

# Professional Qualities Curriculum







# The Royal Australasian College of Physicians

# Physician and Paediatrician Training Program

## **Professional Qualities Curriculum**

To be used in conjunction with:

**Basic Training Curricula** 

- Adult Internal Medicine
- Paediatrics & Child Health

Advanced (Subspecialty) Training Curricula

## Acknowledgements

A number of Fellows, trainees and College staff have contributed extensively of their time and professional expertise in the design and development of this curriculum document.

The College would specifically like to thank those Fellows and trainees who have generously contributed to the development of these curriculum documents, through critical comment drawn from their knowledge and experience and the donation of their time and professional expertise.

The following Fellows, in particular, deserve specific mention for their contribution:

- · Kevin Forsyth
- Stephen Judd
- Mary-Ann Ryall

The development process was managed by the College's Curriculum Development Unit, who designed the document, drafted content material, organised and facilitated writing workshops, and developed resource materials.

## **COPYRIGHT**

1st edition 2007 (revised 2010, 2013).

Please note: No Domains, Themes or Learning Objectives have been updated for this edition; design changes ONLY.

Copyright © 2013. The Royal Australasian College of Physicians (RACP). All rights reserved. Published 20 December 2013.

This work is copyright. Apart from any fair use, for the purposes of study or research, it may not be reproduced in whole or in part, by any means, electronic or mechanical, without written permission from The Royal Australasian College of Physicians.

# **Contact Details**

## THE ROYAL AUSTRALASIAN COLLEGE OF PHYSICIANS

AUSTRALIA AOTEAROA NEW ZEALAND

145 Macquarie Street Level 10

SYDNEY 3 Hunter Street

NSW 2000 WELLINGTON 6011

Australia New Zealand

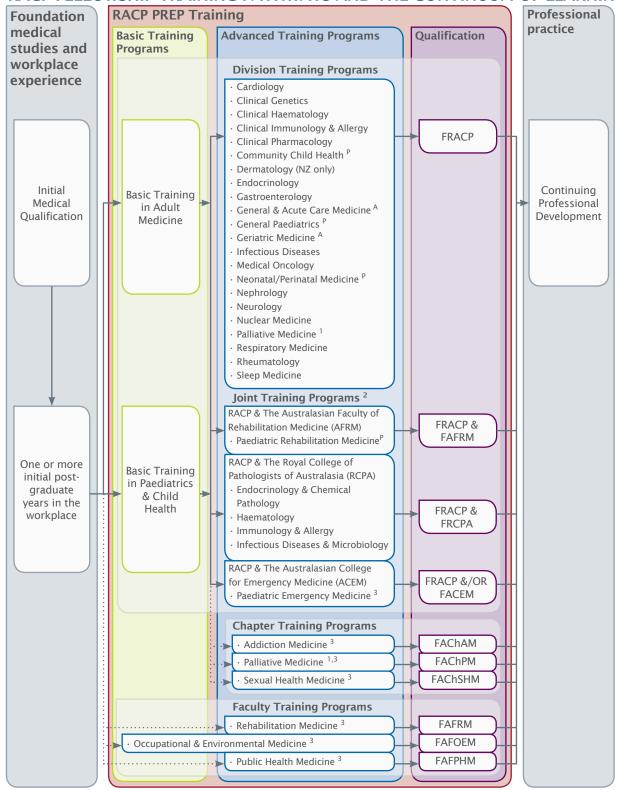
Tel: (+61) (2) 9256 5444 Tel: (+64) (4) 472 6713 Fax: (+61) (2) 9252 3310 Fax: (+64) (4) 472 6718

Email: racp@racp.edu.au Email: racp@racp.org.nz Website: www.racp.edu.au Website: www.racp.edu.au

# **Contents**

RACP Fellowship Training Pathways and the Continuum of Learning	6
Introduction	7
Overview of the Professional Qualities Curriculum	7
Expected Outcomes at the Completion of Training	8
Common Attitudes and Behaviours	8
Assessment	10
Curriculum Domains, Themes and Learning Objectives	1
Learning Objective Tables	19
References	51

## RACP FELLOWSHIP TRAINING PATHWAYS AND THE CONTINUUM OF LEARNING



- Trainees must complete Basic Training in Paediatrics & Child Health to enter this program.
- Trainees must complete Basic Training in Adult Medicine to enter this program.

  Trainees who have entered Advanced Training in Palliative Medicine via a RACP Basic Training Program will be awarded FRACP upon completion and may subsequently be awarded FAChPM. Trainees who have NOT entered Advanced Training in Palliative Medicine via a RACP Basic Training Program will only be awarded FAChPM upon completion.
- The Child & Adolescent Psychiatry Joint Training Program with the Royal Australian and New Zealand College of Psychiatrists (RANZCP) is currently under review by the RACP and RANZCP and closed to new entrants at present.
- Alternative entry requirements exist for these training programs; please see the corresponding PREP Program Requirements Handbook for further information.
- NB1: This diagram only depicts training programs that lead to Fellowship. Please see the RACP website for additional RACP training programs. NB2: For further information on any of the above listed training programs, please see the corresponding PREP Program Requirements Handbook.

## INTRODUCTION

This Curriculum outlines the broad concepts, related learning objectives and the associated theoretical knowledge, clinical skills, attitudes and behaviours required and commonly utilised by all physicians and paediatricians within Australia and New Zealand, regardless of their area of specialty.

This curriculum complements learning objectives, detailed in the Basic Training Curricula for Adult Medicine and Paediatrics & Child Health, and the various Advanced (Subspecialty) Training Curricula, and is pitched at the standard consistent with that expected of a graduate trainee, accepting full responsibility for the patient's welfare and clinical care.

It is expected that all teaching, learning and assessment associated with the Professional Qualities Curriculum will be undertaken within the context of the physician's everyday clinical practice and will accommodate discipline-specific contexts and practices as required. As such it will need to be implemented within the reality of current workplace and workforce issues and the needs of health service provision.

There may be learning objectives that overlap with or could easily relate to other domains; however, to avoid repetition, these have been assigned to only one area. In practice, however, it is anticipated that within the teaching/learning environment, the progression of each objective would be explored.

Note: The curricula should always be read in conjunction with the relevant College Program Requirements Handbook, available on the College website.

## **OVERVIEW OF THE PROFESSIONAL QUALITIES CURRICULUM**

The Professional Qualities Curriculum outlines the range of concepts and specific learning objectives required by, and utilised by, all physicians, regardless of their specialty or area of expertise. It spans both the Basic Training and Advanced Training Programs and is also utilised as a key component of the Continuing Professional Development (CPD) Program. Together with the various Basic Training and Advanced Training Curricula, the Professional Qualities Curriculum integrates and fully encompasses the diagnostic, clinical and educative-based aspects of the physician's/paediatrician's daily practice.

All aspects of the Professional Qualities Curriculum will be taught, learnt and assessed within the context of everyday clinical practice and, where appropriate, will be given a subspecialty-specific focus.

# EXPECTED OUTCOMES AT THE COMPLETION OF TRAINING

Graduates from this training program will be equipped to function effectively within the current and emerging professional, medical and societal contexts. At the completion of their overall training program, it is expected that a new Fellow will:

- have demonstrated their knowledge of, and ability to competently utilise the range of common or generic knowledge, skills, attitudes and behaviours required by all physicians/paediatricians, regardless of their area of specialty
- be able to communicate effectively and sensitively with patients and their families, colleagues and other allied health professionals
- understand and acknowledge the importance of the various socio-economic factors that contribute to illness and vulnerability
- be aware of, and sensitive to, the special needs of patients from culturally and linguistically diverse backgrounds
- be able to work within, lead and fully utilise multidisciplinary team-based approaches to the assessment, management and care of their patients
- recognise the need for, develop, and be able to apply appropriate patient advocacy skills
- have the skills required to process new knowledge and the desire to promote and maintain excellence through actively supporting or participating in research and an active program of continuing professional development
- be able to contribute to the education of patients, colleagues, Trainees, junior medical officers and other health care workers.

# COMMON ATTITUDES AND BEHAVIOURS

The range of desirable personal and professional behavioural attitudes required of, and commonly utilised by, all consultant physicians and paediatricians in the course of their daily clinical practice and in their relationship with others are listed below. These will facilitate appropriate patient care and management associated with professional practice when working with patients, their families, professional colleagues, allied medical and administrative personnel. Depending upon the clinical context, each of these may be utilised individually or, more commonly, in combination with others.

#### PERSONAL ATTITUDES AND BEHAVIOURS

- fostering of a patient-centred approach to health care
- maintenance of a balanced and broad perspective on health care delivery
- preparedness to learn and adopt new and validated approaches to diagnosis and management, despite logistical difficulties, and to change work practices when appropriate
- willingness to reflect on, and learn from, mistakes
- preparedness to change management plans
- tolerance of uncertainty
- ability to cope with unexpected disappointments
- equanimity, resiliency and calmness in the face of challenging clinical demands
- desire to contribute to improvements in the health system
- desire to foster clinical practice, research and teaching in general internal medicine
- preparedness to acknowledge doubt and uncertainty in clinical practice.

