagues to contribute to improvements in individuals' skills coordinate and supervise junior colleagues from the emergency department and wards
Research	<ul style="list-style-type: none"> select studies based on optimal trial design, freedom from bias, and precision of measurement evaluate the value of treatments in terms of relative and absolute benefits, cost, potential patient harm, and feasibility 	<ul style="list-style-type: none"> demonstrate efficient searching of literature databases to retrieve evidence use information from credible sources to aid in decision making refer to evidence-based clinical guidelines and protocols on acutely unwell patients

	<ul style="list-style-type: none"> • evaluate the applicability of the results of clinical studies to the circumstances of individual patients, especially those with multiple comorbidities • specify research evidence to the needs of individual patients 	<ul style="list-style-type: none"> • demonstrate awareness of the limitations of the evidence and the challenges of applying research in daily practice
Cultural safety	<ul style="list-style-type: none"> • negotiate care decisions in a culturally appropriate way by considering variation in worldview, family structures, cultures, religion, or belief systems • consider cultural, ethical, and religious values and beliefs in leading multidisciplinary teams • integrate culturally appropriate models of care for Aboriginal and Torres Strait Islander peoples, Māori, and Pacific peoples into clinical practice • respectfully acknowledge culturally appropriate cares that may be received in parallel, such as mirimiri 	<ul style="list-style-type: none"> • practise cultural competency appropriate for the community serviced • proactively identify barriers to healthcare access
Ethics and professional behaviour	<ul style="list-style-type: none"> • develop management plans based on medical assessments of the clinical conditions and multidisciplinary assessments of functional capacity • advise patients of their rights to refuse medical therapy, including life-sustaining treatment • consider the consequences of delivering treatment that is deemed futile, directing to other care as appropriate • facilitate interactions within multidisciplinary teams, respecting values, encouraging involvement, and engaging all participants in decision making • demonstrate critical reflection on personal beliefs and attitudes, including how these may affect patient care and health care policy 	<ul style="list-style-type: none"> • communicate medical management plans as part of multidisciplinary plans • establish, where possible, patients' wishes and preferences about care • contribute to building a productive culture within teams
Judgement and decision making	<ul style="list-style-type: none"> • initiate appropriate bed management decisions • identify patients whose clinical acuity and complexity mandate inpatient management • identify patients whose clinical acuity requires intensive supervision in a relevant unit, such as the high dependency unit, intensive care unit, or coronary care unit 	<ul style="list-style-type: none"> • involve additional staff to assist in a timely fashion when required • recognise personal limitations and seek help in an appropriate way when required

	<ul style="list-style-type: none"> • apply selection criteria in identifying patients presenting acutely who are candidates for admission to medical assessment and planning units • recognise when a 'watch and wait' approach is justified • recognise the need for escalation of care, and escalate to appropriate staff or services • select and appropriately refer patients eligible for invasive intervention during acute or subacute phases of illness • adjust approach depending on needs of the current patient, others needing acute assessment, and staff and hospital resources • integrate evidence related to questions of diagnosis, therapy, prognosis, risks, and cause into clinical decision making • reconcile conflicting advice from other specialties, applying judgement in making clinical decisions in the presence of uncertainty • use care pathways effectively, including identifying reasons for variations in care 	
Leadership, management, and teamwork	<ul style="list-style-type: none"> • work collaboratively with staff in the emergency department, intensive care, and other subspecialty inpatient units • demonstrate timely multidisciplinary team engagement and community care delivery with clear leadership and management plan development • delegate routine tasks to others while assessing and managing patients of higher acuity • manage the transition of acute medical patients through their hospital journeys • lead a team by providing engagement while maintaining a focus on outcomes 	<ul style="list-style-type: none"> • collaborate with and engage other team members, based on their roles and skills • ensure appropriate multidisciplinary assessment and management • encourage an environment of openness and respect to lead effective teams
Health policy, systems, and advocacy	<ul style="list-style-type: none"> • use a considered and rational approach to the responsible use of resources, balancing costs against outcomes • prioritise patients' care based on need, and consider available healthcare resources 	<ul style="list-style-type: none"> • recognise the systems for the escalation of care for deteriorating patients • demonstrate awareness of the role of clinician leadership and advocacy in appraising and redesigning systems of care that lead to better patient outcomes

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- collaborate with emergency medicine staff and other colleagues to develop policies and protocols for the investigation and management of common acute medical problems
 - ensure acute care is provided in a timely fashion to disadvantaged and vulnerable patient groups through advocacy and health service development
 - identify equity determinants as they pertain to acute care, and devise strategies to address them
 - be familiar with institutional support frameworks and options when advocating for patients or disadvantaged populations
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EPA 7: Longitudinal care

Theme	Longitudinal care	AT-EPA-07
Title	Manage and coordinate the longitudinal care of patients with chronic illness, disability, and/or long-term health issues	
Description	<p>This activity requires the ability to:</p> <ul style="list-style-type: none">• develop management plans and goals in consultation with patients¹⁰, carers, and/or families• identify and address any barriers to meeting patients' goals• manage chronic and advanced conditions, complications, disabilities, and comorbidities• obtain and coordinate appropriate subspecialist advice, integrating and incorporating this into management plans in a holistic and considered manner• support holistic patient-centred care through the entirety of their illness / health condition• continually reassess and revise management plans and/or goals within the context of patient progress• collaborate with other care providers• ensure continuity of care• facilitate patients' and/or families' and/or carers' self-management and self-monitoring• engage with the broader health policy context.	
Behaviours		
<u>Professional practice framework domain</u>	Ready to perform without supervision Expected behaviours of a trainee who can routinely perform this activity without needing supervision	Requires some supervision Possible behaviours of a trainee who needs some supervision to perform this activity
	The trainee will:	The trainee may:
Medical expertise	<ul style="list-style-type: none">• assess and review care plans for patients with chronic conditions and disabilities, based on short- and long-term clinical and quality of life goals• provide documentation on patients' presentation, management, and progress, including key points of diagnosis and decision making, to inform coordination of care• make planning decisions that incorporate patients' wishes and priorities• develop comprehensive management plans for patients with complex care needs and their carers	<ul style="list-style-type: none">• integrate histories and examinations to generate accurate problem lists, and independently initiate appropriate management• integrate information from and provide leadership and direction to the multidisciplinary healthcare team• assess patients' knowledge, beliefs, concerns, and daily behaviours related to their chronic condition and/or disability and its management• accurately and succinctly contribute to medical record entries on histories, examinations, and management plans

¹⁰ References to patients in the remainder of this document may include their families, whānau, and/or carers.

	<ul style="list-style-type: none"> • incorporate primary and secondary preventative approaches into care plans • integrate screening and preventive health with ongoing medical care • monitor treatment outcomes, effectiveness, and adverse events • follow up patients with complex disease post admission and referral • carefully consider patient-specific factors, conflicting medical priorities, and patients' goals and wishes when deciding how and when to incorporate specialist management advice • identify and safely navigate necessary transitions in patients' care • recognise the presence of life-limiting conditions, and the potential implications of this for patients and families 	
Communication	<ul style="list-style-type: none"> • encourage patients' self-management through education to take greater responsibility for their care, and support problem solving • counsel patients on the impacts of the disease and/or treatment on fertility, driving, and employment • liaise with employers, education providers, and licensing authorities to safely manage illness or impairment when indicated • explain remedial risk factors and intervention strategies to patients and carers • discuss risks and benefits of proposed management plans with patients in an appropriate way • encourage patients' access to self-monitoring devices and assistive technologies • use motivational interviewing to encourage self-care and lasting behavioural change in patients • adapt communication techniques used to build and maintain clinical rapport with patients, including interpreters where appropriate • actively listen to patients • incorporate appropriate LGBTQIA+ safe language, including gender affirming language 	<ul style="list-style-type: none"> • provide healthy lifestyle advice and information on the importance of self-management to patients • work in partnership with patients, and motivate them to participate in and adhere to agreed care plans

	<ul style="list-style-type: none"> • communicate effectively with multidisciplinary team members, and involve patients in that dialogue • define discharge / handover endpoints during treatment planning • communicate regularly with other specialist providers who are directly involved in ongoing management • seek appropriate advice through accurate communication of the clinical question and patient-specific context when needed • synthesise and communicate all relevant specialist input into patients' care • provide effective communication of assessments, management plans, and outcomes of care to all relevant healthcare providers • check quality and accuracy of reports or documentation generated by others and technologies, including artificial intelligence-informed large language models • discuss sensitive and highly emotive issues with patients, such as poor prognosis, medical futility, and advanced care planning • demonstrate the ability to constructively navigate conflict situations with patients 	
Quality and safety	<ul style="list-style-type: none"> • use innovative models of chronic disease care, such as telehealth and digitally integrated support services • review medicine use, and ensure patients understand safe medication administration to prevent errors • support patients' self-management by balancing between minimising risk and helping them become more independent • participate in quality improvement processes impacting on patients' abilities to undertake normal activities of daily living • calibrate practise through attendance at morbidity and mortality meetings, and collegiate case discussion 	<ul style="list-style-type: none"> • participate in continuous quality improvement processes and clinical audits on chronic disease management • identify activities that may improve patients' quality of life

	<ul style="list-style-type: none"> ensure evidence-based care by remaining up to date with current medical literature independently plan and undertake continuous professional development 	
Teaching and learning	<ul style="list-style-type: none"> independently plan and undertake continuous professional development contribute to the development of clinical pathways for chronic diseases management, based on current clinical guidelines educate patients to recognise and monitor their symptoms, and undertake strategies to assist their recovery actively seek to educate junior team members during daily practice by using available opportunities for teaching and encouraging curiosity for learning 	<ul style="list-style-type: none"> use clinical practice guidelines for chronic diseases management
Research	<ul style="list-style-type: none"> use information from a variety of sources to synthesise management plans prepare reviews of literature on patients' encounters to present at journal club meetings maintain up-to-date knowledge of relevant medical literature, and apply evidence-based practice when formulating patient management plans search for and critically appraise evidence to resolve clinical areas of uncertainty seek expert advice from colleagues when medical literature is lacking use epidemiological and public care research in the context of individual patients with chronic complex illness 	<ul style="list-style-type: none"> search literature using problem / intervention / comparison / outcome (PICO) format recognise appropriate use of review articles
Cultural safety	<ul style="list-style-type: none"> ensure care plans are culturally safe and feasible in local circumstances integrate culturally safe care of Aboriginal and Torres Strait Islander peoples and Māori into care planning and patient management encourage patients from culturally and linguistically diverse backgrounds to join local networks to receive the support needed for long-term self-management 	<ul style="list-style-type: none"> provide culturally safe chronic disease management

	<ul style="list-style-type: none"> • reflect critically on internal and systemic bias, including how these may impact patient care, and take active steps to minimise these in practice • actively offer use of interpreters and translated resources • refer to specialised services when available • consider whether the location for patient consultation is safe, and adjust accordingly • recognise the potential for differing cultural needs, especially during discharge planning, family meetings, and discussions about advanced care planning and end-of-life care • ensure use of patients' preferred names and terms of address 	
Ethics and professional behaviour	<ul style="list-style-type: none"> • share information about patients' health care, consistent with privacy laws and professional guidelines on confidentiality • use consent processes for the release and exchange of health information • assess patients' decision-making capacity, and appropriately identify and use alternative decision makers 	<ul style="list-style-type: none"> • share information between relevant service providers • acknowledge and respect the contribution of health professionals involved in patients' care
Judgement and decision making	<ul style="list-style-type: none"> • implement stepped care pathways in the management of chronic diseases and disabilities • recognise patients' needs in terms of both internal resources and external support on long-term health care journeys • prioritise and rationalise treatment for frail patients • refer patients to appropriate supportive services • identify patients who will benefit from a rehabilitative approach • appropriately time and proactively manage escalations or transitions of care 	<ul style="list-style-type: none"> • recognise personal limitations and seek help in an appropriate way when required
Leadership, management, and teamwork	<ul style="list-style-type: none"> • coordinate whole-person care through involvement in all stages of patients' care journeys • work with community multidisciplinary teams and primary care health professionals to facilitate effective patient care 	<ul style="list-style-type: none"> • participate in multidisciplinary care for patients with chronic diseases and disabilities, including organisational and community care, on a continuing basis, appropriate to patients' context

	<ul style="list-style-type: none"> • use rehabilitation resources to maximise ability to return to education, employment, and independence after illness • work with general practitioners and screening services to ensure patients with chronic disease also present for routine preventive measures • develop collaborative relationships with patients, families, carers, and a range of health professionals • identify roles within the chronic disease care team, and conduct collaborative case conferences as needed • maintain a level of supervision and task delegation to other staff members 	
Health policy, systems, and advocacy	<ul style="list-style-type: none"> • be proactive in identifying and removing barriers to access health care • recognise the multifactorial inequity that exists in accessing health care, and use available and novel strategies to overcome this • advocate for patients to be able to meet their goals when feasible, within the healthcare system and the wider community • be familiar with institutional support frameworks and options when advocating for patients or disadvantaged populations • use health screening for early intervention and chronic disease management • assess and initiate alternative models of care delivery • participate in government initiatives for chronic diseases management to reduce hospital admissions and improve patients' quality of life • help patients with chronic diseases and disabilities access initiatives and services • develop systems that allow regular comprehensive assessments of all patients and completion of care-related tasks 	<ul style="list-style-type: none"> • demonstrate awareness of government initiatives and services available for patients with chronic diseases and disabilities, and display knowledge of how to access them

EPA 8: Shared decision making with patients and carers

Theme	Shared decision making with patients and carers		AT-EPA-08
Title	Formulate agreed management plans with patients that fit with their medical context, goals, and values		
Description	<p>This activity requires the ability to:</p> <ul style="list-style-type: none">• select a suitable context, and include family and/or carers and other team members• adopt a patient-centred perspective, including adjusting for cognition, disability, cultural perspectives, and language of choice• select and use appropriate modalities and communication strategies• structure conversations intentionally• negotiate mutually agreed management plans, considering the individual patient’s values, goals, and preferred level of involvement in decision-making• verify patients’¹¹, family members’, or carers’ understanding of information conveyed• develop and implement plans for ensuring actions occur• ensure conversations are documented and made available to relevant members of the treating team.		
Behaviours			
<u>Professional practice framework domain</u>	Ready to perform without supervision	Requires some supervision	
	Expected behaviours of a trainee who can routinely perform this activity without needing supervision	Possible behaviours of a trainee who needs some supervision to perform this activity	
	The trainee will:	The trainee may:	
Medical expertise	<ul style="list-style-type: none">• recognise that individual patients have different levels of engagement in their health care, and tailor approaches accordingly• determine patients’ preference for the level of involvement in medical decision-making• anticipate and be able to correct any misunderstandings patients may have about their conditions and/or risk factors• seek to understand the concerns, values, and goals of patients, and plan management in partnership with them• negotiate initial plans and any changes with patients and colleagues• estimate and express benefit and risks of clinical interventions in individual patients	<ul style="list-style-type: none">• apply knowledge of the scientific basis of health and disease to the management of patients• demonstrate awareness of the clinical problem being discussed• formulate management plans in partnership with patients	

¹¹ References to patients in the remainder of this document may include their families, whānau, and/or carers.