# ATTITUDES AND BEHAVIOURS WITH PATIENTS AND FAMILIES

- use of a positive, compassionate, caring and empathic attitude towards patients and their family/carers
- involvement of patients as equals in identification of treatment priorities and in the development of the care plan
- ensuring patient confidentiality, particularly where others are involved in the development of a care plan
- imparting of 'bad news' in a compassionate and positive manner
- use of a clinical approach that models and reinforces preventive and prophylactic approaches to health care
- encouragement of patient mastery, including participation in self-awareness and rehabilitation programs
- use of a non-judgemental approach to the assessment of all determinants of illness
- willingness to accede to requests for a second opinion
- provision of constructive and evidence-based advice on complementary and alternative management approaches, when patients wish this.

# ATTITUDES AND BEHAVIOURS WITH COLLEAGUES

- preparedness to collaborate with primary carers, other referrers and sub-specialists in the care of patients by providing consultative advice, sharing of care, or accepting ongoing care in the best interests of the patient
- willingness to work in a multidisciplinary team
- use of an independent, assertive, inquiring but nonetheless professionally courteous manner in interactions with subspecialty colleagues
- willingness to share knowledge and skills with colleagues
- fostering of a peer network, and collaborative relationships in the health care system
- provision of reassurance and support to colleagues
- zero tolerance in the workplace of sexual harassment and discrimination
- respect for and acknowledgement of professional contributions of all others in the workplaces, including office staff and employees.

## **ASSESSMENT**

## **Overview**

Below is an overview of the assessment tools used during Basic Training. A variety of tools will be used, with the emphasis on provision of constructive feedback to Trainees, to aid their learning. The assessment tools will require the Trainee to provide good patient care, and act as quality assurance towards this goal. Thus the better a person performs on the job, the better they will perform within the formal assessment program.

#### **OUTLINE OF ASSESSMENT**

A similar range of assessment will be employed for Basic Training and Advanced Training. This section deals with those tools that will be used during Basic Training.

# Formative mini-Clinical Evaluation Exercise (mini-CEX)

Trainees will be required to complete a number of formative mini-CEX activities throughout Basic Training, covering history taking, clinical examination, and health promotion aspects of the curriculum. These will be carried out in the trainee's usual workplace.

## Multi-Source Feedback (MSF)

Also known as 360° feedback, the MSF is designed to assess areas of the Professional Qualities Curriculum, particularly around communication, management, and, to some degree, cultural competency.

### **APLS/ALS** course

Is compulsory for all trainees, and should ideally be completed during Basic Training.

#### **Centralised Written Examination**

A multiple-choice examination, blueprinted to the curriculum.

#### **Centralised Clinical Examination**

Consists of two long cases and four short cases.

#### **HOW THEY ARE TO BE USED**

Progression to Advanced Training will depend on completion of the requirements for basic training as well as:

- A summative written examination
- Four summative short cases and two summative long cases, which make up the central clinical examination.

NOTE: Trainees should refer to the RACP Basic Training Portal (www.racp.edu.au/btp) for the most up-to-date assessment requirements.

## **CURRICULUM DOMAINS, THEMES AND LEARNING OBJECTIVES**

Each of the curriculum documents has been developed using a common format, thereby ensuring a degree of consistency and approach across the spectrum of training.

### **Domains**

The Domains are the broad fields which group common or related areas of learning.

## **Themes**

The Themes identify and link more specific aspects of learning into logical or related groups.

## **Learning Objectives**

The Learning Objectives outline the specific requirements of learning. They provide a focus for identifying and detailing the required knowledge, skills and attitudes. They also provide a context for specifying assessment standards and criteria as well as providing a context for identifying a range of teaching and learning strategies.

## **DOMAINS**

## **DOMAIN 1: COMMUNICATION**

- Theme 1.1: Physician–patient Communication
- Theme 1.2: Communicating with a Patient's Family and/or Carers
- Theme 1.3: Communicating with Colleagues and Broader Health Care Team
- Theme 1.4: Communicating with the Broader Community

## **DOMAIN 2: QUALITY AND SAFETY**

- Theme 2.1: Using Evidence and Information
- Theme 2.2: Safe Practice
- Theme 2.3: Identifying, Preventing and Managing Potential Harm

## **DOMAIN 3: TEACHING AND LEARNING (SCHOLAR)**

- Theme 3.1: Ongoing Learning
- Theme 3.2: Research Theme 3.3: Educator

## **DOMAIN 4: CULTURAL COMPETENCY**

Theme 4.1: Cultural Competency

## **DOMAINS (Cont.)**

#### **DOMAIN 5: ETHICS**

Theme 5.1: Professional Ethics
Theme 5.2: Personal Ethics

Theme 5.3: Ethics and Health Law

#### **DOMAIN 6: CLINICAL DECISION MAKING**

Theme 6.1: Clinical Decision Making

#### **DOMAIN 7: LEADERSHIP AND MANAGEMENT**

Theme 7.1: Self-Management

Theme 7.2: Leadership and Managing Others

#### **DOMAIN 8: HEALTH ADVOCACY**

Theme 8.1: Advocacy for the Patient Theme 8.2: Individual Advocacy Theme 8.3: Group Advocacy

#### **DOMAIN 9: THE BROADER CONTEXT OF HEALTH**

Theme 9.1: Burden of Disease
Theme 9.2: Determinants of Health
Theme 9.3: Prevention and Control
Theme 9.4: Priority Population Groups
Theme 9.5: Economics of Health

## **Domain 1: Communication**

In order to provide high-quality care for patients, it is essential that physicians establish and foster effective relationships with patients and their families, other health care professionals and administrative personnel.

To achieve this they must develop and utilise the full range of communication-related skills that will enable them to effectively obtain and synthesise information from, and discuss relevant issues with, patients and their families, professional colleagues, administrative personnel and systems as appropriate. These communication skills will be characterised by understanding, trust, respect, empathy and confidentiality. Effective communication skills will also facilitate their ability to research, evaluate and disseminate information in the broader community.

We know that first encounters can have a profound effect on practice; therefore it is important to develop effective communication strategies early on in training.

## THEME 1.1: PHYSICIAN-PATIENT COMMUNICATION

## **Learning Objectives**

- 1.1.1 Apply communication skills to engage and reassure the patient in specific situations including: first encounters, history taking, counselling and breaking bad news
- 1.1.2 Empower patients and be respectful of their rights in all aspects of communication

## **Domain 1: Communication (Cont.)**

## THEME 1.2: COMMUNICATING WITH A PATIENT'S FAMILY AND/OR CARERS

## **Learning Objectives**

1.2.1 Apply communication skills in encounters with a patient's family (including extended family) and/or carers

#### THEME 1.3: COMMUNICATING WITH COLLEAGUES AND BROADER HEALTH CARE TEAM

#### **Learning Objectives**

- 1.3.1 Communicate effectively within multidisciplinary teams
- 1.3.2 Communicate effectively with referring doctors, and when referring a patient to another specialist
- 1.3.3 Apply communication skills to facilitate effective clinical handover and transfer of care
- 1.3.4 Communicate effectively with health administration

## THEME 1.4: COMMUNICATING WITH THE BROADER COMMUNITY

#### **Learning Objectives**

- 1.4.1 Communicate effectively with support organisations, administrative bodies, governments and others in the wider community
- 1.4.2 Demonstrate the ability to apply specific medico-legal communication practices

## **Domain 2: Quality and Safety**

Quality and safety guidelines are developed to ensure the safe and quality care of patients. The implementation of these standards is the responsibility of all health care workers. Physicians must consider quality and safety in every aspect of their practice, from their interactions (communication) with patients, to managing and reporting risks and hazards.

## THEME 2.1: USING EVIDENCE AND INFORMATION

#### **Learning Objectives**

2.1.1 Use evidence to inform quality improvement

## THEME 2.2: SAFE PRACTICE

#### **Learning Objectives**

- 2.2.1 Optimise safe work practice, which minimises error
- 2.2.2 Facilitate safe prescribing and administration of medication and display an understanding of the associated error types, causes and risks
- 2.2.3 Promote safe continuity of care for patients

## Domain 2: Quality and Safety (Cont.)

## THEME 2.3: IDENTIFYING, PREVENTING AND MANAGING POTENTIAL HARM

## **Learning Objectives**

- 2.3.1 Recognise, report on and manage adverse events and error
- 2.3.2 Identify, establish, implement and/or comply with relevant risk-management/minimisation procedures
- 2.3.3 Understand the process of managing patient complaints and how to utilise patient complaints to enhance medical care

## Domain 3: Teaching and Learning (Scholar)

Physicians should actively contribute to the further research, development, appraisal, understanding and dissemination of health care knowledge among their professional colleagues, students and patients and within the broader general community.

As with any profession, physicians need to model and engage in a process of continuing personal, professional and educational development in order to maintain, further develop and extend their professional knowledge, clinical skills and technical expertise. This is especially important within the current context of an ever-increasing, rapid and exponential growth in knowledge and its related applications.

#### THEME 3.1: ONGOING LEARNING

## **Learning Objective**

3.1.1 Participate in effective continuing professional and educational development

## THEME 3.2: RESEARCH

#### **Learning Objectives**

- 3.2.1 Contribute to the development of new knowledge by active involvement in research
- 3.2.2 Demonstrate understanding of the principles of evidence-based medicine, the limitations of evidence and the challenge of applying research in daily clinical practice
- 3.2.3 Demonstrate the ability to present research findings in a written or oral form

## **THEME 3.3: EDUCATOR**

#### **Learning Objectives**

3.3.1 Recognise the importance of health education and the role of the physician as a teacher to patients, other physicians and in the wider community, and develop the skills to undertake this role

## **Domain 4: Cultural Competency**

Physicians should display commitment to gaining an understanding of the impact of culture on health outcomes. They must endeavour to become acquainted with the cultural perception of illness, cultural aspects of family, and cultural attitudes toward death and illness held by their patients. Physicians have a responsibility to manage their own development of cultural competency and familiarise themselves with the differing cultures within the community.