	<ul style="list-style-type: none"> • inform patients of all aspects of their clinical management, including assessments and investigations, and give them adequate opportunity to question or refuse interventions and treatments • provide information to patients to enable them to make informed decisions about diagnostic, therapeutic, and management options • use and communicate health education resources available to the general population • recognise and work constructively with patients seeking information from additional sources • identify and manage barriers to communication, such as language, cultural background, cognitive impairment, speech and hearing problems, capacity, and health literacy issues 	
Communication	<ul style="list-style-type: none"> • use shared-decision making strategies such as 'ask, tell, ask', 'SHARE', or 'three-talk method' • use appropriate communication strategies and modalities for communication, such as emails, face-to-face, or phone calls • elicit patients' views, concerns, and preferences, promoting rapport • provide information to patients in plain language, avoiding jargon, acronyms, and complex medical terms • encourage questions, and answer them thoroughly • ask patients to share their understanding, questions, key health issues, and goals of care • incorporate appropriate LGBTQIA+ safe language, including gender affirming language • translate measures of harm and risk into meaningful concepts for patients • employ communication strategies appropriate for younger patients • recognise the role of family or carers, and, when appropriate, encourage patients to involve family or carers in decisions about their care 	<ul style="list-style-type: none"> • select appropriate modes of communication • engage patients in discussions, avoiding the use of jargon • check patients' understanding of information • adapt communication style in response to patients' age, developmental level, and cognitive, physical, cultural, socioeconomic, and situational factors • collaborate with patient liaison officers as required • demonstrate effective consultation skills, including effective verbal and nonverbal interpersonal skills

	<ul style="list-style-type: none"> convey information considerately and sensitively to patients, seeking clarification if unsure of how best to proceed use decision aids that assist patients to conceptualise treatment benefits and harms during informed consent check quality and accuracy of reports or documentation generated by others and technologies, including artificial intelligence-informed large language models 	
Quality and safety	<ul style="list-style-type: none"> perform decision-specific capacity assessments, and be aware of local policies and procedures related to consent and substitute decision makers discuss with patients their condition and the available management options, including potential benefits and harms provide information to patients in a way they can understand before asking for their consent recognise and take precautions where patients may be vulnerable, such as issues of child protection, self-harm, or elder abuse participate in processes to manage patients' complaints encourage and work constructively with patient feedback 	<ul style="list-style-type: none"> inform patients of the material risks associated with proposed management plans treat information about patients as confidential
Teaching and learning	<ul style="list-style-type: none"> discuss the aetiology of diseases, and explain the purpose, nature, and extent of the assessments to be conducted obtain informed consent or other valid authority before involving patients in teaching value the important role of patients as teachers, and prepare patients for their role in teaching 	<ul style="list-style-type: none"> respond appropriately to information sourced by patients, and to patients' knowledge regarding their condition
Research	<ul style="list-style-type: none"> communicate numeric estimates of benefit and harm to patients in a manner they can understand and act upon provide information to patients that is based on guidelines issued by the National Health and Medical Research Council and/or Health Research Council of New Zealand provide information to patients in a way they can understand before asking for their consent to participate in research 	<ul style="list-style-type: none"> refer to evidence-based clinical guidelines demonstrate awareness of the limitations of the evidence and the challenges of applying research in daily practice

Cultural safety	<ul style="list-style-type: none"> • demonstrate effective and culturally safe communication with Aboriginal and Torres Strait Islander peoples and Māori • demonstrate awareness of appropriate models of care for Aboriginal and Torres Strait Islander peoples, Māori, Pacific peoples and other groups, and how these may inform shared decision-making approaches • communicate effectively with members of other cultural groups by meeting patients' specific language, cultural, and communication needs • use qualified language interpreters or cultural interpreters to help meet patients' communication needs • provide plain language and culturally appropriate written materials to patients when possible • negotiate health care decisions in a culturally safe way • interact respectfully with pastoral care workers and representatives of religion 	<ul style="list-style-type: none"> • identify when to use interpreters • allow enough time for communication across linguistic and cultural barriers
Ethics and professional behaviour	<ul style="list-style-type: none"> • encourage and support patients to be well informed about their health, and to use information wisely when they make decisions • encourage and support patients in caring for themselves and managing their health • demonstrate respectful professional relationships with patients • prioritise honesty, patients' welfare, and community benefit above self-interest • develop a high standard of personal conduct, consistent with professional and community expectations • support patients' rights to seek second opinions • offer apologies or explanations when required • respect patient autonomy, even if a decision appears unwise or different to the medical opinion 	<ul style="list-style-type: none"> • respect the preferences of patients • communicate appropriately, consistent with the context, and respect patients' needs and preferences • maximise patient autonomy, and support their decision making • avoid sexual, intimate, and/or financial relationships with patients • demonstrate a caring attitude towards patients • respect patients, including protecting their rights to privacy and confidentiality • behave equitably towards all, irrespective of gender, age, culture, socioeconomic status, sexual preferences, beliefs, contribution to society, illness-related behaviours or the illness itself • use social media ethically and according to legal obligations to protect patients' confidentiality and privacy
Judgement and decision making	<ul style="list-style-type: none"> • determine patients' level of understanding and commitment to agreed care decisions 	<ul style="list-style-type: none"> • weigh up various treatment choices and explain these to patients and their carers

	<ul style="list-style-type: none"> determine the level of health literacy of individual patients, and their willingness to assume responsibility for care decisions consider the consequences of decisions, including the decision to do nothing, and the impact on patients and their carers recognise own limitations and seek help, when required, in an appropriate way 	<ul style="list-style-type: none"> inadequately consult with senior colleagues
Leadership, management, and teamwork	<ul style="list-style-type: none"> communicate effectively with team members involved in patients' care, and with patients discuss medical assessments, treatment plans, and investigations with patients and primary care teams, working collaboratively with all discuss patients' care needs with healthcare team members to align them with appropriate resources facilitate an environment in which all team members and patients feel they can contribute and their opinion is valued involve patients and carers in multidisciplinary team discussions communicate accurately and succinctly, and motivate others on the healthcare team work constructively with patient support services 	<ul style="list-style-type: none"> answer questions from team members summarise, clarify, and communicate responsibilities of healthcare team members keep healthcare team members focused on patient outcomes
Health policy, systems, and advocacy	<ul style="list-style-type: none"> promote healthy lifestyles for patients and the wider community collaborate with other services, such as community health centres and consumer organisations, to help patients navigate the healthcare system demonstrate awareness of equity determinants and how these may impact on shared decision making be familiar with institutional support frameworks and options when advocating for patients or disadvantaged populations 	<ul style="list-style-type: none"> communicate with and involve other health professionals as appropriate

EPA 9: Prescribing

Theme	Prescribing	AT-EPA-09
Title	Prescribe and deprescribe therapies tailored to patients' needs and conditions	
Description	<p>This activity requires the ability to:</p> <ul style="list-style-type: none">accurately obtain and interpret medication histories, including non-prescription medications (considering the use of native traditional treatments, such as Rongoā Māori) and herbal / natural preparationstake complete histories of allergies and prior medication adverse effectschoose appropriate medications based on an understanding of pharmacological principles, taking into consideration patients' age, comorbidities, out-of-pocket cost, possible adverse effects, potential drug interactions, and projected benefitcommunicate effectively with patients¹², families and/or carers about the benefits and relevant risks of prescribing proposed therapies, as well as the rationale for deprescribing, considering their beliefs, past experiences and thoughts on their medicationsprovide clear instructions on medication administration, desired / predicted effects, and potential adverse effectsmonitor for medication efficacy and safetyreview medications regularly, and assess for potential interactionscollaborate effectively with pharmacistspromote medication adherence, and work with patients to develop strategies to improve medication adherence.	
Behaviours		
<u>Professional practice framework domain</u>	Ready to perform without supervision	Requires some supervision
	Expected behaviours of a trainee who can routinely perform this activity without needing supervision	Possible behaviours of a trainee who needs some supervision to perform this activity
Medical expertise	The trainee will:	The trainee may:
	<ul style="list-style-type: none">identify patients' conditions that require therapyconsider evidence-based non-pharmacologic therapies where appropriatewhere robust evidence is lacking, use expert peer advice to help guide practiceconsider age, allergies, chronic disease status, lifestyle factors, patients' preference, and potential drug interactions prior to prescribing new medicationsconsider oral and once daily medications to improve ease of administration and adherence	<ul style="list-style-type: none">be aware of potential side effects and practical prescription points, such as medication compatibility and monitoring in response to therapiesselect medicines for common conditions appropriately, safely, and accuratelydemonstrate understanding of the benefits, contraindications, dosage, drug interactions, rationale, risks, and side effectsidentify and manage adverse events

¹² References to patients in the remainder of this document may include their families, whānau, and/or carers.

	<ul style="list-style-type: none"> • consider importance of timing on medication prescription • review necessity of all medications and the evidence base for their continued use in individual patients • recognise the difference between medication effect and class effect, and the nuances of pharmacological properties of medications within a single class • recognise the prescribing cascade, and work to avoid occurrence of same in individual patients • use a recognised framework, including consideration of the culturally appropriate models of health and wellbeing, for deprescribing medications in line with patient-negotiated goals of care, expected illness trajectory, and medication safety concerns • recognise and manage toxidromes and the effects of medication overdose • use national and local guidelines on appropriate and safe prescribing • actively evaluate medication efficacy during follow-up • use therapeutic drug levels appropriately where indicated, and demonstrate the ability to interpret these results • identify clinically significant medication interactions or contraindications, and take active steps to address these, including deprescribing when appropriate 	
Communication	<ul style="list-style-type: none"> • discuss and evaluate the risks, benefits, and rationale of treatment options, making decisions in partnership with patients • discuss medication adherence in a non-judgemental way to identify barriers and develop strategies to overcome them in collaboration with patients • ask patients about possible medication side effects at each consultation • explore patients' understanding of and preferences for non-pharmacological and pharmacological management 	<ul style="list-style-type: none"> • discuss and explain the rationale for treatment options with patients, families, or carers • explain the benefits and burdens of therapies, considering patients' individual circumstances • write clearly legible scripts or charts using generic names of the required medication in full, including mg / kg / dose information and all legally required information • seek further advice from experienced clinicians and/or clinical pharmacists when appropriate

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- write clear and legible prescriptions, including the anticipated duration of therapy and indication, using generic medication names unless there are known brand-specific medication properties to consider
 - educate patients about the intended use, expected outcomes, and potential side effects for each prescribed medication to improve patients' adherence to pharmacotherapy
 - describe how the medication should and should not be administered, including any important relationships to food, time of day, and other medicines being taken
 - ensure patients understand prescribing details, including when to return for monitoring and whether therapy continues after a single prescription
 - supply specific medication instructions in legible written form using plain language
 - identify patients' concerns and expectations, and explain how medicines might affect their everyday lives
 - assess patients' readiness for deprescribing and negotiate agreed deprescribing plans, including monitoring for return of symptoms and weaning where appropriate
 - communicate with other health professionals to ensure safe use of pharmacological therapy, particularly around transitions of care
 - encourage and support patient self-determination and management
 - offer patients effective choices based on their expectations of treatment, past experiences of pharmacological treatment, health beliefs, and cost
 - check quality and accuracy of reports or documentation generated by others and technologies, including artificial intelligence-informed large language models
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	<ul style="list-style-type: none"> tailor information provided to patients dependent on their health literacy ensure appropriate information is available at all steps of the medicine management pathway 	
Quality and safety	<ul style="list-style-type: none"> clearly document all patient allergies and the clinical manifestation using designated systems clearly document any suspected or confirmed medication side effects, and categorise severity using designated systems clarify and update patients' medication lists, including accurate dosages, at each review, to minimise prescribing errors actively assess for medication efficacy and side effects actively assess patients' adherence to prescribed therapies use electronic prescribing tools where available, and access electronic drug references to minimise errors caused by drug interactions and poor handwriting use generic medication names except in specific circumstances substitute new medicines only when they have been demonstrated to be safer or more effective at achieving patient-oriented outcomes than existing medicines participate in clinical audits to improve prescribing behaviour and/or equity, including an approach to polypharmacy, prescribing cascade and access to medication in varied communities report suspected adverse events to the Advisory Committee on Medicines, and record it in patients' medical records 	<ul style="list-style-type: none"> check the dose before prescribing monitor side effects of medicines prescribed identify medication errors and institute appropriate measures use electronic prescribing systems safely rationalise medicines to avoid polypharmacy use a state-based registry or equivalent local systems to monitor for prescription of Section 8 medications
Teaching and learning	<ul style="list-style-type: none"> ensure patients understand management plans and health benefits of adhering to therapeutic recommendations use appropriate guidelines and evidence-based medicine resources to maintain a working knowledge of current medicines, keeping up to date on new medicines 	<ul style="list-style-type: none"> undertake continuing professional development to maintain currency with prescribing guidelines reflect on prescribing, and seek feedback from a supervisor

	<ul style="list-style-type: none"> • use continuously updated software for computers and electronic prescribing programs 	
Research	<ul style="list-style-type: none"> • critically appraise research material to inform optimal medication prescribing, ensuring the use of the most efficacious, best tolerated therapy that achieves patient-oriented outcomes, including equitable resource use / distribution • use sources of independent information about medicines that provide accurate summaries of the available evidence on new medicines 	<ul style="list-style-type: none"> • make therapeutic decisions according to the best evidence • recognise where evidence is limited, compromised, or subject to bias or conflict of interest
Cultural safety	<ul style="list-style-type: none"> • explain how cultural knowledge such as Mātauranga Māori and non-Western therapies may be used in parallel, such as Rongoā Māori and bush medicine • explain differences in health beliefs, acceptability of pharmacologic therapy, and treatment expectations • identify factors influencing adherence to treatment, such as competing family / community demands, concern about the safety of medication in the house, periods spent away from home without access, past experiences of pharmacological treatment, health beliefs, and perceived side effects • identify systemic factors that potentially affect adherence to treatments and trust, such as racism and the impact of colonisation 	<ul style="list-style-type: none"> • consider patients' cultural and religious backgrounds, attitudes, and beliefs, and how these might influence the acceptability of pharmacological and non-pharmacological management approaches
Ethics and professional behaviour	<ul style="list-style-type: none"> • provide information to patients about: <ul style="list-style-type: none"> » how to take the medicine » potential side effects » what the medicine does » what the medicine is for » when it should be stopped • make prescribing decisions based on robust clinical data, demonstrating the high likelihood of benefit and acceptably low risk as these relate to individual patient-oriented outcomes • recognise the ethical implications of pharmaceutical industry-funded research and marketing • communicate directly with medical colleagues when proposing 	<ul style="list-style-type: none"> • consider the efficacy of medicines in treating illnesses, including the relative merits of different non-pharmacological and pharmacological approaches • follow regulatory and legal requirements and limitations regarding prescribing • follow organisational policies regarding pharmaceutical representative visits and drug marketing

	changes to pharmacologic therapies that fall specifically within their area of specialty practice	
Judgement and decision making	<ul style="list-style-type: none"> • use a systematic, evidence-based approach to select treatment options • implement non-pharmacological therapies when these have been proven to be safe and effective, and where this is practical / feasible • introduce medication therapy when non-pharmacological measures have failed or are not feasible • use medicines safely and effectively to get the best possible results with the lowest possible risk and cost to patients • prescribe medicines appropriately to patients' clinical needs, in doses that meet their individual requirements, for a sufficient length of time, with the lowest cost to them • evaluate new medicines in relation to their demonstrated efficacy and safety profile, and how this might apply to individual patients' care 	<ul style="list-style-type: none"> • recognise personal limitations and seek help in an appropriate way when required • consider the following factors for all medicines: <ul style="list-style-type: none"> » contraindications » cost to patients, families, and the community » funding and regulatory considerations » generic versus brand medicines » interactions » risk-benefit analysis
Leadership, management, and teamwork	<ul style="list-style-type: none"> • work collaboratively with medical, pharmacy, nursing staff, and other health providers to ensure safe and effective medicine use • collaborate with treating specialists to best manage patient care with the most rational use of pharmacotherapy 	<ul style="list-style-type: none"> • work collaboratively with pharmacists • participate in medication safety and morbidity and mortality meetings
Health policy, systems, and advocacy	<ul style="list-style-type: none"> • choose medicines based on comparative efficacy, safety, and cost-effectiveness against medicines already on the market • consider equitable use of limited resources within the healthcare system to inform judicious prescribing habits, including communities who have not had previous access to specific medications • be familiar with institutional support frameworks and options when advocating for patients or disadvantaged populations • identify and address equity determinants as they pertain to prescribing • apply understanding of the prescription of medications within 	<ul style="list-style-type: none"> • prescribe in accordance with the organisational policy

the Pharmaceutical Benefits Scheme or PHARMAC / special authority, both within the hospital system and the non-hospital setting, including when specific criteria / prescribing permissions apply

EPA 10: Procedures

Theme	Procedures	AT-EPA-10
Title	Plan, prepare for, perform, and provide aftercare for important practical procedures	
Description	<p>This activity requires the ability to:</p> <ul style="list-style-type: none">• select appropriate procedures in partnership with patients¹³, their families, or carers• obtain informed consent• set up the equipment, maintaining an aseptic field• perform procedures• manage unexpected events and complications during and after procedures• provide aftercare for patients• communicate aftercare protocols and instructions to patients and medical and nursing staff• interpret the results and outcomes of procedures, including imaging and reports• communicate the outcome of procedures and associated investigations to patients• perform this activity across multiple relevant settings.	
Behaviours		
<u>Professional practice framework domain</u>	Ready to perform without supervision Expected behaviours of a trainee who can routinely perform this activity without needing supervision	Requires some supervision Possible behaviours of a trainee who needs some supervision to perform this activity
	<p>The trainee will:</p> <ul style="list-style-type: none">• select procedures by indications, assessing patient-specific factors, risks, benefits, and alternatives• confidently and consistently perform a range of common procedures• ensure team members are aware of all identified medication allergies and adverse reactions, and take precautions to avoid allergies and adverse reactions during procedures• ensure patients have complied with pre-procedure preparation• confirm the correct position / site / side / level on patients for planned procedures• recognise and effectively manage complications arising during or after procedures	<p>The trainee may:</p> <ul style="list-style-type: none">• assess patients and identify indications for procedures• check for allergies and adverse reactions• consider risks and complications of procedures• interpret results of common diagnostic procedures• organise and document postprocedural review of patients
Medical expertise		

¹³ References to patients in the remainder of this document may include their families, whānau and/or carers.

	<ul style="list-style-type: none"> recognise and correctly interpret normal and abnormal findings of diagnostic procedures identify risks arising from perioperative and anaesthetic procedures in particular patients optimise medical management during the peri-procedure period, such as anticoagulation management 	
Communication	<ul style="list-style-type: none"> accurately document procedures in clinical notes, including informed consent, procedures requested and performed, reasons for procedures, medications given, aseptic technique, and aftercare explain procedures clearly to patients, including reasons for procedures, potential alternatives, and possible risks, to facilitate informed choices counsel patients sensitively and effectively, and support them to make informed choices address patients' concerns relating to procedures, providing opportunities to ask questions tailor language according to individual patients' age and capacity to understand communicate effectively with team members and patients prior to, during, and after procedures ensure team members are confident and competent in their assigned roles communicate with patients, surgeons, anaesthetists, and family members regarding medical issues and risk stratification check quality and accuracy of reports or documentation generated by others and technologies, including artificial intelligence-informed large language models 	<ul style="list-style-type: none"> explain the process of procedures to patients without providing a broader context help patients, families, and carers choose procedures communicate with members of procedural teams so all team members understand who each member is discuss postprocedural care with patients, families, and carers complete relevant patients' documentation, and conduct appropriate clinical handovers
Quality and safety	<ul style="list-style-type: none"> obtain informed consent or other valid authority before undertaking any procedure set up all necessary equipment, and consistently use universal precautions and aseptic technique confirm patients' identification, verify the procedure, and, where appropriate, the correct position / site / side / level for the procedure 	<ul style="list-style-type: none"> provide information in a manner so that patients, families, and carers are fully informed when consenting to any procedures demonstrate an inconsistent application of aseptic technique identify patients using approved patients' identifiers before any treatment or intervention is initiated

	<ul style="list-style-type: none"> ensure that information on patients' consent forms matches procedures to be performed identify, document, and appropriately notify of any adverse events or equipment malfunction 	<ul style="list-style-type: none"> attempt to perform a procedure in an unsafe environment
Teaching and learning	<ul style="list-style-type: none"> refer to and/or be familiar with relevant published procedural guidelines prior to undertaking procedures organise or participate in in-service training on new technology provide specific and constructive feedback and comments to junior colleagues initiate and conduct skills training for junior staff 	<ul style="list-style-type: none"> participate in continued professional development help junior colleagues develop new skills actively seek feedback on personal technique until competent
Cultural safety	<ul style="list-style-type: none"> consider individual patients' cultural perceptions of health and illness, and adapt practice accordingly 	<ul style="list-style-type: none"> respect religious, cultural, linguistic, and family values and differences
Ethics and professional behaviour	<ul style="list-style-type: none"> confidently perform common procedures identify appropriate proxy decision makers when required show respect for the knowledge and expertise of colleagues maximise patient autonomy in decision making specify credentialing requirements for unsupervised practice in procedures demonstrate open disclosure and statutory duty of candour principles when complications occur 	<ul style="list-style-type: none"> perform procedures when adequately supervised follow procedures to ensure safe practice seek informed consent from patients for procedures they are undertaking
Judgement and decision making	<ul style="list-style-type: none"> identify roles and optimal timing for diagnostic procedures make clinical judgements and decisions based on the available evidence select the most appropriate and cost-effective diagnostic procedures adapt procedures in response to assessments of risks to individual patients select appropriate investigations on the samples obtained in diagnostic procedures evaluate the risks and benefits of operative interventions, especially in patients with comorbidities and competing clinical priorities 	<ul style="list-style-type: none"> assess personal skill levels, and seek help with procedures when appropriate use tools and guidelines to support decision making recommend suboptimal procedures for patients

<p>Leadership, management, and teamwork</p>	<ul style="list-style-type: none"> • explain critical steps, anticipated events, and equipment requirements to teams on planned procedures • provide staff with clear aftercare instructions, and explain how to recognise possible complications • identify relevant management options with colleagues, according to their level of training and experience, to reduce error, prevent complications, and support efficient teamwork • coordinate efforts, encourage others, and accept responsibility for work done 	<ul style="list-style-type: none"> • ensure all relevant team members are aware that a procedure is occurring • discuss patients' management plans for recovery with colleagues
<p>Health policy, systems, and advocacy</p>	<ul style="list-style-type: none"> • discuss serious incidents at appropriate clinical review meetings • initiate local improvement strategies in response to serious incidents • use resources efficiently when performing procedures • be familiar with institutional support frameworks and options when advocating for patients or disadvantaged populations 	<ul style="list-style-type: none"> • perform procedures in accordance with the organisational guidelines and policies

EPA 11: Diagnostic decision making

Theme	Diagnostic decision making		AT-EPA-11
Title	Select, organise, and interpret investigations		
Description	<p>This activity requires the ability to:</p> <ul style="list-style-type: none">• select, plan, and interpret evidence-based, clinically appropriate investigations• prioritise patients¹⁴ receiving investigations (if there is a waiting list)• evaluate the anticipated value and potential risks of investigations• work in partnership with patients, their families, and/or carers to facilitate choices that are right for them, demonstrating patient-centredness• discuss choice of investigations with patients, their families, and/or carers, and obtain informed consent when required• provide aftercare / counselling for patients• accurately interpret the results and outcomes of investigations• effectively communicate the outcome of investigations to patients.		
Behaviours			
<u>Professional practice framework</u> Domain	Ready to perform without supervision	Requires some supervision	
	Expected behaviours of a trainee who can routinely perform this activity without needing supervision	Possible behaviours of a trainee who needs some supervision to perform this activity	
Medical expertise	The trainee will:	The trainee may:	
	<ul style="list-style-type: none">• carefully choose evidence-based investigations, and frame them as an adjunct to comprehensive clinical assessment• recognise the differences between diagnostic and screening investigations• recognise the performance of specific investigations that include interpretation of sensitivity, specificity, predictive values, and likelihood ratios in the context of disease prevalence and clinical epidemiology• avoid use of low-yield diagnostic strategies that may not benefit patients• use the principles of distributive justice when considering equitable resource management• consider the risk of potential harm when choosing diagnostic investigations• avoid over-investigation and over-diagnosis	<ul style="list-style-type: none">• provide rationale for investigations• recognise the significance of abnormal test results, and act on these• demonstrate awareness on how pre-test probability, sensitivity, specificity, positive and negative predictive values, and likelihood ratios for investigations alter the interpretation of results• consider patient factors and comorbidities• consider age-specific reference ranges	

¹⁴ References to patients in the remainder of this document may include their families, whānau, and/or carers.