#### **THEME 4.1: CULTURAL COMPETENCY**

#### **Learning Objectives**

- 4.1.1 Manage one's own cultural competency development
- 4.1.2 Demonstrate the ability to communicate effectively with people from culturally and linguistically diverse backgrounds
- 4.1.3 Apply specific knowledge of the patient's cultural and religious background, attitudes and beliefs in managing and treating the patient
- 4.1.4 Understand how the special history of Māori and Pacific peoples (NZ) and Aboriginal/Torres Strait Islander peoples (Australia) impacts on their current health status
- 4.1.5 Identify and act on cultural bias within health care services and other organisations
- 4.1.6 Demonstrate the ability to promote effective cross-cultural partnerships and culturally diverse teams to improve health outcomes

## **Domain 5: Ethics**

Physicians must adopt an ethical attitude towards the practice of medicine. Ethics pervades every aspect of clinical practice, from communication to critical reflection and professional standards. While it is important to bear in mind the relationship of health law and practice, it is important also to understand the distinction between law and ethics. Physicians must cultivate ethical reflection and ethical behaviour through an awareness of ethical principles, health law, and the limits of science on behaviour.

#### THEME 5.1: PROFESSIONAL ETHICS

## **Learning Objectives**

- 5.1.1 Demonstrate ability to apply an ethical framework in clinical practice
- 5.1.2 Understand and apply ethical principles underpinning the conduct of research

### **THEME 5.2: PERSONAL ETHICS**

## **Learning Objectives**

- 5.2.1 Develop a sound professional standard of personal conduct
- 5.2.2 Demonstrate the ability to critically reflect on personal beliefs, biases and behaviours, and their alignment with health care policy and impact on interaction with patients

#### THEME 5.3: ETHICS AND HEALTH LAW

## **Learning Objectives**

- 5.3.1 Demonstrate the ability to apply legal and ethical frameworks to physician-patient relationships
- 5.3.2 Demonstrate the ability to apply relevant legislation and ethical frameworks to interactions outside the direct physician–patient relationship

## **Domain 6: Clinical Decision Making**

Physicians have a unique role, with a distinct body of knowledge, skills, attitudes and behaviours which enable them to provide clinical care to the highest standards of excellence. Part of this unique role is the physician's ability to apply effective forms of reasoning to make complex clinical decisions.

#### THEME 6.1: CLINICAL DECISION MAKING

## **Learning Objectives**

- 6.1.1 Understand and apply the process of diagnostic reasoning
- 6.1.2 Prognosticate and predict risk
- 6.1.3 Derive therapeutic decisions which maximise patient benefit and acceptance
- 6.1.4 Use evidence effectively and efficiently to inform clinical decision making

## Domain 7: Leadership and Management

The professional physician must have the ability to manage and make decisions about the allocation of personal, professional and organisational resources.

## THEME 7.1: SELF-MANAGEMENT

### **Learning Objectives**

7.1.1 Implement and model effective self-management practices

## THEME 7.2: LEADERSHIP AND MANAGING OTHERS

#### **Learning Objectives**

7.2.1 Demonstrate ability to provide leadership and effectively manage others

## **Domain 8: Health Advocacy**

Physicians have an obligation, both as individuals and in their profession, to positively influence the health circumstances of a patient. Opportunities for this may lie outside the immediate clinical context, and the patient may need the physician's support for success. The physician may need to add their voice where the patient is vulnerable due to infirmity, age or commonly stigmatised status (e.g. race, social class or habit). We refer to this process as advocacy.

Beyond clinical practice, advocacy has a rich history of success in public health where physicians and others have advocated for, and sustained, favourable change in road safety, immunisation and tobacco control. There is also an opportunity for advocacy for changing the environment or focus of care to improve both the quality and safety of care for others.

In the process physicians will proactively identify, analyse, respond to, promote, and be an advocate for, the social, environmental, biological and political factors that determine and impact upon the health and well-being of their patients and the broader community.

#### THEME 8.1: ADVOCACY FOR THE PATIENT

## **Learning Objectives**

8.1.1 Know and apply the key principles, processes and limitations of advocacy

## THEME 8.2: INDIVIDUAL ADVOCACY

#### **Learning Objectives**

8.2.1 Identify and address key issues affecting personal work environment and recognise the role of advocacy

## **THEME 8.3: GROUP ADVOCACY**

## **Learning Objectives**

8.3.1 Demonstrate an understanding of the necessary steps required to effect change within the community

## Domain 9: The Broader Context of Health

Physicians have an obligation to think more broadly than the health of the immediate patient. They must consider the effects of societal issues on health, and broader health determinants. They must be aware of the key population and public health principles.

Physicians will encourage and educate patients to achieve healthier lifestyles, and prevent injury, ill health and disease. To achieve this, familiarity with risk factors (social, environmental, psychological) affecting specific population subgroups, disease-prevention services and legislation are essential.

#### THEME 9.1: BURDEN OF DISEASE

## **Learning Objectives**

9.1.1 Demonstrate an awareness of health priorities for the local community, and more broadly for Australia and New Zealand

#### THEME 9.2: DETERMINANTS OF HEALTH

## **Learning Objectives**

9.2.1 Identify and define the determinants of health

#### THEME 9.3: PREVENTION AND CONTROL

## **Learning Objectives**

9.3.1 Adopt a population health approach to the prevention of illness, promotion of health and control of disease

#### THEME 9.4: PRIORITY POPULATION GROUPS

## **Learning Objectives**

9.4.1 Implement strategies to reduce inequities in health status between population groups

## THEME 9.5: ECONOMICS OF HEALTH

## **Learning Objectives**

9.5.1 Demonstrate a basic understanding of the societal, political and economic pressures that influence the way funding is provided and used

## LEARNING OBJECTIVE TABLES

The following tables indicate the range of underpinning knowledge and skills associated with each of the specific learning objectives.

Colour	· Coding
	ng within the tables indicates 'levels of learning' for related knowledge and skills. This is a guide only, and ould occur as and when opportunities arise.
White	Foundation: These are the underpinning knowledge and skills, many of which draw on initial medical training. These will be taught and learned and most likely assessed during Basic Training.
Tan	Higher Order: These build on Foundation knowledge and skills and may be introduced during Basic Training, although predominantly taught and learned during Advanced Training. These will most likely be assessed during Advanced Training.
Orange	Extended: This knowledge and these skills will most likely be further developed within the context of Continuing Professional Development (CPD), but may be introduced during Basic Training or Advanced Training if the opportunity arises.

**Theme 1.1:** Physician-Patient Communication

**PROFESSIONAL QUALITIES CURRICULUM** 

Learning Objective 1.1.1: Apply communication skills to engage and reassure the patient in specific situations including: first encounters, history taking, counselling and breaking bad news

## Links: PQC - 4.1 Cultural Competency; BTC - 1.1.1; 1.2.5

KNOWLEDGE	SKILLS
Structure of an effective interview.  Questioning and listening techniques.  Aspects of culture and language, which may affect the	Demonstrates the ability to build rapport with the patient.  Demonstrates the ability to communicate effectively with adolescents.
communication encounter.	Demonstrates active listening by:
Aspects of condition, illness or medication, which may hinder communication.  Aspects associated with age, disability, emotional or mental state which may affect the communication encounter.  Lay terms for medical jargon.	<ul> <li>making appropriate eye contact</li> <li>asking open-ended questions</li> <li>attending to verbal and non-verbal cues</li> <li>clarifying information provided by patient</li> <li>clarifying patient's understanding of information delivered.</li> <li>Gives feedback to patient in an open and honest way.</li> <li>Uses body language appropriately.</li> <li>Uses various questioning techniques to elicit information from the patient.</li> </ul>
Identify scenarios where information may be withheld.  Know complaint and independent review procedures.	Demonstrates the ability to overcome obstacles to communication, using an interpreter or technology where necessary, to facilitate effective communication.

Domain 1: Communication (Cont.)		
KNOWLEDGE (Cont.)	SKILLS (Cont.)	
Knowledge of relevant cultural practices, e.g. importance of involving extended family for Indigenous people.  Knowledge of relevant translation services and practices.	Demonstrates the ability to describe complex medical conditions in a way in which the patient can understand; i.e. pitch language use at the level of the patient.  Demonstrates the ability to convey and discuss information on risks and benefits of tests or treatment:	
Knowledge of the emotional dimensions of communication including counter-transference and	<ul> <li>express quantitative information clearly and avoid bias</li> </ul>	
emotional involvement.	put information into context	
	make information real and relevant	
	use multiple formats to increase understanding	
	be open and frank about uncertainty	
	be sensitive and check for understanding.	
	Applies quality and safety guidelines to all communication encounters, including communicating risk, open disclosure, and obtaining consent.	
	Manages time pressures, environment, and personal factors which may affect communication.	
	Develops the ability to support a patient in distress, especially when breaking bad news.	
	Manages own emotional reaction to information and situations in order to promote effective communication.	
	Develops the ability to appropriately close a consultation.	
	Manages patient follow-up (further consultation and/or written communication).	
	Sources further information for patients.	
	Maintains accurate, adequate and comprehensible medical records.	
	Manages and reflects on patient complaints.	

Theme 1.1: Physician-Patient Communication

**PROFESSIONAL QUALITIES CURRICULUM** 

**Learning Objective 1.1.2:** Empower patients and be respectful of their rights in all aspects of communication

### Links: PQC - 5.1 Professional Ethics

# KNOWLEDGE SKILLS

Right to be involved in decision making to the extent that the patient feels comfortable.

Knowledge of and access to interpretative services.

Right to confidentiality, even when using an interpreter.

Right to be given accurate, appropriate, unbiased information about the risks and benefits of test and treatment options.

Risks and benefits associated with different courses of action and their degree of certainty/uncertainty.

Methods for maximising the effective communication with patients of reasoning behind clinical recommendations.

Legal and ethical requirements for obtaining consent from patients.

Identifies patient's preferred decision making approach to the situation and responds appropriately.

Identifies level of health literacy in the patient, and helps educate the patient accordingly.

Identifies and manages communication barriers with patients who:

- · are elderly
- are adolescent
- have a different cultural background
- speak a different language
- have visual or hearing impairments
- have a learning disability
- have poor literacy or numeracy
- have poor health literacy.

Applies the legal and ethical requirements for obtaining consent from patients.

Determines information that is relevant to the patient and conveys this to them in a way they can understand.

Clearly describes the risks and benefits in the context, and acknowledges any uncertainty.

Respects patients who withdraw consent.

# **Theme: 1.2:** Communicating with a Patient's Family and/or Carers

## **PROFESSIONAL QUALITIES CURRICULUM**

# **Learning Objective 1.2.1:** Apply communication skills in encounters with a patient's family (including extended family) and/or carers

KNOWLEDGE	SKILLS
The role of the significant other in managing the chronically ill patient.	Identifies significant others, and determines their relationship to the patient and each other.
Legal and ethical requirements for obtaining consent by family or carer on behalf of patient.	Identifies the role of significant other people and determines the need for these people to be involved.
Legal and ethical requirements for discussions about health management of the patient with the family or carers.	Obtains consent from the patient to share information with significant others or to have them present.
The specific issues of confidentiality in this situation.	Obtains a collaborative history.
How to involve family or carer in an effective interview.	Manages time pressures, environment, and personal
Aspects of culture and language that may affect the communication encounter; e.g. importance of extended family.	factors that may affect communication.  Develops the ability to build rapport with the patient's family or carer.
Lay terms for medical jargon.	Manages alternative and conflicting views from
Identify scenarios where information may be withheld.  Complaint and independent review procedures.	significant others.  Develops the ability to support a patient's family or carer if they are in distress, especially when breaking bad news.  Manages dissatisfied families or carers.
The importance of negotiation to enable seeing young people alone.	
Facilitate communication, where appropriate, between the young person and their parents/guardians around difficult issues, and decide with them which issues to discuss with parents/guardians.	

## **Domain 1: Communication** Theme 1.3: Communicating with Colleagues and **PROFESSIONAL QUALITIES CURRICULUM Broader Health Care Team** Learning Objective 1.3.1: Communicate effectively within multidisciplinary teams **KNOWLEDGE SKILLS** Understanding the impact of legal, policy and ethical Demonstrates the ability to communicate clinical considerations in communicating within the team. reasoning via case notes, letters, discharge summaries and oral case presentation that facilitate understanding Understand the role of the team in health care by other clinicians of the writer's reasoning and intended management, including: clinical actions. knowledge of the skill set and contribution of Manages time pressures, environment and personal team members factors that may affect communication. knowledge of the components of effective teamwork Identifies and mediates differences between health care workers, patients and carers. the barriers to effective teamwork. Uses conflict resolution skills to facilitate team interactions. Through effective teamwork: enhances patient outcomes sets achievable patient-management goals. Gives clear verbal and written communication. Manages barriers to effective communication within teams.

Domain 1: Communication		
	nmunicating with Colleagues and ader Health Care Team	PROFESSIONAL QUALITIES CURRICULUM
Learning Object	tive 1.3.2: Communicate effectively patient to another specia	/ with referring doctors, and when referring a alist
• Respect patient confidentiality • Respect the role of the referrin		g doctor in patient care
KNOWLEDGE		SKILLS
Define the components of an effective referral letter.		Explains referral to patient. Establishes rapport with referring doctors. Interprets information within a referral letter. Recognises information that needs enhancement or clarification.
		Writes a timely letter containing a clear opinion back to the referring doctor.  Writes an effective referral letter.

# Theme 1.3: Communicating with Colleagues and Broader Health Care Team

#### **PROFESSIONAL QUALITIES CURRICULUM**

**Learning Objective 1.3.3:** Apply communication skills to facilitate effective clinical handover and transfer of care

## Links: BTC - 1.2.5 Facilitate Ongoing Care Planning

## KNOWLEDGE SKILLS

Describe communication elements required for safe and effective transfer of care between:

- medical professionals within an institution
- inpatient and outpatient doctors
- primary and secondary care doctors
- different care institutions
- hospital and home
- medical and non-medical caregivers.

Knowledge of communication factors impacting on continuity of care.

Demonstrates skills in:

- mouse and keyboard use
- email and the internet and, where applicable, electronic discharge summaries and prescribing
- legible handwriting
- voice dictation and electronic communication
- verbal skills over the telephone and during a handover meeting
- identification of self, date, time on all written communications.

Demonstrates the ability to prioritise and communicate accurately medical problems and disease severity when handing over the care of a patient to a colleague in various clinical situations, including:

- end of shift handover
- outpatient transfers
- inter-hospital transfers
- transfers between specialties
- junior doctor to specialist handovers within a service by telephone.

#### Demonstrates ability to:

- write a discharge plan identifying relevant tasks to be completed before discharge in a timely manner
- coordinate medical aspects of care with other professionals towards attaining these tasks
- keep patients and significant others informed of progress towards this plan.

Domain 1: Communication		
<b>Theme 1.3:</b> Communicating with Colleagues and Broader Health Care Team	PROFESSIONAL QUALITIES CURRICULUM	
Learning Objective 1.3.4: Communicate effectively with health administration		
Links: PQC - 8.1 Advocacy for the Patient		
KNOWLEDGE	SKILLS	
Knowledge of the health-administration system, its structures and governance arrangements.  The importance of communication at this level to support physician–patient, multidisciplinary team and other communication.	Communicates effectively with:  • health managers  • policy makers.	
Identification of structural barriers to communication.	Involves health managers as part of a multidisciplinary team to obtain resources, data and access to services for better patient outcomes.	

Domain 1: Communication		
Theme 1.4: Communicating with the Broader Community	PROFESSIONAL QUALITIES CURRICULUM	
Learning Objective 1.4.1: Communicate effectively with support organisations, administrative bodies, governments and others in the wider community		
Links: PQC - 8.1 Advocacy for the Patient; PQC - 7.2 Leadership and Managing Others		
KNOWLEDGE	SKILLS	
Knowledge of the relevant agencies and the services they provide.  Knowledge of the cost of accessing services.	Facilitates communication with such organisations on behalf of the patient.	
Knowledge of effective communication strategies for working with the media.	Manages communication with media.  Contributes to continuing education of patient support and community groups.	

Domain 1: Communication		
Theme 1.4: Communicating with the Broader Community	PROFESSIONAL QUALITIES CURRICULUM	
Learning Objective 1.4.2: Demonstrate the ability communication practice		
KNOWLEDGE	SKILLS	
Relevant health/medical legislation.	Demonstrates the ability to source information and prepare specific medico-legal communication including:  • police statement  • letter of support on behalf of the patient  • expert opinion report  • giving evidence in court	
Relevant state/hospital/workplace policies and guidelines.		
When witnesses are required, and who can be a witness.  Open disclosure guidelines.		
		Access rights to confidential medical records.
Procedure for obtaining consent for release of confidential medical records and images to a third party.	Demonstrate the ability to give an objective and considered opinion.	

Domain 2: Quality and Safety		
Theme 2.1: Using Evidence and Information	PROFESSIONAL QUALITIES CURRICULUM	
Learning Objective 2.1.1: Use evidence to inform quality improvement		
KNOWLEDGE	SKILLS	
Understand quality improvement methodology and the quality improvement cycle.  Describe information and technology tools available for preventing errors.	Applies quality improvement methodology.  Determines how applicable the evidence is to an individual patient.  Uses technology to access material to inform quality improvement.  Makes evidence available to co-workers and patients.	

## **Domain 2: Quality and Safety**

#### Theme 2.2: Safe Practice

#### PROFESSIONAL QUALITIES CURRICULUM

Learning Objective 2.2.1: Optimise safe work practice, which minimises error

Links: PQC - 1.3 Communicating with Colleagues and the Broader Health Care Team

#### **KNOWLEDGE**

## SKILLS

Demonstrate knowledge of the components of safe working environments and cultures.

Understand the work organisation – how it works, and the interrelationships of its rules, regulations and policies, governance and structure.

Understand the importance of clear goals and objectives for the health care team.

Understand the characteristics of effective teams, the different types of health care teams, and the barriers to forming effective teams.

Understand the roles of team members, and the impact of change on the team.

Understand the role of out-of-hours teams in improving patient care.

Knowledge of the role the work environment plays in human errors.