	<ul style="list-style-type: none"> • assess patients' concerns, and determine the need for specific tests that are likely to address these • tailor investigations and management for individual patients' circumstances in an equitable way • prioritise the order and importance when multiple investigations are required • recognise and correctly interpret abnormal findings within the clinical context, and act accordingly 	
Communication	<ul style="list-style-type: none"> • discuss the potential benefits, risks, side effects, cost, and burden of any proposed investigation, and obtain consent before proceeding • discuss with patients the rationale and the possibility of false negative / false positive results, as well as incidental findings • discuss the option of no investigation, and the risk / benefit of this with patients • use clear and simple language, and check that patients understand the terms used • use written or visual material or other aids that are accurate and up to date to support discussions with patients • offer patients the opportunity to ask further questions, and time to think about decisions • identify patients' concerns and expectations, providing adequate explanation to address these • give information that patients may find distressing in a considerate way, using best practice techniques for breaking bad news • incorporate appropriate LGBTQIA+ safe language, including gender affirming language • discuss the likely timeframe during which investigations will occur, and the plan for communicating results when available • discuss results using simple language, and explain how the results might affect future management 	<ul style="list-style-type: none"> • discuss the benefits, complications, indications, and risks of investigations with patients before ordering investigations • explain the results of investigations to patients • arrange investigations, providing accurate and informative referrals, and liaise with other services where appropriate

	<ul style="list-style-type: none"> include sufficient clinical information to accurately convey patient context and the reason for investigation within the investigation request keep relevant healthcare practitioners updated regarding planned investigations and results, including clear communication of who is responsible for reviewing these check quality and accuracy of reports or documentation generated by others and technologies, including artificial intelligence-informed large language models 	
Quality and safety	<ul style="list-style-type: none"> select appropriate investigations using a value-based care framework, such as Choosing Wisely identify adverse outcomes, including false positives, false negatives, and incidental findings, that may result from a proposed investigation, focusing on patients' individual situations consider strategies to reduce the chance of harm, and employ these if possible / practical recognise iatrogenic harms that may result from diagnostic investigations ensure timely follow-up of investigation results, using recall / reminder systems and other tools if appropriate take full responsibility for reviewing the results of ordered investigations, and hand this responsibility over to a designated colleague if this is not possible 	<ul style="list-style-type: none"> consider safety aspects of investigations when planning them seek help with interpretation of test results for less common tests or indications or unexpected results
Teaching and learning	<ul style="list-style-type: none"> use appropriate guidelines, diagnostic algorithms, evidence sources, and decision support tools participate in clinical and epidemiological studies to improve test ordering strategies for diagnoses and screening 	<ul style="list-style-type: none"> undertake professional development to maintain currency with investigation guidelines
Research	<ul style="list-style-type: none"> ensure appropriate ethics approval is obtained when undertaking investigations as part of clinical research obtain written consent from patients if the investigation is part of a research program 	<ul style="list-style-type: none"> refer to evidence-based clinical guidelines consult current research on investigations

Cultural safety	<ul style="list-style-type: none"> • recognise patients' views and preferences about any proposed investigations, and the adverse outcomes they are most concerned about • recognise principles of equity as they pertain to diagnostic decision making, and apply these appropriately to advocate for patients • explain the impact of implicit bias on diagnostic decision making, and initiate steps to address it 	<ul style="list-style-type: none"> • consider patients' cultural and religious backgrounds, attitudes, and beliefs, and how these might influence the acceptability of proposed investigations
Ethics and professional behaviour	<ul style="list-style-type: none"> • remain within the scope of the authority given by patients (with the exception of emergencies) • clarify who will make decisions on patients' behalf if they are unable to do so • respect patients' decisions to refuse investigations, even if their decisions may not be appropriate or evidence based • advise patients if there may be additional costs, which they may wish to clarify before proceeding • obtain written informed consent when indicated, and informal informed consent at all other times, before planning investigations • demonstrate awareness of complex issues related to genetic information obtained from investigations, and subsequent disclosure of such information 	<ul style="list-style-type: none"> • identify appropriate proxy decision makers when required • choose not to investigate in situations where it is not appropriate for ethical reasons • practise within current ethical and professional frameworks • practise within own limits, and seek help when needed • involve patients in decision making regarding investigations, obtaining the appropriate informed consent, including financial consent, if necessary
Judgement and decision making	<ul style="list-style-type: none"> • evaluate the costs, benefits, and potential risks of each investigation in a clinical situation • adjust the investigative path depending on test results received • consider whether patients' conditions may get worse or better if no tests are selected • avoid using investigations where the results are unlikely to change clinical management • demonstrate how the range of certainty around the accuracy of diagnostic tests and the efficacy of treatments may limit their applicability in clinical practice 	<ul style="list-style-type: none"> • choose the most appropriate investigation for clinical scenarios in discussion with patients • recognise personal limitations and seek help in an appropriate way when required

<p>Leadership, management, and teamwork</p>	<ul style="list-style-type: none"> • consider the role other members of the healthcare team might play, and what other sources of information and support are available • ensure clear delegation of tasks within the team, including responsibility for following up test results • where an investigation is time critical, ensure this is understood by the team, including an expectation of timeframe and urgency of results • liaise with other involved healthcare professionals for expert advice when indicated
<p>Health policy, systems, and advocacy</p>	<ul style="list-style-type: none"> • select and justify investigations based on the likely pathological basis of disease, appropriateness, utility, safety, and cost effectiveness • consider resource use through peer review of testing behaviours • actively support transfer of patients across health services as required to progress further investigation and management • support health policy and system development to improve equitable patient access to investigations • recognise and address equity barriers that impact the diagnostic decision-making process, and legal frameworks to counter these • be familiar with institutional support frameworks and options when advocating for patients or disadvantaged populations

EPA 12: Ambulatory care

Theme	Ambulatory care		AT-EPA-12
Title	Provide outpatient care across diverse settings		
Description	<p>This activity requires the ability to:</p> <ul style="list-style-type: none">• identify the needs and context of patients as individuals, such as their cultural context and geographic location• take comprehensive patient¹⁵ histories, including accessing information from multiple external sources• adapt work practices and management plans to the appropriate clinical setting, such as resource availability and local healthcare infrastructure• liaise with other health professionals and team members, including in the management of medical procedures and treatments• respond to changing priorities and developing obstacles if / when they arise• manage clinic services, including working closely with administrative staff to schedule patients safely and balance workload / demand• generate written patient reports for referring healthcare practitioners and any other care providers• communicate with patients regarding management plans and treatment outcomes.		
Behaviours			
<u>Professional practice framework domain</u>	Ready to perform without supervision	Requires some supervision	
	Expected behaviours of a trainee who can routinely perform this activity without needing supervision	Possible behaviours of a trainee who needs some supervision to perform this activity	
Medical expertise	The trainee will:	The trainee may:	
	<ul style="list-style-type: none">• use electronic patient management systems and telehealth / video consultation in healthcare delivery• consider and apply knowledge relevance of local socioeconomic and geographic factors in accessing health care• effectively identify and address current clinical concerns, as well as longer-term clinical objectives, as appropriate to patients' context• evaluate environmental and lifestyle health risks, and advocate for healthy lifestyle choices• create accurate and appropriately prioritised problem lists in clinical notes or as part of ambulatory care reviews• update documentation in a time frame appropriate to the clinical situation of patients	<ul style="list-style-type: none">• demonstrate awareness of the importance of prevention, early detection, health maintenance, and chronic condition management	

¹⁵ References to patients in the remainder of this document may include their families, whānau and/or carers.

	<ul style="list-style-type: none"> • use clinical information systems within the workplace to provide effective information transfers • be proactive in contacting referring clinicians for clinically urgent cases • display flexibility in organising health care provision in the face of external change • triage clinic referrals according to patient acuity, and consider alternative methods of assessment for patients with barriers to face-to-face review • consider alternatives to hospital admission where applicable 	
Communication	<ul style="list-style-type: none"> • help patients navigate the healthcare system to improve access to care by collaboration with other services, such as community health centres and consumer organisations • incorporate appropriate LGBTQIA+ safe language, including gender affirming language • link patients to specific community-based health programs and group education programs • set up clear reporting lines and clinical parameters with junior doctors and nursing staff • communicate goals of projects, and engage others as appropriate • facilitate communication within meetings that respects values and engages all participants in decision making • provide appropriate time frames for review, and communicate who is responsible for arranging further referrals or investigations • communicate contingency plans for referring clinicians if initial plans do not provide the desired outcome • check quality and accuracy of reports or documentation generated by others and technologies, including artificial intelligence-informed large language models 	<ul style="list-style-type: none"> • wherever practical, meet patients' specific language and communication needs • facilitate appropriate use of interpreter services and translated materials
Quality and safety	<ul style="list-style-type: none"> • practice health care that maximises patient safety • provide effective rostering of team members to ensure safe patient care 	<ul style="list-style-type: none"> • take reasonable steps to address issues if patients' safety may be compromised • recognise a systematic approach to improving the quality and safety of health care

	<ul style="list-style-type: none"> • adopt a systematic approach to the review and improvement of professional practice in the outpatient clinic setting • identify aspects of service provision that may be a risk to patients' safety • ensure that patients are informed about fees and charges 	<ul style="list-style-type: none"> • participate in organisational quality and safety activities, including clinical incident reviews
Teaching and learning	<ul style="list-style-type: none"> • evaluate own professional practice • demonstrate learning behaviour and skills in educating junior colleagues • contribute to the generation of knowledge • maintain professional continuing education standards • constructively manage performance of individuals within teams • recognise the key factors impacting successful adult education 	<ul style="list-style-type: none"> • recognise the limits of personal expertise, and involve other professionals as needed to contribute to patients' care • use information technology appropriately as a resource for modern medical practice
Research	<ul style="list-style-type: none"> • explain principles of designing and leading clinical studies • inform patients about their rights, the purpose of the research, the procedures to be undergone, and the potential risks and benefits of participation before obtaining informed consent 	<ul style="list-style-type: none"> • allow patients to make informed and voluntary decisions to participate in research
Cultural safety	<ul style="list-style-type: none"> • apply knowledge of the cultural needs of the community served, and how to shape service to those people • mitigate the influence of bias on interactions with patients and decision making • adapt practice to improve patient engagement and health outcomes • identify and support patients' access to clinical and non-clinical supports appropriate to the individual patient and their community, such as kaimahi hauora, Aboriginal health practitioners, and relevant non-government organisations 	<ul style="list-style-type: none"> • acknowledge the social, economic, cultural, and behavioural factors influencing health, both at individual and population levels
Ethics and professional behaviour	<ul style="list-style-type: none"> • identify and respect the boundaries that define professional and therapeutic relationships • recognise the roles and expertise of other health professionals 	<ul style="list-style-type: none"> • recognise the responsibility to protect and advance the health and wellbeing of individuals and communities • maintain the confidentiality of documentation, and store clinical notes appropriately

	<ul style="list-style-type: none"> • comply with the legal requirements of preparing and managing documentation • demonstrate awareness of financial and other conflicts of interest • demonstrate knowledge of the contemporary industrial rights and responsibilities of a team leader working with a healthcare team 	<ul style="list-style-type: none"> • ensure that the use of social media is consistent with ethical and legal obligations
Judgement and decision making	<ul style="list-style-type: none"> • integrate chronic condition management, early detection, health maintenance, and prevention, where relevant, into clinical practice • work to achieve optimal and cost-effective patient care that allows maximum benefit from the available resources • demonstrate efficient use of time in the planning of coordinated care for individual patients • make appropriate use of sub-specialist consultation services, and integrate their advice into patient care • implement methods to ensure patient care is appropriately monitored and reviewed, particularly in cases of diagnostic uncertainty • recognise own limitations and seek guidance from other clinicians, when required, in an appropriate way 	<ul style="list-style-type: none"> • explain the appropriate use of human resources, diagnostic interventions, therapeutic modalities, and health care facilities • inadequately consult with senior colleagues
Leadership, management, and teamwork	<ul style="list-style-type: none"> • prepare for and conduct clinical encounters in a well-organised and time-efficient manner • work effectively as a member of multidisciplinary teams or other professional groups • work autonomously but in collaboration with other local healthcare providers • be aware of the roles of other healthcare providers in the ambulatory care setting • ensure that all important discussions with colleagues, multidisciplinary team members, and patients are appropriately documented • review discharge summaries, notes, and other communications written by junior colleagues 	<ul style="list-style-type: none"> • attend relevant clinical meetings regularly

	<ul style="list-style-type: none"> • support colleagues who raise concerns about patients' safety 	
Health policy, systems, and advocacy	<ul style="list-style-type: none"> • demonstrate capacity to engage in the surveillance and monitoring of the health status of populations in the outpatient setting • maintain good relationships with health agencies and services • review and develop strategies to address supply / demand mismatch and access blocks • apply the principles of efficient and equitable allocation of resources to meet individual, community, and national health needs, such as virtual care and satellite clinics to rural health services • support patients' access to receiving service and care in their community setting, such as access to culturally appropriate care and telehealth • recognise the limitations of virtual care (such as telehealth) and strategies to mitigate these, and the circumstances in which it may not be an advisable alternative • discharge patients appropriately to avoid expanding clinic waiting lists • use public resources responsibly • be familiar with institutional support frameworks and options when advocating for patients or disadvantaged populations 	<ul style="list-style-type: none"> • comprehend common population health screening and prevention approaches

EPA 13: End-of-life care

Theme	End-of-life care		AT-EPA-13
Title	Manage the care of patients at the end of their lives		
Description	<p>This activity requires the ability to:</p> <ul style="list-style-type: none">• recognise the dying or terminal phase of care• support patients¹⁶ to plan for their advance care, and document their own wishes• manage end-of-life care plans.		
Behaviours			
<u>Professional practice framework domain</u>	Ready to perform without supervision	Requires some supervision	
	<p>Expected behaviours of a trainee who can routinely perform this activity without needing supervision</p> <p>The trainee will:</p> <ul style="list-style-type: none">• recognise and manage the terminal phase in a timely way• accurately assess patients' physical and psychological symptoms• estimate prognosis and communicate this appropriately, if requested, including the uncertainties around such estimates• develop and clearly document individualised end-of-life care plans, including patients' preferences for treatment options, resuscitation plans, preferred place of care, and preferred place of death• manage symptoms commonly associated with end-of-life care, such as pain, dyspnoea, nausea, constipation, and emesis• confidently manage palliative care emergencies, and consider pre-emptive management plans• provide holistic symptom management focusing on psychological and physical distress, according to patients' wishes• avoid unnecessary investigations or treatments	<p>Possible behaviours of a trainee who needs some supervision to perform this activity</p> <p>The trainee may:</p> <ul style="list-style-type: none">• demonstrate awareness of the principles of care for patients at the end of their lives• provide timely assessments and document patients' care plans• manage physical symptoms in alignment with patients' wishes• take steps to alleviate patients' symptoms and distress• correctly identify patients approaching the end of life, and provide symptomatic treatment	
Medical expertise			

¹⁶ References to patients in the remainder of this document may include their families, whānau, and/or carers.

	<ul style="list-style-type: none"> review the goals of care and treatment plans with patients, families, or carers if significant changes in patients' conditions or circumstances occur 	
Communication	<ul style="list-style-type: none"> establish supportive relationships with patients, family, and/or carers based on understanding, trust, empathy, and confidentiality thoughtfully explore patients' concerns and issues associated with impending death across physical, spiritual, cultural, and psychological domains discuss disease prognosis and end-of-life decision making with patients and carers in a sensitive and effective manner identify opportunities to discuss end-of-life care and to align care with patients' values and preferences identify who else patients wish to be involved in discussions about their end-of-life care, including proxy decision makers or other care providers identify and document lists of close family members or carers, and develop support plans for them provide bereaved families or carers with written information about access to bereavement support communicate effectively and in a timely manner with other health professionals involved in patients' care negotiate with patients, family members, and/or carers the non-initiation, and withdrawal of, life-sustaining therapy when appropriate discuss death certificates and reportable death protocols, including the medicolegal implications, with families and other health professionals as required check quality and accuracy of reports or documentation generated by others and technologies, including artificial intelligence-informed large language models 	<ul style="list-style-type: none"> discuss with patients, family, and/or carers the goals of care and treatment, and document this in patients' clinical records ensure consistent messages are given to patients, families, or carers about treatment options, their likelihood of success, risks, and prognosis provide honest and clear clinical assessment summaries, using plain language and avoiding medical jargon discuss with family or carers appropriate support and bereavement care

<p>Quality and safety</p>	<ul style="list-style-type: none"> • conduct medication chart safety audits and multidisciplinary mortality and morbidity meetings, and provide feedback to colleagues • develop monitoring and evaluation strategies to capture feedback about the quality of care from multidisciplinary team members, patients, families, and carers • participate in mortality reviews to determine the safety and quality of patients' end-of-life care and how it could be improved • review technological systems and processes that support safe and high-quality end-of-life care • submit accurate death certificates and reportable death documentation as per local protocols 	<ul style="list-style-type: none"> • collect and review data on the safety and effectiveness of end-of-life care delivery • communicate the content of discussions about prognosis and advance care planning to multidisciplinary teams • ensure that actual care is aligned with patients' documented wishes
<p>Teaching and learning</p>	<ul style="list-style-type: none"> • provide supervision, support, and teaching to develop the skills of junior colleagues on end-of-life care • reflect on personal practice, and use this process to guide continuing professional development • ensure all members of multidisciplinary teams receive education on their roles and responsibilities for managing end-of-life care • promote education covering: <ul style="list-style-type: none"> » competencies for providing culturally responsive end-of-life care to Aboriginal and Torres Strait Islander peoples and Māori, and to people from other cultural backgrounds » ethical and medicolegal issues » relevant legislation in the state, territory, or region 	<ul style="list-style-type: none"> • participate in education on disease-specific symptom assessment and evidence-based symptom management • participate in upskilling in best practice of end-of-life care management • encourage junior colleagues to participate in multidisciplinary case reviews, mortality and morbidity meetings, and adverse event reviews
<p>Research</p>	<ul style="list-style-type: none"> • ensure that quality end-of-life care management processes are evidence based and outcome focused • use systematic reviews or personal reviews and appraisal of the literature as evidence for appropriate management • support clinical trials to build the end-of-life care evidence base 	<ul style="list-style-type: none"> • recognise that the evidence may be insufficient to resolve uncertainty and make definitive decisions

Cultural safety	<ul style="list-style-type: none"> • practise culturally responsible medicine based on understanding the personal, historical, and cultural influences on patients, families, and carers • offer support to patients to include cultural or religious practices in their care • develop strategies for identifying culturally appropriate decision makers, and obtain their input in discussions of patients' end-of-life care • promote and use available culturally appropriate guidelines for end-of-life care in specific groups, including Aboriginal and Torres Strait Islander peoples and Māori 	<ul style="list-style-type: none"> • be cognisant, respect, and respond to individual preferences and needs of patients, regardless of their culture and religious beliefs • support patients, families, and carers with communication difficulties associated with cultural and linguistic diversity
Ethics and professional behaviour	<ul style="list-style-type: none"> • ensure all team members discuss end-of-life care with patients, and act on expressed patient preferences • enhance the quality of life for patients before death to minimise pain and suffering caused by ineffective treatments • recognise the complexity of ethical issues related to human life and death when considering the allocation of scarce resources • ensure that care provided to patients is not burdensome or futile • recognise feelings of moral distress and burnout in themselves and colleagues 	<ul style="list-style-type: none"> • ensure that information on advance care plans, treatment plans, goals of care, and patients' treatment preferences is available to all involved in patients' care • ensure patients' dignity is preserved • respond appropriately to distress or concerns of colleagues, patients, families, and carers
Judgement and decision making	<ul style="list-style-type: none"> • identify and support patients appropriate for conservative care, using advance health directives and care plans • maximise patients' autonomy and their best interests when making treatment decisions • liaise with other relevant services when required, such as the coroner or legal teams • recognise own limitations and seek help, when required, in an appropriate way 	<ul style="list-style-type: none"> • define and document patients', families' or carers' goals and agreed outcomes • inadequately consult with senior colleagues
Leadership, management, and teamwork	<ul style="list-style-type: none"> • define the responsibilities and roles of team members involved in patients' care • achieve agreement between multidisciplinary teams about patients' treatment options 	<ul style="list-style-type: none"> • coordinate end-of-life care to minimise fragmentation of care • document multidisciplinary care plans, including the terminal phase

	<ul style="list-style-type: none"> • ensure care plans are communicated to all teams involved in patients' care, including relevant community care providers • co-ordinate care and collaborate with other teams to provide end-of-life care, including palliative care, psychiatry, nursing services, and community providers • enable care and support to be provided in patients' preferred place of care • effectively manage personal challenges of dealing with death and grief 	
Health policy, systems, and advocacy	<ul style="list-style-type: none"> • participate in developing frameworks for organisational advance care planning • allocate resources according to the organisational strategic plan to support systems for effective delivery of end-of-life care • advocate for the needs of individual patients, social groups, and cultures within the community who have specific palliative care needs or inequitable access to palliative care services 	<ul style="list-style-type: none"> • allocate scarce health care resources effectively • support community-based service providers to build capacity for people to be cared for in their preferred place of death

Knowledge Guides

Knowledge guides (KGs) provide detailed guidance to trainees on the important topics and concepts trainees need to understand to become experts in their chosen specialty.

Trainees are not expected to be experts in all areas or have experience related to all items in these guides.



#	Title
1	General medicine presentations and conditions
2	Acute care presentations and conditions
3	Obstetric medicine
4	Perioperative medicine
5	Health equity

KEY PRESENTATIONS AND CONDITIONS

Advanced Trainees will have a comprehensive depth of knowledge of these presentations and conditions.

Presentations

- Abdominal distension
- Abdominal mass
- Abnormal speech and communication
- Adverse drug reaction
- Agitation, acute
- Altered bowel habit
- Altered conscious state
- Altered gait / Difficulty walking
- Altered sensation
- Anorexia / Loss of appetite
- Anuria / Oliguria
- Bleeding:
 - » abdominal
 - » rectal
 - » vaginal
- Cardiac murmur
- Changes to vision / Visual loss
- Confusion
- Constipation
- Cough
- Diarrhoea
- Discharge:
 - » nipple
 - » urethral
 - » vaginal
- Dizziness
- Dysmenorrhoea
- Dyspareunia
- Dysphagia
- Dyspnoea
- Dysuria
- Erectile dysfunction
- Facial droop
- Falls
- Fatigue / Lethargy / Malaise / Tiredness
- Fever
- Haematemesis
- Haematuria
- Haemoptysis
- Headache
- Hearing loss
- Hyperglycaemia
- Hypertension
- Hypoglycaemia
- Hypotension

For each presentation and condition, Advanced Trainees will **know how to**:

Synthesise

- » recognise the clinical presentation
- » identify relevant epidemiology, prevalence, pathophysiology, and clinical science
- » take a comprehensive clinical history
- » conduct an appropriate examination
- » establish a differential diagnosis
- » plan and arrange appropriate investigations
- » consider the impact of illness and disease on patients¹⁷ and their quality of life when developing a management plan

Manage

- » provide evidence-based management
- » prescribe therapies tailored to patients' needs and conditions
- » recognise potential complications of disease and its management, and initiate preventative strategies
- » involve multidisciplinary teams

Consider other factors

- » identify individual and social factors and the impact of these on diagnosis and management

¹⁷ References to patients in the remainder of this document may include their families, whānau, and/or carers.

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| <ul style="list-style-type: none">• Insomnia• Intoxication, acute• Itch / Pruritus• Jaundice• Lesions:<ul style="list-style-type: none">» breast» skin• Loss of consciousness• Lymphadenopathy:<ul style="list-style-type: none">» in the neck• Malnutrition• Medication optimisation / rationalisation• Melaena• Menorrhagia• Muscle weakness:<ul style="list-style-type: none">» generalised» specific• Nocturia• Oedema / Swelling:<ul style="list-style-type: none">» generalised» joint» lower limb» peripheral• Pain:<ul style="list-style-type: none">» abdominal» acute» chest» chronic» facial» joint» musculoskeletal• Pallor• Palpitations• Polydipsia• Psychological distress• Psychosis• Pyrexia of unknown origin• Rash• Seizure• Sensory disturbance• Somnolence• Stridor• Substance misuse• Suicidal ideation• Syncope• Tinnitus• Trauma:<ul style="list-style-type: none">» head injuries» joint injuries» lacerations» soft tissue injuries• Tremor• Urinary retention• Vertigo• Vomiting• Weakness | |
|--|--|
-

- Weight change:
 - » gain
 - » loss
 - Wheeze
- Cardiovascular conditions**
- Arrhythmia syndromes
 - Heart disease:
 - » ischaemic
 - » rheumatic
 - » valvular
 - Heart failure (HF):
 - » HF with preserved ejection fraction (HFpEF)
 - » HF with reduced ejection fraction (HFrEF)
 - Hyperlipidaemia
 - Myocarditis
 - Pericarditis
 - Physiological murmurs
 - Supraventricular tachycardia

Dermatological conditions

- Adverse drug reaction
- Burns
- Cellulitis
- Cutaneous malignancy
- Dermatophytes
- Eczema
- Infections:
 - » ectoparasite
 - » fungal
 - » scabies
 - » viral
- Naevi
- Urticaria

Endocrinological conditions

- Addison disease
- Cushing syndrome
- Deficiency:
 - » vitamin D
- Diabetes:
 - » insipidus
 - » mellitus
- Hyperthyroidism
- Hypothyroidism
- Metabolic syndrome
- Obesity
- Osteoporosis

Gastrointestinal conditions

- Abdominal pain, chronic
- Coeliac disease
- Constipation, chronic
- Gastroenteritis
- Gastro-oesophageal reflux
- Hepatitis:
 - » viral
- Inflammatory bowel disease

- Liver disease:
 - » acute
 - » chronic
- Liver transplant
- Malignancy
- Micronutrient deficiency, such as vitamins:
 - » B1
 - » B12
 - » C
 - » D
- Pancreatic insufficiency

Genitourinary / Gynaecological conditions

- Endometriosis
- Infections:
 - » sexually transmitted
 - » urinary tract
 - » vulvovaginal candidiasis
- Lichen sclerosus
- Neurogenic bladder
- Renal calculi
- Testicular torsion

Haematological / Oncological conditions

- Anaemias
- Bleeding disorders:
 - » haemophilia
- Deficiency:
 - » iron
 - » vitamin B12
- Haemochromatosis
- Haemolysis
- Haemophagocytic lymphohistiocytosis (HLH)
- Idiopathic thrombocytopaenic purpura (ITP)
- Late effects of cancer treatment
- Leukaemias
- Lymphomas
- Neutropenia
- Solid organ tumours
- Thalassaemia
- Thrombosis

Immunological conditions

- Adverse drug reactions
- Allergy:
 - » allergic rhinitis
 - » food (immunoglobulin E-mediated)
 - » insect
- Primary immune deficiencies

Infectious disease conditions

- Cellulitis, and other skin and soft tissue
- Encephalitis and meningitis
- Fever in a returned traveller
- Gastroenteritis

- Infections:
 - » diabetic foot
 - » genitourinary
 - » joint and prosthetic joint
 - » ophthalmological
 - » respiratory tract
 - » staphylococcus aureus
 - » urinary tract
 - » viral
- Infective endocarditis
- Pyrexia of unknown origin
- Septicaemia
- Toxic shock syndrome

Kidney conditions

- Acid-base and electrolyte disturbance
- Glomerulonephritis
- Hypertension
- Kidney failure:
 - » acute injury
 - » chronic
- Nephrotic syndrome

Mental health conditions

- Anxiety disorder
- Complex post-traumatic stress trauma
- Depression
- Grief and bereavement
- Medical trauma
- Needle phobia