Knowledge of pre-emptive error-proofing strategies.

Understand the steps involved in the patient verification process to avoid misidentification.

Understand the factors that can reduce misidentification.

Ensures team members understand their personal and collective responsibility for the safety of patients.

Facilitates and maintains effective and efficient teamwork including:

- encouraging participation of all team members
- ensuring all team members maintain appropriate standards of conduct and care
- providing effective supervision
- coaching new members
- establishing clear lines of accountability and authority
- ensuring the team has the right competencies and the right mix of competencies
- ensure patients know how to contact the team with questions or concerns about their treatment
- encouraging effective communication
- · using rewards appropriately
- encouraging innovation.

Monitors team objectives and provides regular individual and team feedback.

Trains staff to identify work conditions that cause errors, and to be vigilant in the workplace.

Involves staff in designing their work environment and standardising work practices. [CPD]

Manages fatigue and stress within the team.

Introduces error-proofing strategies into the workplace.

Follows verification procedures to ensure the correct patient receives the right treatment at the right time.

Involves staff and patients in checking the identity of patients using or about to receive a service or treatment.

## **Domain 2: Quality and Safety**

#### Theme 2.2: Safe Practice

#### PROFESSIONAL QUALITIES CURRICULUM

**Learning Objective 2.2.2:** Facilitate safe prescribing and administration of medication and display an understanding of the associated error types, causes and risks

## Links: BTC - 1.2. Patient Care and Therapeutics

Links: BTC - 1.2. Patient Care and Therapeutics			
KNOWLEDGE	SKILLS		
**Quality Use of Medicine Guidelines – National Medicine Policy, Dept Health and Ageing.**  Understand the relevant actions, indications, contraindications and effects of medications.  Knowledge of where information about adverse effects can be found.  Knowledge of the principles of drug monitoring.  Identify where and when errors are most likely to occur and the opportunities for error in the process of administering medications for different patient locations.  Define methods to minimise medication errors.	<ul> <li>prescribe and administer medications safely</li> <li>educate patients about their medications</li> <li>accurately calculate all drug doses</li> <li>identify relative and absolute contraindications</li> <li>report all medication errors (prescribing, dispensing, administering) and near misses</li> <li>write clearly and legibly.</li> </ul> Takes steps to reduce the occurrence of medication errors.		
Understand the benefits of a multidisciplinary approach to medication safety.  Knowledge of reporting systems for medication errors.	Analyses and learns from medication errors.  Actively manages patients by reviewing long-term repeat prescribing.		
Understand the legal and regulatory frameworks around prescribing as they apply to everyday clinical practice.	Uses information technology to support prescribing, dispensing and administering of medications.		

**SKILLS** 

~	•		• -	C C .
omain 2		па	itv and	Sataty
AVAIL (4)			ntv antu	

Theme	<b>フラ・</b>	Safa	Dract	CO
	4.4.	Jaic	пась	LCC

**KNOWLEDGE** 

#### **PROFESSIONAL QUALITIES CURRICULUM**

## Learning Objective 2.2.3: Promote safe continuity of care for patients

Understand how patients move between systems of care.	Esta
Define the components of a patient-centred service.	disc

Establishes and maintains effective patient handover and discharge systems.

Awareness of guidelines and protocol for transfer and handover of patients.

Establishes a system to identify the medical staff members responsible for the patient's care at all times.

Understand how shift changes, casual and short-term staff, rotations, or locums impact on the patient's continuity of care.

Anticipates and addresses potential important issues during handover.

## **Domain 2: Quality and Safety**

**Theme 2.3:** Identifying, Preventing and Managing Potential Harm

**PROFESSIONAL QUALITIES CURRICULUM** 

Learning Objective 2.3.1: Recognise, report on and manage adverse events and error

KNOWLEDGE	SKILLS
Define an adverse event and a near miss.	Recognises and manages personal errors.
Distinguish between system and individual errors.	Reports appropriately on adverse events.
Understand how 'errors' are defined, and the models for understanding health care errors and system failures.	Analyses incident reports, adverse events and near misses to identify opportunities for improvements in patient care.
Identify the most common adverse events in the workplace.	
Recognise the many factors that contribute to adverse events including system, environmental, situational and	Appropriately manages the patient's and staff needs where they are involved in an adverse event.
professional factors.	Identifies ways in which adverse events may be avoided in future.
Know reporting processes.	in ructic.
Recognise the learning opportunities from reporting error.	Recognises the psychological precursors of error – attitude, inattention, distraction, preoccupation,
Be aware of the legal aspects of investigation and disclosure of adverse events.	forgetfulness, fatigue and stress – and implements strategies aimed at reducing or managing these errors.
Describe the process of analysis of incident reports used by your workplace.	Employs quality improvement methods, and analysis of environmental and human factors, to prevent future
Gain a basic understanding of the principles underpinning systems theory, and the role complex systems play in errors.	errors and reduce adverse events.
Have a basic understanding of quality improvement methodology.	

Domain 2: Quality and Safety			
<b>Theme 2.3:</b> Identifying, Preventing and Managing Potential Harm	PROFESSIONAL QUALITIES CURRICULUM		
<b>Learning Objective 2.3.2:</b> Identify, establish, implement and/or comply with relevant risk-management/minimisation procedures			
KNOWLEDGE	SKILLS		
Understand the process for risk assessment and reporting hazards and risks in the workplace.  Describe ways in which risk-management can reduce adverse events of injury to patients or staff, and understand the value of incident management.  Know who the designated occupational health and safety officer is.  Know and understand the risks and hazards associated with the use of various investigations; e.g. ionising radiation, radio isotopes, and invasive investigations.	Reports known hazards and risks in the workplace.		
	Uses information from complaints, incident reports, litigation, Coroner's reports and quality improvement reports, and risk assessment to control risks.		
	Develops the ability to work with the designated officer responsible for occupational health and safety.		
	Establishes and implements specific activities that will reduce adverse events and risk, such as improved supervision, triage and protocols (e.g. hand washing, infection control, confidentiality).		
	Develops the ability to follow procedures associated with potentially hazardous investigations.		

Domain 2: Quality and Safety			
<b>Theme 2.3:</b> Identifying, Preventing and Managing Potential Harm	PROFESSIONAL QUALITIES CURRICULUM		
Learning Objective 2.3.3: Understand the process utilise patient complain	of managing patient complaints and how to ts to enhance medical care		
KNOWLEDGE	SKILLS		
Understand how complaints can improve services.  Be aware of the complaint management policy for your organisation and the components of an effective complaint-management system.  Understand the principle of open disclosure.	Develops the ability to respond appropriately to complaints and use information to make improvements to health service delivery.  Actively seeks feedback from patients and carers about their health provision.  Refers complaints raising significant health and safety issues to the appropriate body.		

## Domain 3: Teaching and Learning (Scholar)

## **Theme 3.1:** Ongoing Learning

## PROFESSIONAL QUALITIES CURRICULUM

# **Learning Objective 3.1.1:** Participate in effective continuing professional and educational development

KNOWLEDGE	SKILLS
Understand different learning styles.	Identifies preferred learning style(s).
Understand the methods available to assess one's own learning needs.	Identifies resources available for continuing professional and educational development.
Knowledge of the RACP Continuing Professional	Develops and demonstrates a systematic approach to:
Development Program.	<ul> <li>using a training needs analysis to identify and prioritise learning needs</li> </ul>
	developing a plan to manage learning needs
	using reflective learning techniques.
	Models and actively promotes continuing professional and educational development among staff and professional colleagues.
	Utilises e-portfolios to facilitate learning.
	Participates in the RACP professional development program (final year of advanced training).

## Domain 3: Teaching and Learning (Scholar)

#### Theme 3.2: Research

#### PROFESSIONAL QUALITIES CURRICULUM

# **Learning Objective 3.2.1:** Contribute to the development of new knowledge by active involvement in research

#### KNOWLEDGE

## **SKILLS**

Understand qualitative and quantitative research methods.

Understand key bio-statistical and epidemiological tools used in research.

Be familiar with a range of sources of research publications and electronic literature databases.

Be familiar with scientific style of writing, e.g.

- research grant
- publication
- referee
- ethics submission.

Understand the process of peer review.

Identify sources of research funding.

Formulates a research question.

Performs a literature search and review.

Critically appraises information from different sources.

Develops appropriate protocol and methods for research, including submission to an appropriate ethics committee.

Applies knowledge of statistical methods.

Demonstrates the ability to:

- plan and execute a research project
- collect, store, analyse and evaluate research data
- write a scientific or medical paper including appropriate referencing.

Apply for research funding.

## Domain 3: Teaching and Learning (Scholar)

## Theme 3.2: Research

## **PROFESSIONAL QUALITIES CURRICULUM**

Learning Objective 3.2.2: Demonstrate understanding of the principles of evidence-based medicine, the limitations of evidence and the challenge of applying research in daily clinical practice

## **KNOWLEDGE**

## **SKILLS**

Understand advantages and disadvantages of different study methodologies (e.g. case controlled cohorts, randomised controlled trials etc).

Understand the factors contributing to validity of research

Understand the challenge of translating research into clinical practice.

Demonstrates the ability to critically appraise research literature:

- formulate a clinical question from a case scenario or clinical case
- conduct a literature search
- evaluate the quality and applicability of evidence
- identify the limitations of evidence.

Applies evidence to a specific clinical situation and describes how findings influence practice.