Neurological and rehabilitation conditions

- Bell palsy
- Central nervous system infections
- Cerebral palsy
- Encephalopathy
- Epilepsy
- Functional neurological disorder
- Guillain–Barré syndrome
- Headache:
 - » chronic
 - » tension
- Injury:
 - » spinal cord
 - » traumatic brain
- Migraine
- Motor neurone disease
- Multiple sclerosis
- Peripheral neuropathy
- Spinal cord compression
- Stroke
- Transverse myelitis

Respiratory and sleep conditions

- Asthma
- Bronchiectasis
- Lung cancer
- Lung disease:

	<ul style="list-style-type: none"> » chronic obstructive » interstitial » restrictive • Obstructive sleep apnoea • Pleural effusion • Pneumonia: <ul style="list-style-type: none"> » community-acquired » hospital-acquired • Pneumothorax • Respiratory tract infections <p>Rheumatological conditions</p> <ul style="list-style-type: none"> • Arthritis: <ul style="list-style-type: none"> » psoriatic » rheumatoid • Fibromyalgia • Gout • Osteoarthritis • Scleroderma • Systemic lupus erythematosus (SLE) • Vasculitis: <ul style="list-style-type: none"> » large vessel » small vessel <p>Sexual health medicine conditions</p> <ul style="list-style-type: none"> • Infections: <ul style="list-style-type: none"> » human immunodeficiency virus (HIV) » other sexually transmitted infections and their complications » syphilis • Pelvic pain syndromes • Pre-conception counselling 	
<p>LESS COMMON OR MORE SPECIALISED PRESENTATIONS AND CONDITIONS</p> <p>Advanced Trainees will understand these presentations and conditions.</p> <p>Advanced Trainees will understand the resources that should be used to help manage patients with these presentations and conditions.</p>	<p>Cardiac conditions</p> <ul style="list-style-type: none"> • Congenital cardiac disease • Long QT syndrome <p>Endocrinological conditions</p> <ul style="list-style-type: none"> • Congenital adrenal hyperplasia • Rickets • Transgender endocrine management <p>Gastrointestinal conditions</p> <ul style="list-style-type: none"> • Malabsorption syndromes <p>Haematological / Oncological conditions</p> <ul style="list-style-type: none"> • Asplenia • Bone marrow failure • Cancer predisposing syndromes • Hypersplenism • Hyposplenism • Iron overload • Leucocyte disorders • Neutropenia • Rare leukaemia • Rare solid tumour • Red cell structural disorders 	

- Sickle cell disease

Immunological conditions

- Autoimmune disorders
- Complement deficiencies
- Immunodeficiency syndromes
- Neutrophil abnormalities

Infectious diseases

- Arboviruses
- Dengue fever
- Healthcare-associated infections
- Infections:
 - » mycobacterial
 - » parasitic
 - » with antibiotic resistant organisms
- Japanese encephalitis
- Malaria
- Tuberculosis
- Typhoid fever
- Viruses:
 - » emerging
 - » hepatitis

Kidney conditions

- Diabetes insipidus, nephrogenic
- Haemolytic uraemic syndrome
- Interstitial nephritis
- Kidney failure, chronic
- Kidney tubular disorders
- Nephrotic syndrome

Mental health conditions

- Bipolar and related disorders
- Psychosis
- Schizophrenia

Musculoskeletal and rheumatological conditions

- Dermatomyositis
- Localised scleroderma
- Musculoskeletal pain, chronic
- Systemic lupus erythematosus

Neurological conditions

- Acute disseminated encephalomyelitis (ADEM)
- Autonomic dysreflexia
- Central nervous system inflammatory and immune-mediated disorders
- Central nervous system tumours
- Central venous sinus thrombosis
- Cerebellar disorders
- Charcot–Marie–Tooth disease
- Congenital myasthenic syndromes
- Duchenne muscular dystrophy
- Idiopathic intracranial hypertension
- Motor neurone disease
- Movement disorders
- Muscular dystrophy

- Myopathy
- Neurocutaneous syndromes
- Neurodegenerative disorders
- Spina bifida
- Spinal muscular atrophy

Respiratory conditions

- Cystic fibrosis

EPIDEMIOLOGY, PATHOPHYSIOLOGY, AND CLINICAL SCIENCES

Advanced Trainees will have a comprehensive depth of knowledge of the principles of the foundational sciences.

- Aetiology, epidemiology, and natural history for general medical conditions as listed above
- An understanding of how the social determinants of health impact on the above list of conditions
- Diagnosis, natural history, and treatment options for people with complex, multisystem, and chronic disorders
- Epidemiology and determinants of diseases in the local community
- Long-term effects of chronic substance use
- Pain management, treatment options, and referral to appropriate healthcare specialists
- Pharmacology, such as:
 - » medication considerations for elderly patients
 - » medication rationalisation
 - » monitoring and toxicity of immunosuppressive drugs
 - » pain management
 - » polypharmacy and drug interactions
 - » side effects of psychiatric medications in normal doses and in over-dosage
- Population and global health considerations, such as:
 - » burden of disease in population groups, nationally and globally
 - » disease prevention
 - » environmental influences on health
 - » global emergencies and the broad impact on populations
 - » health indicators and priorities locally, nationally, and globally
 - » immunisation health
 - » impact of climate change on health
 - » outbreak and disease control
- Primary preventative care, such as:
 - » antibiotic prophylaxis and stewardship
 - » cancer screening recommendations
 - » preventing hospital-acquired complications
 - » promoting healthy lifestyles
 - » sexual health screening
 - » vaccination
- Specific needs for an ageing population

INVESTIGATIONS, PROCEDURES, AND CLINICAL ASSESSMENT TOOLS

Advanced Trainees will know the scientific foundation of each investigation and procedure, including relevant anatomy and physiology. They will be able to interpret the reported results of each investigation or procedure.

Clinical assessment tools

- Anthropometric assessment
- Blood pressure monitoring
- Cognitive assessment tools
- Frailty measures
- Pain severity measurement
- Perioperative risk screening tools
- Screening for common problems among older patients
- Nutritional screening tools, such as:
 - » Malnutrition Universal Screening Tool (MUST)
 - » Subjective Global Assessment (SGA)
- Visual acuity

Investigations

-
- Biopsy – skin
 - Bone densitometry scan (DEXA)
 - Cardiac investigations, such as:
 - » ECG
 - » echocardiography
 - » exercise testing
 - » Holter monitoring
 - Micronutrient tests, such as:
 - » folate
 - » iron
 - » vitamin:
 - B12
 - C
 - » zinc
 - Non-cancer screening recommendations, such as:
 - » bone density
 - Other pathology, such as:
 - » cerebral spinal fluid:
 - culture and antimicrobial sensitivity
 - indications for additional testing, such as autoimmune / metabolic
 - microscopy
 - » genetic:
 - chromosomal microarray analysis (CMA)
 - whole exome sequencing (WES)
 - » site swabs, from sterile and non-sterile sites:
 - culture and antimicrobial sensitivity
 - microscopy
 - » stool:
 - calprotectin
 - culture
 - cysts, ova, and parasites
 - faecal occult blood
 - malabsorption tests
 - microscopy
 - specific antigen, such as *Helicobacter pylori*
 - toxin
 - » sweat test
 - » urine:
 - biochemistry
 - culture and antimicrobial sensitivity
 - microscopy
 - toxicology screening
 - Pathology tests, such as:
 - » antimicrobial, culture, and microscopy sensitivity
 - » biochemistry
 - » blood gases
 - » endocrinological
 - » genetic investigations
 - » haematological
 - » immunological and allergen testing
 - » inflammatory markers
 - » metabolic screening tests
 - » polymerase chain reaction (PCR):
 - bacterial
 - viral
 - » serology
 - Radiology, such as:
 - » CT scan
 - » knowledge of indications for additional specialist radiological investigations, such as:
-

- barium studies
- nuclear medicine studies, including:
 - bone scan
 - MAG3
- PET
- specialist x-rays
- » MRI
- » plain x-ray
- » ultrasound
- Respiratory investigations, such as:
 - » bronchoalveolar lavage
 - » nasopharyngeal aspirate
 - » pulmonary function tests
 - » sleep studies
- Skin prick testing

Procedures (optional)

- Arterial catheter insertion*
- Ascitic aspirate / paracentesis
- Aspiration:
 - » bone marrow
 - » joint
 - » pleurocentesis
- Bedside ultrasound
- Biopsy:
 - » liver
 - » skin
- Bronchoscopy
- Central venous catheter insertion
- Endoscopy
- Endotracheal intubation
- Intercostal catheter insertion
- Mechanical ventilation
- Nasogastric tube insertion
- Percutaneous long line (PICC)
- Point-of-care ultrasound (POCUS)
- Procedural sedation

Procedures (required)

- Airway stabilisation procedures
- Blood product transfusion
- Indwelling urinary catheter insertion
- Intravenous cannulation
- Puncture:
 - » arterial (arterial blood gas sampling)
 - » lumbar
- Ventilation:
 - » high-flow oxygen therapy
 - » manual
 - » non-invasive ventilation:
 - bilevel positive airway pressure (BiPAP)
 - continuous positive pressure ventilation (CPAP)

** Highly recommended for trainees in rural, regional, and remote settings.*

IMPORTANT SPECIFIC ISSUES

Advanced Trainees
will identify important
specialty-specific issues

General management considerations

- Chronic pain management and awareness of the psychosocial consequences of chronic pain, such as depression and work loss
- Complexity theory and its application in the provision of holistic health care

and the impact of these on diagnosis and management and integrate these into care.

- Consideration of appropriate secondary prevention, such as secondary stroke prevention
- Consideration of clinical indications to determine patients' needs, including comorbidities, and the most appropriate approach to investigations and care
- Consideration of the patient holistically, including cultural background, ethnicity, family and psychosocial support, geographic location, and socioeconomic status, and the considerations when managing and following up these patients, such as community-based decision making and travel between rural and metropolitan areas
- Cost, implications, and scope of healthcare-related adverse outcomes
- Family violence awareness and screening
- Goals of therapy
- Informed consent
- Medication review and polypharmacy management
- Principles of trauma-informed, patient-centred care
- Role of allied health professionals in holistic care of patients and families affected by illness
- Tailoring treatment and management to the setting in which care is being provided, such as clinical resources and workforce planning
- The timing of decisions and risks for the individual patient

Management considerations specific to ageing patients

- Correlation between frailty and vulnerability
- Impacts of changing familial dynamics / roles, such as children caring for ageing or frail parents
- Role of aged care services and aged care assessment teams
- Transitions to supported accommodation

Management considerations specific to end-of-life care

- Awareness of voluntary assisted dying (VAD) legislation and implications for discussion and management of VAD as an end-of-life option
- Common problems associated with end-of-life care, such as dyspnoea, end organ failure, and pain
- Medical and social factors associated with medical futility
- Medicolegal aspects of decisions regarding advance health directives, capacity to consent, and resuscitation
- Suitability and timing of discussions regarding ceiling of care, organ donation, and resuscitation

Management considerations specific to patients with chronic illness

- Awareness and access to appropriate disability services and aids
- Difference between curative, palliative, and rehabilitative approaches to disease management
- Factors in rehabilitation and lifestyle management
- Impact of chronic disease and medication on fertility
- Impact of illness and disability on patients' ability to care for family members
- Interplay of psychosocial factors in the morbidity of chronic disease
- Long-term implications of chronic disease on work
- Navigation of sub-specialty advice and guidelines
- Stanford model of chronic disease management

Management considerations specific to young adults

- Educational and vocational resources available to adolescents with special needs, and interaction of the physician with these services
 - Issues of consent
 - Transfer of responsibility from parents to patient
-

KEY PRESENTATIONS AND CONDITIONS

Advanced Trainees will have a comprehensive depth of knowledge of these presentations and conditions.

Acute injury

- Cervical spine injury
- Fracture
- Haemorrhage
- Oesophageal foreign body
- Pain, acute
- Toxidromes:
 - » neuroleptic malignant syndrome
 - » serotonin syndrome

Allergy and immunology

- Adverse drug reactions
- Anaphylaxis

Behavioural and psychiatric

- Aggression
- Agitation
- Altered mental state
- Anxiety
- Delirium
- Dementia
- Depression
- Overdose
- Psychosis
- Substance abuse and dependence
- Suicidal and self-harming behaviour

Cardiovascular

- Angina
- Arrhythmias
- Cardiac arrest
- Cardiac failure
- Cardiac tamponade
- Cardiogenic shock
- Myocardial infarction, acute
- Pain, chest
- Palpitations
- Pulmonary oedema, acute
- Syncope

Endocrinological and metabolic

- Adrenal crisis
- Diabetes mellitus:
 - » diabetic ketoacidosis (DKA)
 - » hyperosmolar non-ketonic hyperglycaemia
- Glucocorticoid insufficiency
- Hypercalcaemia
- Hyperglycaemia
- Hypocalcaemia

For each presentation and condition, Advanced Trainees will **know how to:**

Synthesise

- » recognise the clinical presentation
- » identify relevant epidemiology, prevalence, pathophysiology, and clinical science
- » take a comprehensive clinical history
- » conduct an appropriate examination
- » establish a differential diagnosis
- » plan and arrange appropriate investigations
- » consider the impact of illness and disease on patients¹⁸ and their quality of life when developing a management plan

Manage

- » provide evidence-based management
- » prescribe therapies tailored to patients' needs and conditions
- » recognise potential complications of disease and its management, and initiate preventative strategies
- » involve multidisciplinary teams

Consider other factors

- » identify individual and social factors and the impact of these on diagnosis and management

¹⁸ References to patients in the remainder of this document may include their families, whānau, and/or carers.