## Domain 3: Teaching and Learning (Scholar)

#### Theme 3.2: Research

## **PROFESSIONAL QUALITIES CURRICULUM**

**Learning Objective 3.2.3:** Demonstrate the ability to present research findings in a written or oral form

## KNOWLEDGE

## SKILLS

Demonstrate knowledge of the accepted format for scientific papers.

Demonstrates the ability to present research data in written form, including:

Understand the process for preparing research for publication.

• writing an abstract

Be aware of referencing protocol.

- preparing research for publication
- writing an ethics application
- using appropriate referencing and referencing software.

Demonstrates the ability to present research data in oral form, including:

- presentation at College Congress or equivalent
- presentation at Grand Rounds
- poster presentation.

## Domain 3: Teaching and Learning (Scholar)

### Theme 3.3: Educator

## PROFESSIONAL QUALITIES CURRICULUM

**Learning Objective 3.3.1:** Recognise the importance of health education and the role of the physician as a teacher to patients, other physicians and in the wider community, and develop the skills to undertake this role

KNOWLEDGE	SKILLS	
Demonstrate knowledge of different learning styles.	Facilitates learning of patients especially with regard to self-management, community services and liaison.	
Understand the most effective methods of delivery of health education.	Facilitates learning of colleagues and students.	
nearth education.	Recognises and maximises learning opportunities.  Applies knowledge of different learning styles to teaching/learning activities.	
	Plans and implements teaching/learning activities with colleagues and other people in the health care team.	
	Uses available information and develops new information to inform patients, and deliver health education.	

Domain 4: Cultural Competency			
Theme 4.1: Cultural Competency	PROFESSIONAL QUALITIES CURRICULUM		
Learning Objective 4.1.1: Manage one's own cultural competency development			
Links: PQC – Domain 1: Communication			
KNOWLEDGE	SKILLS		
Understand key concepts, terms and stages in cultural competence.	Identifies own cultural learning needs and undertakes self-directed learning.		
Understand the importance of being culturally sensitive to enhance patient care.  Understand the effects of cultural insensitivity.	Identifies own cultural biases and the influence they have on interaction with others.		

Domain 4: Cultural Competency			
Theme 4.1: Cultural Competency	PROFESSIONAL QUALITIES CURRICULUM		
Learning Objective 4.1.2: Demonstrate the ability to communicate effectively with people from culturally and linguistically diverse backgrounds			
KNOWLEDGE	SKILLS		
Understand the potential barriers to effective cross-cultural communication.	Communicates effectively with people from culturally and linguistically diverse backgrounds.		
Know about the resources available to support cross- cultural practice (interpreters, translated resources, community partners).	Demonstrates the ability to source and use interpreters and translators.		
Understand the legal and ethical issues around using children and relatives as interpreters.	Uses appropriate non-verbal communication.		

## **Domain 4: Cultural Competency**

### **Theme 4.1:** Cultural Competency

#### PROFESSIONAL QUALITIES CURRICULUM

**Learning Objective 4.1.3:** Apply specific knowledge of the patient's cultural and religious background, attitudes and beliefs in managing and treating the patient

### KNOWLEDGE SKILLS

Be aware of different belief systems and their impact on patients and their care.

Understand health inequalities among culturally and linguistically diverse communities.

Know cultural demographics of the community in which he/she practices.

Accesses and uses information about culturally and linguistically diverse communities, their histories and specific health issues as the context for understanding culture and health interactions.

Uses information relating to:

- family
- diet
- beliefs
- health practices
- client expectations
- customs, and
- migration history

in the management, treatment and care of the patient.

# **Domain 4: Cultural Competency**

### **Theme 4.1:** Cultural Competency

### **PROFESSIONAL QUALITIES CURRICULUM**

Learning Objective 4.1.4: Understand how the special history of Māori and Pacific peoples (NZ) and Aboriginal/Torres Strait Islander peoples (Australia) impacts on their current health status

### KNOWLEDGE SKILLS

Understand how loss of land, language and culture has impacted on socio-economic status and independence.

Understand how government and non-government policies and media portrayal has impacted on self-efficacy (mastery).

Understand the historical negative perceptions of hospitals in relation to death and cultural respect.

Understand the facets of indigenous culture that create strong ties within families and communities, and how this can impact on interactions between indigenous people and health services. Accesses and uses information about indigenous populations and their histories as the context for understanding culture and health interactions.

Identifies judgemental approaches and develops empathic strategies to gain trust.

Accesses and uses information about indigenous populations and their specific health issues as the context for understanding culture and health interactions.

Accesses and uses information about indigenous populations and their culture as the context for understanding health interactions.

Domain 4: Cultural Competency					
Theme 4.1: Cultural Competency PROFESSIONAL QUALITIES CURRICULUM					
Learning Objective 4.1.5: Identify and act on cultural bias within health care services and other organisations					
Links: PQC - 8.1 Advocacy for the Patient; POC - 8.3 Group Advocacy					
KNOWLEDGE SKILLS					
Understand organisational cultural insensitivity and its impact on patient care.	Identifies and takes appropriate action to address cultural bias in colleagues and within the health care organisation.				
	Advises colleagues on non-discriminatory work practices and advocates for change when such practices are displayed.				

Domain 4: Cultural Competency				
Theme 4.1: Cultural Competency	PROFESSIONAL QUALITIES CURRICULUM			
Learning Objective 4.1.6: Demonstrate the ability to promote effective cross-cultural partnerships and culturally diverse teams, to achieve improved health outcomes				
Links: PQC - 1.3 Communicating with Colleagues and Broader Health Care Team				
KNOWLEDGE	SKILLS			
Understand how policy and practices of dominant cultures influence the health of other groups.	Identifies the values and needs of non-dominant cultural groups.			
Understand culture as a determinant of health.	Develops partnerships with appropriate individuals, organisations and representative networks, and seeks			
Understand the impact of culture on the behaviour of colleagues and staff.	information and advice when working with other cultural groups.			
Understand the value of using culturally aligned health workers.	Promotes intra-cultural and cross-cultural relationships.			

### **Domain 5: Ethics** Theme 5.1: Professional Ethics **PROFESSIONAL QUALITIES CURRICULUM** Learning Objective 5.1.1: Demonstrate the ability to apply an ethical framework in clinical practice **SKILLS KNOWLEDGE** Understand bioethical principles: Develops the ability to apply a range of problem-solving techniques to ethical dilemmas. justice Applies ethical principles in a variety of situations, autonomy including but not limited to: beneficence physician-patient relationship non-maleficence. inter- and intra-professional relationships Understand the place of: competence and consent religion dealing with older patients moral beliefs end-of-life care values withdrawal of care social justice genetics cultural practices relationship with industry in contributing to ethical decision making. research Demonstrate knowledge of international, national, state/ resource allocation. territory and local codes, principles and declarations regarding ethical conduct.

Domain 5: Ethics				
Theme 5.1: Professional Ethics	PROFESSIONAL QUALITIES CURRICULUM			
Learning Objective 5.1.2: Understand and apply ethical principles underpinning the conduct of research				
Links: PQC - 3.2 Research				
KNOWLEDGE	SKILLS			
Demonstrate knowledge of international, national, state/territory and local codes, principles and declarations regarding the ethical conduct of research.  Be aware of legal regulation around research at federal, state and territory levels.  Demonstrate knowledge of the principles of informed consent.	Clearly identifies the purpose of the research.  Obtains approval for research (and modification of research) from the appropriate ethics committee prior to commencing research.  Conducts scientifically valid research with methods that are appropriate to aims.  Obtains genuine informed consent from the subject or appropriate legally authorised guardian.  Carefully considers, manages and minimises risk associated with research. (Beneficence and non-maleficence.)			

# **Domain 5: Ethics**

### **Theme 5.2:** Personal Ethics

### PROFESSIONAL QUALITIES CURRICULUM

Learning Objective 5.2.1: Develop a sound professional standard of personal conduct

Links: PQC - Domain 2: Quality and Safety; PQC - Domain 4: Cultural Competency; PQC - 5.1 Professional Ethics; PQC: 5.2 Personal Ethics

KNOWLEDGE	SKILLS
Demonstrate knowledge of:  duty of care  patient's rights  relevant codes of conduct	Adheres to codes of conduct of registration boards in local jurisdictions.  Recognises professional limitations and is prepared to refer as appropriate.
<ul> <li>legal responsibilities under the relevant Health Acts.</li> </ul>	Manages differences in opinion.  Manages adverse events and errors appropriately.
Quality use of Medicines guidelines.  Risk-management/minimisation procedures.	Medicates safely.  Responds professionally and appropriately to complaints.

### **Domain 5: Ethics**

### Theme 5.2: Personal Ethics

### **PROFESSIONAL QUALITIES CURRICULUM**

Learning Objective 5.2.2: Demonstrate the ability to critically reflect on personal beliefs, biases and behaviours, their alignment with health care policy and impact on interaction with patients

Interaction with patients					
KNOWLEDGE	SKILLS				
Demonstrate awareness of different belief and value systems.	Establishes a means for critically reflecting on own attitudes and values.				
Understand the relationship of a belief system and how this may contribute to decisions about treatment.	Develops the ability to recognise personal moral considerations within the context of ethical decision making.				
	Critically reflects and analyses own and policy viewpoints on ethical dilemmas such as:				
	<ul> <li>euthanasia</li> <li>life-sustaining treatment</li> <li>'not for resuscitation' orders</li> <li>abortion</li> <li>contraception.</li> </ul>				
	Informs the patient and seeks alternative care for a patient where a personal moral judgement or religious belief prevents appropriate professional engagement.				
	Develops appropriate actions to manage situations where one's own beliefs and institutional policy are not aligned.				

# **Domain 5: Ethics**

# **Theme 5.3:** Ethics and Health Law

# PROFESSIONAL QUALITIES CURRICULUM

# **Learning Objective 5.3.1:** Demonstrate the ability to apply legal and ethical frameworks to physician-patient relationships

physician-patient relationships					
KNOWLEDGE	SKILLS				
Understand the legal framework around privacy and confidentiality as it relates to the physician–patient relationship.  Understand the legal aspects of informed consent and the importance of obtaining consent.  Understand the patient's right to make their own decisions, and their rights regarding refusal of treatment/procedures.  Understand the legal position regarding consent to partake or withdraw from medical treatment for adolescents.  Understand the legal principles around decision making capacity (competence) including the appointment of surrogate decision makers.  Understand the legal issues around involuntary admission and involuntary detention.  Understand the legal concept of restraint.  Understand the considerations that need to be made before a patient is restrained.  Understand use of physical and pharmacological restraints.	Develops the ability to maintain privacy and confidentiality in all patient encounters.  Applies appropriate and effective communication techniques to obtain consent.  Discusses all treatment options, regardless of health insurance or financial status of patient.  Seeks consent for conduct of medical procedures and treatments.  Develops the ability to identify the need for a formal assessment of decision making capacity and refers appropriately.  Provides full information about the risks and benefits of a procedure or treatment, and possible risks/side-effects.  Develops the ability to make an application for involuntary retention of a patient.  Consults with the health care team, and relatives (or person responsible for the patient), where possible, before restraining the patient.  Records any restraint required and the reason for the restraint.				
Be aware of Occupational Health and Safety legislation/guidelines, especially when treating mentally ill patients.					

# **Domain 5: Ethics**

### **Theme 5.3:** Ethics and Health Law

### **PROFESSIONAL QUALITIES CURRICULUM**

**Learning Objective 5.3.2:** Demonstrate the ability to apply relevant legislation and ethical frameworks to interactions outside the direct physician-patient relationship

KNOWLEDGE	SKILLS
Demonstrate knowledge of when reporting is necessary and appropriate and when it is mandated by legislation.	Demonstrates the ability to report to the appropriate authority.
Demonstrate knowledge of legal issues particularly those relating to:	Applies knowledge of legal issues to clinical practice.
death certification	
<ul> <li>role of the Coroner (local Coroner's Act)</li> </ul>	
<ul> <li>mental illness</li> </ul>	
<ul> <li>advance directives/living wills</li> </ul>	
<ul> <li>surrogate decision making</li> </ul>	
<ul> <li>organ donation and retention</li> </ul>	
<ul> <li>driving and medical risk</li> </ul>	
child protection	
communicable diseases.	

#### **Domain 6: Clinical Decision Making** Theme 6.1: Clinical Decision Making **PROFESSIONAL QUALITIES CURRICULUM** Learning Objective 6.1.1: Understand and apply the process of diagnostic reasoning **KNOWLEDGE SKILLS** Processes of diagnostic reasoning Demonstrates an understanding of clinical disease and event probabilities. Explain the probabilistic nature of clinical medicine. Demonstrates the ability to: Define the steps of hypothetico-deductive diagnostic reasoning: perceive and interpret clinical features, to gauge their reliability and import, and to distinguish perceiving and interpreting symptoms and signs normal from abnormal cues formulating initial conceptualisation of the construct an inclusive, concise and meaningful clinical problem(s) problem statement based on initial data generating hypotheses generate plausible hypotheses at an early stage testing, refining and verifying hypotheses using interpret and integrate data, collect additional focussed inquiry strategies relevant data using hypothesis-directed inquiry developing problem synthesis(es) and problem strategies, and reformulate and refine working hypotheses lists. construct a meaningful and concise problem synthesis and problem list.

Domain 6: Clinical Decision Making					
Theme 6.1: Clinical Decision Making	PROFESSIONAL QUALITIES CURRICULUM				
Learning Objective 6.1.2: Prognosticate and predict risk					
KNOWLEDGE	SKILLS				
Explain the concepts of natural history of disease, absolute risk, attributable risk, multivariate risk prediction, risk calculators, and cohort studies.  Understand the potential biases affecting the validity of cohort studies, case-control studies, and multivariate risk models in defining future risk of events and prognostic factors.	Applies risk prediction rules and risk calculators to defining event risk in individual patients.  Demonstrates the ability to appraise studies that define risk to individual patients.				

### **Domain 6: Clinical Decision Making** Theme 6.1: Clinical Decision Making **PROFESSIONAL QUALITIES CURRICULUM** Learning Objective 6.1.3: Derive therapeutic decisions which maximise patient benefit and acceptance **KNOWLEDGE SKILLS** Explain the concepts of relative risk reduction (RRR), Demonstrates the ability to use measures of ARR and absolute risk reduction (ARR), odds ratio (OR), number NNT/H in relation to key therapies for common clinical needed to treat (NNT), number needed to harm (NNH). conditions. Understand the potential biases affecting the validity of Demonstrates the ability to appraise the validity of clinical trials. therapeutic trials. Explain how the 'average' benefits and risks of Demonstrates an understanding of, and ability to apply, treatments as measured and reported in clinical studies where appropriate, decision aids for patients. are individualised in caring for specific patients. Describe methods by which patients can better

understand the evidence behind different management options and assist them in choosing one option over

another.

Domain 6: Clinical Decision Making					
Theme 6.1: Clinical Decision Making	PROFESSIONAL QUALITIES CURRICULUM				
Learning Objective 6.1.4: Use evidence effectively and efficiently to inform clinical decision making					
KNOWLEDGE	SKILLS				
Describe the methods for retrieving relevant and valid information from the medical literature that can be used in optimising clinical decisions.  Describe the potential applications of systematic reviews, clinical prediction rules, decision analysis, and clinical practice guidelines.  Understand commonly used statistical methods.	Demonstrates the ability to retrieve high-quality information from electronic sources.  Demonstrates the ability to retrieve, comprehend and apply results of systematic reviews, clinical prediction rules, decision analysis, and clinical practice guidelines.  Demonstrates an understanding of confidence intervals, levels of significance (p values), and study power when interpreting results of clinical trials.  Demonstrates ability to identify error in reasoning and reflect on one's own clinical reasoning process.				

# Domain 7: Leadership and Management

**Theme 7.1:** Self-management

### PROFESSIONAL QUALITIES CURRICULUM

**Learning Objective 7.1.1:** Implement and model effective self-management practices

Links: PQC - 1.3.1 Communicating with Colleagues and Broader Health Care Team; PQC - 4.1 Cultural Competency

KNOWLEDGE					SKILLS
Understand ef techniques.	ffective	time	and	stress-management	Incorporates health maintenance as part of professional life including regular contact with one's own GP.
					Demonstrates time-management and prioritisation skills.
					Demonstrates effective delegation and follow-up skills.
					Works effectively in multidisciplinary and cross-cultural teams.
					Identifies stressors and takes action to minimise their effects.
					Effectively manages stressful situations that may arise, and knows when to ask for help.
					Effectively manages personal and professional development.
					Cultivates the ability to identify one's own mistakes and learn from them.
					Manages relationships effectively, including those with:
					<ul> <li>patients and their families</li> </ul>
					• colleagues
					• the broader health care team.
					Effectively manages the balance between work life and home life.
					Recognises and responds to personal and professional limitations.

# Domain 7: Leadership and Management

**Theme 7.2:** Leadership and Managing Others

PROFESSIONAL QUALITIES CURRICULUM

**Learning Objective 7.2.1:** Demonstrate ability to provide leadership and effectively manage others

Links: PQC - 1.3 Communicating with Colleagues and Broader Healthcare Teams; PQC - 3.3 Educator

KNOWLEDGE	SKILLS
Principles and practices of effective leadership and team management.  Understand the structure of the workplace, and the staff resources available.  Understand the importance and process/procedures for staff appraisal.  Understand the importance of constructive and consistent feedback to staff.	Demonstrates effective leadership skills.  Demonstrates the ability to effectively manage staff and hospital resources including:  • showing leadership  • communicating effectively  • prioritising tasks  • assigning tasks and delegating  • prioritising and re-prioritising clinical tasks in the 'on-take' day and during medical disasters  • ensuring tasks are progressing as planned  • coaching and mentoring as appropriate.  Demonstrates the ability to conduct a staff appraisal.  Demonstrates the ability to give appropriate and helpful feedback to staff.

# **Domain 8: Health Advocacy**

**Theme 8.1:** Advocacy for the Patient

### **PROFESSIONAL QUALITIES CURRICULUM**

**Learning Objective 8.1.1:** Know and apply the key principles, processes and limitations of advocacy

Links: PQC - Domain 1: Communication; PQC - Domain 4: Cultural Competency; PQC - 9.3 Prevention and Control

Prevention and Control					
KNOWLEDGE	SKILLS				
Understand the key principles and processes of advocacy.  Recognise the limitations of advocacy.  Understand the role of the community advocate/public guardian.  Understand that advocacy can be costly at a personal level.  Know available community/family services.  Understand effective communication strategies for advocacy.  Know when legal action/appeals process on behalf of the patient is required.	Identifies key issues for the patient, and where they need an advocate; e.g.  • health insurance • housing • immigration/refugee status • job search and training • substance abuse/smoking cessation • teen/youth resources • asthma support • child abuse and trauma services • child care support • disability services • respite care • elder abuse • nursing homes • education • food and nutrition • domestic violence/sexual assault, and • gay and lesbian resources.  Communicates effectively with community and family services.  Identifies potential barriers to change, and develops appropriate strategies to overcome these.  Elevates advocacy efforts as and when necessary.				