- Hypoglycaemia
- Hypopituitarism
- Thyroid disease

Fluid and electrolyte disturbance

- Acid-base disturbance
- Fluid overload
- Hyperkalaemia
- Hyponatraemia
- Hypokalaemia
- Hyponatraemia
- Hypovolaemia

Gastrointestinal and nutrition

- Anorexia nervosa / Starvation
- Bleeding – gastrointestinal
- Bowel obstruction
- Colitis, acute
- Complications of endoscopy
- Gastro-oesophageal reflux
- Hepatic encephalopathy
- Liver failure:
 - » ascites
 - » cholestasis
 - » hepatic encephalopathy
 - » jaundice
 - » portal hypertension
 - » spontaneous bacterial peritonitis

Genitourinary

- Kidney injury, acute
- Renal calculi
- Urinary retention

Gynaecological / Obstetric

- Dysmenorrhoea
- Ectopic pregnancy
- Hyperemesis
- Hypertensive disorders of pregnancy
- Mittelschmerz
- Ovarian torsion

Haematological / Oncological

- Anaemia, acute
- Compression:
 - » inferior vena cava (IVC)
 - » spinal cord
 - » superior vena cava (SVC)
- Cytopenia
- Disseminated intravascular coagulation
- Febrile neutropenia
- Haemophagocytic lymphohistiocytosis
- Macrophage activation syndrome
- Tumour lysis syndrome
- Venous thromboembolic disease

Infectious disease

- Encephalitis and meningitis
- Pneumonia
- Septic arthritis
- Septic shock
- Toxic shock syndrome

Inflammatory / Rheumatological

- Antineutrophil cytoplasmic antibodies (ANCA) vasculidities:
 - » eosinophilic granulomatosis with polyangiitis (EGPA)
 - » granulomatosis with polyangiitis (GPA)
 - » microscopic polyangiitis
- Antiphospholipid syndrome
- Giant cell arteritis
- Scleroderma renal crisis
- Systemic lupus erythematosus

Neurological

- Altered conscious state
- Ataxia
- Confusion, acute
- Dystonia
- Headache
- Intracranial haemorrhage
- Seizure
- Spinal cord compromise
- Stroke
- Visual disturbance, acute
- Weakness / Paralysis:
 - » focal
 - » generalised

Respiratory

- Asthma
- Chronic obstructive airways disease
- Pleural collection
- Pneumothorax
- Respiratory distress
- Respiratory failure
- Upper airway obstruction

Skin

- Angioedema
- Blistering rashes
- Petechiae
- Purpura
- Urticaria

Shock

	<ul style="list-style-type: none"> • Cardiogenic • Distributive, including: <ul style="list-style-type: none"> » anaphylactic » neurogenic » septic » systemic inflammatory response syndrome (SIRS) • Haemorrhagic • Hypovolaemic • Obstructive 	
<p>LESS COMMON OR MORE COMPLEX PRESENTATIONS AND CONDITIONS</p> <p>Advanced Trainees will understand these presentations and conditions.</p> <p>Advanced Trainees will understand the resources that should be used to help manage patients with these presentations and conditions.</p>	<ul style="list-style-type: none"> • No less common or more complex presentations and conditions identified 	
<p>EPIDEMIOLOGY, PATHOPHYSIOLOGY, AND CLINICAL SCIENCES</p> <p>Advanced Trainees will have a comprehensive depth of knowledge of the principles of the foundational sciences.</p>	<ul style="list-style-type: none"> • Basic toxicology • Clinical pharmacology • Nutritional requirements of critically ill patients • Oxygen delivery, including evidence-based use of humidified high-flow oxygen and non-invasive ventilation • Pathophysiology of cardiovascular failure, coma, respiratory failure, and shock • Physiology of acid-base and electrolyte disturbances • Procedural anxiety, pain management, and sedation: <ul style="list-style-type: none"> » non-pharmacological » pharmacological • Resuscitation and advanced life support 	
<p>INVESTIGATIONS, PROCEDURES, AND CLINICAL ASSESSMENT TOOLS</p> <p>Advanced Trainees will know the scientific foundation of each investigation and procedure, including relevant anatomy and physiology. They will be able to interpret the reported results of each investigation or procedure.</p> <p>Advanced Trainees will know how to explain the</p>	<p>Clinical assessment tools</p> <ul style="list-style-type: none"> • A–E assessment • Primary, secondary, and tertiary survey <p>Investigations</p> <ul style="list-style-type: none"> • Blood tests, such as: <ul style="list-style-type: none"> » antimicrobial and culture sensitivity » bacterial and viral PCR » biochemistry » endocrinological » haematological » inflammatory markers » serology • Cerebral spinal fluid analysis, such as: <ul style="list-style-type: none"> » culture and antimicrobial sensitivity » microscopy » role for additional testing (autoimmune / metabolic) • Echocardiography 	

investigation or procedure to patients, families, and carers, and be able to explain procedural risk and obtain informed consent where applicable.

- Radiology, such as:
 - » CT
 - » MRI
 - » plain x-rays
 - » ultrasound
- Site swabs and samples, such as:
 - » antimicrobial and culture sensitivity
 - » microscopy
- Tissue biopsy analysis, such as:
 - » culture
 - » flow cytometry
 - » histopathology
 - » immunofluorescence
 - » specific genetic markers
- Toxicology screen
- Urine analysis, such as:
 - » albumin / creatinine ratio
 - » antimicrobial and culture sensitivity
 - » biochemistry
 - » microscopy

Procedures (optional)

- Arterial catheter insertion*
- Ascitic aspirate / paracentesis
- Aspiration: ^{*}
 - » bone marrow
 - » joint
 - » pleurocentesis
- Bedside ultrasound
- Biopsy: ^{*}
 - » liver
 - » skin
- Bronchoscopy
- Central venous catheter insertion
- Endoscopy
- Endotracheal intubation
- Intercostal catheter insertion
- Mechanical ventilation
- Nasogastric tube insertion
- Percutaneous long line (PICC)
- Point of care ultrasound (POCUS)
- Procedural sedation

Procedures (required)

- Airway stabilisation procedures
- Blood product transfusion
- Indwelling urinary catheter insertion
- Intravenous cannulation
- Puncture: ^{*}
 - » arterial (arterial blood gas sampling)
 - » lumbar
- Ventilation:
 - » high-flow oxygen therapy
 - » manual
 - » non-invasive ventilation:
 - bilevel positive airway pressure (BiPAP)
 - continuous positive pressure ventilation (CPAP)

** Highly recommended for trainees in rural, regional, and remote settings.*

IMPORTANT SPECIFIC ISSUES

Advanced Trainees will identify important specialty-specific issues and the impact of these on diagnosis and management and integrate these into care.

- Advanced life support algorithms
 - Assessment of capacity / functional limitations, such as driving
 - Consideration of clinical indications to determine patients' needs, including comorbidities, and the most appropriate approach to investigations and care
 - Consideration of the patient holistically, including cultural background, ethnicity, family and psychosocial support, geographic location, and socioeconomic status, and the considerations when managing and following up these patients, such as community-based decision making and travel from rural to metropolitan areas
 - Cost, implications, and scope of healthcare-related adverse outcomes
 - Crisis resource management principles
 - Ethical and legal issues, including assessing decision-making capacity and identifying proxy decision makers
 - Family violence awareness and screening
 - Grief and bereavement
 - Informed consent in acute and emergency care
 - Management of patients with cognitive impairment / delirium
 - Principles of trauma-informed, patient-centred care
 - Relationship between primary care and specialist health services
 - Sexual assault
 - Tailoring treatment and management to the setting in which care is being provided, such as clinical and workforce resources
-

KEY PRESENTATIONS AND CONDITIONS

Advanced Trainees will have a comprehensive depth of knowledge of these presentations and conditions.

Presentations

- Abnormal blood results
- Cardiac murmur
- Changes to vision
- Constipation
- Contraception advice
- Cough
- Dizziness
- Dysglycaemia
- Dyspnoea
- Excessive gestational weight gain
- Facial droop
- Fatigue
- Fever
- Haematuria
- Headache
- Medication safety advice
- Mental health presentations:
 - » anxiety
 - » birth trauma
 - » depression
 - » grief and bereavement
 - » psychosis
 - » suicidal ideation
- Nausea
- Oedema
- Pain:
 - » acute
 - » chest
 - » chronic
- Palpitations
- Proteinuria
- Seizures
- Sensory disturbance
- Substance misuse
- Syncope
- Thrombocytopenia
- Vomiting
- Weakness
- Weight loss

Conditions

- Amniotic fluid embolism
- Anaemia
- Bell palsy
- Carpal tunnel syndrome
- Diabetes:
 - » gestational
 - » type 1
 - » type 2

For each presentation and condition, Advanced Trainees will **know how to:**

Synthesise

- » recognise the clinical presentation
- » identify relevant epidemiology, prevalence, pathophysiology, and clinical science
- » take a comprehensive clinical history
- » conduct an appropriate examination
- » establish a differential diagnosis
- » plan and arrange appropriate investigations
- » consider the impact of illness and disease on patients¹⁹ and their quality of life when developing a management plan

Manage

- » provide evidence-based management
- » prescribe therapies tailored to patients' needs and conditions
- » recognise potential complications of disease and its management, and initiate preventative strategies
- » involve multidisciplinary teams

Consider other factors

- » identify individual and social factors and the impact of these on diagnosis and management

¹⁹ References to patients in the remainder of this document may include their families, whānau, and/or carers.

	<ul style="list-style-type: none"> • Gastro-oesophageal reflux • Hypertensive disorders: <ul style="list-style-type: none"> » chronic » eclampsia » gestational » haemolysis, elevated liver enzymes and low platelets (HELLP) » pre-eclampsia • Infections: <ul style="list-style-type: none"> » genitourinary tract » skin and soft tissue » upper and lower respiratory tract • Intrahepatic cholestasis of pregnancy • Pre-conception counselling • Sepsis • Thromboembolic disease • Varicosities 	
<p>LESS COMMON OR MORE SPECIALISED PRESENTATIONS AND CONDITIONS</p> <p>Advanced Trainees will understand these presentations and conditions.</p> <p>Advanced Trainees will understand the resources that should be used to help manage patients with these presentations and conditions.</p>	<p>Presentations</p> <ul style="list-style-type: none"> • Pruritus <p>Conditions</p> <ul style="list-style-type: none"> • Autoimmune disease • Cardiac disease • Epidural complications • Epilepsy • Hyperemesis gravidarum • Infections: <ul style="list-style-type: none"> » chorioamnionitis » cytomegalovirus (CMV) » human immunodeficiency virus (HIV) » listeria » syphilis » viral hepatitis • Kidney failure • Liver disease – gestational • Medical complications of tocolytic therapy • Mental health disorders: <ul style="list-style-type: none"> » generalised anxiety disorder » major depressive disorder » postpartum psychosis » post-traumatic stress disorder • Meralgia paraesthetica • Nausea and vomiting of pregnancy • Ovarian hyperstimulation syndrome • Thyroid disorders 	
<p>EPIDEMIOLOGY, PATHOPHYSIOLOGY, AND CLINICAL SCIENCES</p>	<ul style="list-style-type: none"> • Contraception: <ul style="list-style-type: none"> » alternatives to oestrogen-containing contraception, in the context of: <ul style="list-style-type: none"> ○ hypertension ○ liver disease ○ thrombophilia ○ thrombosis 	

Advanced Trainees will have a comprehensive depth of knowledge of the principles of the foundational sciences.

- » effects of contraception on medical disorders, such as:
 - cardiac disease
 - hypertension
 - liver disease
 - migraine
 - previous thrombosis
 - thrombophilia
- » interactions between the oral contraceptive pill and other drugs, such as:
 - antibiotics
 - anticonvulsants
- Difference between normal altered physiology and disease states
- Pharmacology, such as:
 - » altered pharmacokinetics in pregnancy
 - » fetal effects of drugs
 - » risks of medications in pregnancy and lactation
- Physiology of a normal pregnancy, including changes and adaptations to:
 - » cardiovascular system
 - » electrolyte maintenance
 - » endocrine function
 - » hepatic function
 - » immunology of pregnancy
 - » kidney function
 - » other physiological factors
 - » respiratory function
- Range of normal symptoms experienced during pregnancy
- Widened range of normality for findings of physical examinations due to pregnancy

INVESTIGATIONS, PROCEDURES, AND CLINICAL ASSESSMENT TOOLS

Advanced Trainees will know the scientific foundation of each investigation and procedure, including relevant anatomy and physiology. They will be able to interpret the reported results of each investigation or procedure.

Advanced Trainees will know how to explain the investigation or procedure to patients, families, and carers, and be able to explain procedural risk and obtain informed consent where applicable.

- Alterations in laboratory normal values imparted by pregnancy and the interpretation of the significance of abnormal tests:
 - » blood gases
 - » coagulation
 - » D-dimer
 - » electrocardiogram
 - » haemoglobin
 - » liver function tests (LFTs)
 - » platelets
 - » serology, such as:
 - CMV
 - HIV
 - listeria
 - rubella
 - syphilis
 - toxoplasmosis
 - varicella
 - viral hepatitis
 - » thrombophilia bloods
 - » thyroid function tests (TFTs)
 - » urinalysis
- Impact of pregnancy on radiographic findings, such as kidney ultrasound
- Risks and benefits of radiological imaging in pregnancy and lactation to patients and other healthcare professionals

IMPORTANT SPECIFIC ISSUES

- Fetal implications of disease, such as thyroid disorders
- Impact of pregnancy on pre-existing medical disorders
- Long-term effects on maternal and paternal health following pregnancy complications
- Medical contributors to infertility

Advanced Trainees will identify important specialty-specific issues and the impact of these on diagnosis and management and integrate these into care.

- Potential intrapartum and postpartum complications
- Pre-existing maternal and paternal medical disorders and their impact on pregnancy

General management considerations

- Consideration of clinical indications to determine patients' needs, including comorbidities, and the most appropriate approach to investigations and care
 - Consideration of the patient holistically, including cultural background, ethnicity, family and psychosocial support, geographic location, and socioeconomic status, and the considerations when managing and following up these patients, such as community-based decision making and travel from rural to metropolitan areas
 - Cost, implications, and scope of healthcare-related adverse outcomes
 - Family violence awareness and screening
 - Goals of therapy
 - Individual patient clinical indications to determine patients' needs, including comorbidities, and the most appropriate approaches to investigations and care
 - Informed consent
 - Medication review and polypharmacy management
 - Principles of trauma-informed, patient-centred care
 - Relationship between primary care and specialist health services
 - Role of allied health professionals in holistic care of patients and families affected by illness
 - Tailoring treatment and management to the setting in which care is being provided, such as clinical and workforce resources
-

CLINICAL SCIENCES

Advanced Trainees will describe the principles of the foundational sciences.

- Assessment of physiological reserve
- Indications for common surgical procedures and their urgency
- Perioperative medication management
- Preoperative risk assessment, risk scores, and their interpretation
- Principles of anaesthetic care
- Principles of preoperative medical optimisation
- Relevant society guidelines regarding perioperative management of adult patients
- Risk factors for postoperative adverse outcomes and their prevention / management

ELIGIBILITY CONSIDERATIONS

Advanced Trainees will assess the patient's current condition and plan the next steps.

Comprehensive preoperative assessment

- Advanced care planning
- Anaemia and optimising haemoglobin
- Assessment of:
 - » cardiovascular risk
 - » complex comorbidities
 - » delirium and its prevention
 - » fall risk
 - » frailty
 - » functional capacity
 - » nutrition, such as malnutrition and obesity nutritional assessment tools, such as:
 - Malnutrition Universal Screening Tool (MUST)
 - Subjective Global Assessment (SGA)
- Comprehensive geriatric assessment
- Consideration of surgical indication and urgency
- Fluid and electrolyte status and acid-base disturbance
- Management of common high-risk medications, such as:
 - » anticoagulants
 - » diabetic medications, including insulin
 - » immunosuppressants, including steroids
- Medication review and assessment, including medications to be discontinued or dosage-modified perioperatively
- Medications with high risk of withdrawal syndromes, such as alcohol and opioids
- Pain management
- Previous anaesthetic history and complications
- Principles of informed consent
- Risk assessment tools, including:
 - » Duke Activity Status Index (DASI)
 - » National Surgical Quality Improvement Program (NSQIP)
- Shared decision-making processes and support, including risks and benefits of surgical and non-surgical management
- Utility of preoperative investigations

LESS COMMON OR MORE COMPLEX PATIENT CONSIDERATIONS

- Adrenal crisis
- Assessment prior to emergency surgery
- Autonomic instability
- Blood loss conservation, and indications for transfusion
- Elective surgical planning
- High-risk bleeding and thrombosis
- High-risk cardiovascular disease
- Marginal surgical candidates

Advanced Trainees will understand the resources that should be used to help manage patients. ²⁰	<ul style="list-style-type: none"> • Patients who would benefit from prehabilitation and rehabilitation • Pheochromocytoma • Pituitary surgery • Pulmonary hypertension • Thyroid storm
UNDERTAKING THERAPY Advanced Trainees will monitor the progress of patients during the therapy.	Intraoperative considerations <ul style="list-style-type: none"> • Types of anaesthesia, such as: <ul style="list-style-type: none"> » general anaesthetic, including: <ul style="list-style-type: none"> ○ inhalation ○ intravenous » local » regional » sedation • Types of intraoperative monitoring • Types of vascular access, including: <ul style="list-style-type: none"> » arterial lines » central venous catheters » peripheral
POST-THERAPY Advanced Trainees will know how to monitor and manage patients post-therapy.	Postoperative considerations <ul style="list-style-type: none"> • Common postoperative complications, including: <ul style="list-style-type: none"> » anaemia » arrhythmias » constipation » delirium and/or other cognitive dysfunctions » exacerbations of underlying comorbidities » functional decline » hypothermia » kidney injury, acute » malnutrition, such as: <ul style="list-style-type: none"> ○ micronutrient deficiency, including: <ul style="list-style-type: none"> ▪ vitamin C ▪ zinc ○ protein-calorie » myocardial arrhythmias and injury » nausea » respiratory failure, such as: <ul style="list-style-type: none"> ○ aspiration ○ atelectasis ○ obstructive sleep apnoea » sepsis » urinary retention » venous thromboembolism: <ul style="list-style-type: none"> ○ management ○ prevention » vomiting » withdrawal syndromes • Discharge planning considerations, including rehabilitation • Enhanced recovery after surgery (ERAS) protocols • Glycaemic control • Leading a rapid response call for a deteriorating patient

²⁰ References to patients in the remainder of this document may include their families, whānau and/or carers.

IMPORTANT SPECIFIC ISSUES

Advanced Trainees will identify important specialty-specific issues and the impact of these on diagnosis and management and integrate these into care.

General management considerations

- Consideration of clinical indications to determine patients' needs, including comorbidities, and the most appropriate approach to investigations and care
- Consideration of the patient holistically, including cultural background, ethnicity, family and psychosocial support, geographic location, and socioeconomic status, and the considerations when managing and following up these patients, such as community-based decision making and travel from rural to metropolitan areas
- Cost, implications, and scope of healthcare-related adverse outcomes
- Family violence awareness and screening
- Goals of therapy
- Individual patient clinical indications to determine patients' needs, including comorbidities, and the most appropriate approaches to investigations and care
- Informed consent
- Medication review and polypharmacy management
- Multidisciplinary collaboration throughout patients' perioperative journeys
- Principles of trauma-informed, patient-centred care
- Relationship between primary care and specialist health services
- Role of allied health professionals in holistic care of patients and families affected by illness
- Tailoring treatment and management to the setting in which care is being provided, such as clinical and workforce resources

EPIDEMIOLOGY, PATHOPHYSIOLOGY, AND CLINICAL SCIENCES

Advanced Trainees will have in-depth knowledge of the topics listed under each clinical sciences heading.

For the statistical and epidemiological concepts listed, trainees should be able to describe the underlying rationale, the indications for using one test or method over another, and the calculations required to generate descriptive statistics.

- Disease prevalence in Indigenous, rural, and remote populations
- Diseases with a higher prevalence in Aboriginal and Torres Strait Islander peoples and Māori, such as:
 - » acute rheumatic fever
 - » cardiovascular disease
 - » chronic kidney disease
 - » diseases associated with socioeconomic disadvantage:
 - hepatitis B
 - methicillin-resistant *Staphylococcus aureus*
 - scabies
 - smoking-related illnesses
 - » post-infectious glomerulonephritis
 - » rheumatic heart disease
 - » type 2 diabetes mellitus
- Epidemiology of health equity and the factors which influence this, including:
 - » geography
 - » historical context, including:
 - colonisation
 - racism in all its forms
 - » social determinants of health
- Population groups most likely to experience health inequity, such as:
 - » Aboriginal and Torres Strait Islander peoples
 - » LGBTQIA+ individuals
 - » Māori
 - » Pacific peoples
 - » migrant groups
 - » refugees

INVESTIGATIONS, PROCEDURES, AND CLINICAL ASSESSMENT TOOLS

Advanced Trainees will know the scientific foundation of each investigation and procedure, including relevant anatomy and physiology. They will be able to interpret the reported results of each investigation or procedure.

Advanced Trainees will know how to explain the investigation or procedure to patients²¹, families, and carers, and be able to explain procedural

Clinical assessment tools

- Socioeconomic indexes systemic bias (SES index)

Investigations

- Malnutrition, such as vitamin C deficiency and scurvy as conditions related to social inequity / disability

²¹ References to patients in the remainder of this document may include their families, whānau and/or carers.

IMPORTANT SPECIFIC ISSUES

Advanced Trainees will identify important specialty-specific issues and the impact of these on diagnosis and management and integrate these into care.

- Definitions of:
 - » ethical guidelines relating to advocacy
 - » healthcare equity – both generic and more contextually nuanced
 - » legislative frameworks,
- Frameworks for assessing health equity and pro-equity health service development, such as:
 - » common models of Indigenous health, such as Ngaa-bi-nya
 - » health equity assessment tools, including World Health Organization's Health Equity Assessment Toolkit (HEAT)
 - » Tanahashi
- Frameworks to aid self-reflective practice
- Groups at risk of inequity, such as people who are:
 - » experiencing intimate partner and/or family violence
 - » living in geographically remote areas
 - » living in poverty
 - » living with housing insecurity
- How a singular approach to equity may not be applicable across all contexts encountered
- Importance of malnutrition testing, specifically vitamin C deficiency and scurvy, as conditions related to social inequity / disability
- Statement of commitment to Indigenous health and wellbeing
- Strategies for providing healthcare to people who are ineligible for subsidised care
- Strategies to address inequities commonly encountered in clinical practice

Definitions of healthcare equity and legislative frameworks

- Healthcare outcomes and priorities within Australia, Aotearoa New Zealand, and globally
- Healthcare policy to address inequity, such as:
 - » National Agreement on Closing the Gap
 - » strategies to improve health equity, such as:
 - co-governance and co-design
 - community-controlled organisations
 - Kaupapa Māori health services
 - Pasifika healthcare organisation
- Legislative frameworks that inform or mandate healthcare equity, such as:
 - » anti-discrimination legislation
 - » International Covenant on Economic, Social and Cultural Rights
 - » Pae Ora (Healthy Futures) Act 2022
 - » Te Tiriti o Waitangi
 - » United Nations' Declaration of the Rights of Indigenous Peoples
 - » United Nations' Universal Declaration of Human Rights

Health considerations for Aboriginal and Torres Strait Islander peoples

- Importance of Country and community, such as:
 - » connection to new Country, and how this might impact on access to health care
 - » cultural obligations and practices, and spiritual beliefs
 - » health care delivery as close to home as possible
 - » health care-related decisions within the context of the individual's family and community group

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- Knowledge of strategies to enhance health care interactions, such as:
 - » Aboriginal healthcare workers and nursing and medical staff
 - » Indigenous liaison officers and their role
 - » interpreters
 - » physical environment
 - » supporting shared decision-making processes, such as:
 - decision making by family groups
 - inpatient family 'escorts'
 - The historical context of Aboriginal and Torres Strait Islander peoples' status and health care provision, including:
 - » awareness of practical resources to mitigate risks of institutional racism and unconscious bias
 - » colonisation, history of discrimination, and inter-generational trauma
 - » consequent lack of trust in government-run services
 - » disempowerment and structural inequity
 - » institutional racism and unconscious bias

Health consideration for Māori

- Common models of Māori health, such as:
 - » Te Pae Mahutonga
 - » Te Whare Tapa Whā
 - » Te Wheke
- Culturally safe and competent consultations, including professional interactions with Pou Hāpai tiaki and kaimahi hauora
- Initiatives that improve Māori health outcomes
- Māori health practices, such as Rongoā Māori and mirimiri
- Te Tiriti o Waitangi and the application of its five principles in health care
- The role of racism and colonisation, including:
 - » determinants of health
 - » policy or system design
 - » quality healthcare
 - » socioeconomic deprivation and restricted access to decision making
- The varied determinants that affect Māori health outcomes

Health equity in non-metropolitan areas

- Differences in resource allocation and model of care between metropolitan and non-metropolitan areas
- Environmental health issues for regional areas
- Health priorities for rural and remote populations
- Rural health inequity as an intersectional issue
- Social determinants of health and wellbeing for rural and remote patients
- The benefits, limitations, and role of telehealth / telemedicine

Health equity in the rural and remote context

- Access to, availability, and functions of patient retrieval services
 - Barriers to health for people and Indigenous whānau living in rural and remote areas, including the impact of having to receive complex care away from home
 - Basic principles of retrieval medicine
 - Broad knowledge and the ability to manage (either on-site or remotely) a wide variety of conditions across a range of diverse settings while waiting for support or tertiary transfer
 - Disparities in health status and access to care for people living in rural and remote areas
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- Geographical distances between rural and remote communities and the nearest hospital, and the nearest metropolitan centre
 - Management planning that balances a multitude of factors to result in the desired health outcome, as defined by the clinician and patient in collaboration, with an acceptable degree of informed risk
 - Person- and culture-centred decision making about care, made in collaboration with the patient and local healthcare providers
 - Regional health service structures and referral pathways
 - Service availability in regions within jurisdiction of practice, such as:
 - » aged care, disability, and other support services
 - » allied health
 - » emergency care
 - » pathology
 - » primary care
 - » radiology
 - » specialist and subspecialist care
 - The level and type of clinical care that can be safely provided within the regional / remote context for patients with uncommon or particularly complex conditions, with remote guidance from subspecialists
 - The nuances of providing safe and effective care with reduced access to on-site resources, such as:
 - » collaboration with primary care / on-site healthcare providers
 - » flexible approaches
 - » independent practice
 - » resource use
 - » the use of technology, including telehealth
 - The sociodemographic and cultural profile of rural and remote communities and regions within the jurisdiction of practice and more broadly

Strategies to address inequities commonly encountered in clinical practice

- Advocating for patients to overcome bias
 - Approaches to providing pro-equity care in a mana motuhake (self-determination)-enhancing fashion
 - Structural causes of health inequities in each clinical setting
 - The existing disparity in health-related outcomes for different populations, and the ongoing impact of all forms of systemic racism and bias
 - The importance of culturally safe communication for effective health care delivery with people of all cultures and backgrounds, with a strong commitment to Indigenous peoples
 - The importance of fostering culturally diverse teams and cross-cultural partnerships
 - The potential impact of one's own culture and bias on one's own practice
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