# **Domain 8: Health Advocacy**

Theme 8.2: Individual Advocacy

### **PROFESSIONAL QUALITIES CURRICULUM**

**Learning Objective 8.2.1:** Identify and address key issues affecting personal work environment and recognise the role of advocacy

Links: PQC - 5.2 Personal Ethics; PQC - 2.2. Safe Practice; PQC - 2.3 Identifying, Preventing and Managing Potential Harm

KNOWLEDGE	SKILLS
Understand the work environment, including policies, practices and governance.	Prepares effective written or verbal arguments for change.
Understand factors which may adversely affect the work environment, e.g. undue stress, systems, procedures, processes, access to training etc.	Develops the ability to build support from colleagues and/or community to promote change.
Understand the key principles and processes of advocacy.	Takes action to bring about effective change.
Recognise the limitations of advocacy.	Develops the ability to take on a leadership role.

	_		
Domain	Ο.	Lloalth	Advocacy
Domain	Ο.	пеанн	AUVULALV

**Theme 8.3:** Group Advocacy

### PROFESSIONAL QUALITIES CURRICULUM

**Learning Objective 8.3.1:** Demonstrate an understanding of the necessary steps required to effect change within the community

Links: PQC - 9.4 Priority Population Groups; PQC - 5.1 Professional Ethics; PQC - 5.3 Ethics and Health Law

KNOWLEDGE	SKILLS
Be aware of population groups with particular health needs, e.g. refugees, aged, rural/remote communities etc.  Identify relevant public health issues.  Understand the relevant political, governmental, and institutional systems relating to health care.  Know the relevant key policies, practices and laws, which affect specific groups of people.	Demonstrates the ability to:      advocate for a change in legal requirements     work with the media     undertake political lobbying     gain the necessary support to effect change     identify barriers and ways to overcome them     work in a team     advocate for appropriate health resource allocation.

### Domain 9: The Broader Context of Health

#### Theme 9.1: Burden of Disease

### PROFESSIONAL QUALITIES CURRICULUM

**Learning Objective 9.1.1:** Demonstrate an awareness of the health priorities for the local community, and more broadly for Australia and New Zealand

### **KNOWLEDGE**

#### **SKILLS**

Have an understanding of the key public health problems, and health needs of priority population groups, e.g. Māori and Pacific Islander health, Aboriginal and Torres Strait Islander health.

Be aware of the major burden of disease in Australia and New Zealand.

Understand the importance of capturing information consistently over time.

Understand the indicators for measuring health status, such as:

- mortality (e.g. infant mortality, life expectancy, cancer deaths etc)
- hospitalisation rates
- injury rates
- causes of decreased quality of life (e.g. through chronic disease or disability)
- measures of positive dimensions of health
- aggregate health indicators.

Be aware of the National Health Priority Areas (and risk factors) in Australia (NHPAs):

- asthma
- cardiovascular disease
- cancer
- diabetes
- injury
- mental health
- arthritis and other musculoskeletal conditions
- obesity.

Be aware of the National Health Priority Areas (and risk factors) in New Zealand (NHPAs):

- smoking
- nutrition
- obesity
- physical activity
- alcohol and illicit and other drug use
- suicide
- cancer
- cardiovscular disease
- diabetes
- oral health
- violence
- · mental health
- child health and immunisation.

Utilises disease patterns to inform and contextualise clinical practice.

Analyses population health status data to identify health issues including:

- leading causes of death
- leading causes of hospitalisation
- most common notifiable diseases
- most commonly reported chronic conditions
- factors related to good health.

Domain 9: The Broader Context of Health			
Theme 9.2: Determinants of Health	PROFESSIONAL QUALITIES CURRICULUM		
Learning Objective 9.2.1: Identify and define the determinants of health			
KNOWLEDGE	SKILLS		
Describe socio-economic, environmental, behavioural, biomedical and genetic determinants.	Uses evidence from research and other sources to link health issues to their determinants and to clarify the dynamics by which these factors combine to cause health or illness.		
	Assesses the effects of family, social and cultural factors as well as environmental hazards on the young (adolescent) person's health.		

Domain 9: The Broader Context of Health		
Theme 9.3: Prevention and Control	PROFESSIONAL QUALITIES CURRICULUM	

**Learning Objective 9.3.1:** Adopt a population health approach to the prevention of illness, promotion of health and control of disease

Links: PQC - 1.4 Communicating with the Broader Community; PQC - 8.1 Advocacy for the Patient; PQC - 8.3 Group Advocacy

PQC - 8.3 Group Advocacy		
KNOWLEDGE	SKILLS	
Understand the principles of prevention (1°, 2° prevention etc) and screening.	Actively promotes participation in appropriate prevention or screening programmes.	
Describe the principles of epidemic control.  Be aware of the principles of infection control.  Identify and define biomedical, environmental, genetic and socio-economic risk factors and risky health behaviours and know where preventive effort can be best applied.  Understand the importance, use, benefits, costs and side-effects of screening.  Be aware of patient registers, disease recall systems and notifiable diseases.	Demonstrates a working knowledge of the principles of immunisation and epidemic control.  Utilises homes, educational settings, workplaces and communities as settings that actively promote healthy lifestyles.	
	Improves screening and early detection opportunities and uptake for high-risk population groups, such as older people and indigenous peoples.	

# **Domain 9: The Broader Context of Health**

**Theme 9.4:** Priority Population Groups

**PROFESSIONAL QUALITIES CURRICULUM** 

**Learning Objective 9.4.1:** Implement strategies to reduce inequities in health status between population groups

population groups	
KNOWLEDGE	SKILLS
Describe population characteristics that lead to inequality in health status, e.g. age, socio-economic status, geography, disability, gender, culture.	
Understand health inequities in relation to priority population groups:	
indigenous people	
people living in rural/remote areas	
<ul> <li>people who are socio-economically disadvantaged</li> </ul>	
• veterans	
people from culturally and linguistically diverse groups	
• prisoners	

Understand key reasons for health outcomes among Māori and Pacific Peoples and Aboriginal/Torres Strait Islander groups being worse than those among other minority groups with comparable socio-economic status.

people with a disability.

# **Domain 9: The Broader Context of Health**

Theme 9.5: Economics of Health	PROFESSIONAL O	DUALITIES CURRICULUM
Thenie 7.3. Economics of fleatin	I ROLESSIONAE G	CALIFIES COMMICCEOM

**Learning Objective 9.5.1:** Demonstrate a basic understanding of the societal, political and economic pressures that influence the way funding is provided and used

economic pressures that influence the way funding is provided and used			
KNOWLEDGE	SKILLS		
Understanding of who provides the services, who funds them, and what types of services are funded.	Develops an argument based on cost-benefit analysis for a particular service.		
Understanding of measures of cost effectiveness and anticipated positive health outcomes.	Prioritises and allocates resources in accordance with quality and safety principles.		
Understand the protocol and processes of interaction between the patient and available health system resources.			
Be aware of the economic implications of policies and procedures which support safe practice.			

### **REFERENCES**

### **GENERAL**

- Royal College of Physicians and Surgeons Canada, Extracts from: Skills for the New Millennium: Report of the societal needs working group CanMEDS 2000 Project. Full report available online: http://rcpsc.medical.org/canmeds/index.php
- Royal College of Physicians and Surgeons Canada, CanMEDS 2005 Framework. (Updates CanMEDS 2000). Available online: http://rcpsc.medical.org/canmeds/bestpractices/framework\_e.pdf [accessed 22 May 2009]
- Royal College of Physicians London, 'Medical Professionalism working party', (notes) Patient and carer perspective. 12 November 2004. Available online: www.rcplondon.ac.uk/wp/medprof/medprof\_prog\_0411.asp [accessed 21 June 2005]
- General Medical Council, Good Medical Practice, May 2001. Available online: http://www.gmc-uk.org/guidance/ archive/gmp\_2001.pdf [accessed 22 May 2009]

#### ADOLESCENT AND YOUTH HEALTH

Chown, P, Kang M, (2004). GP Resource Kit – Adolescent Health: Enhancing the skills of General Practitioners in caring for young people from culturally diverse backgrounds. NSW Centre for the Advancement of Adolescent Health and Transcultural Mental Health Centre. Available online: www.caah.chw.edu.au/resources [accessed 23 June 2005]

Website for medico-legal information: www.austlii.edu.au

#### **ADVOCACY**

- Royal Australasian College of Physicians (2000). For richer, for poorer, in sickness and in health: The socioeconomic Determinants of Health. RACP. Available online: www.racp. edu.au/hpu/pdf%20files/rich.pdf [accessed 1 Aug 2005]
- Gruen, RL, Pearson, SD, Brennan, TA. Physician-Citizens Public Roles and Professional Obligations. JAMA 2004;291(1).
- O'Brien, S, Parker, S, Greenberg J, Zuckerman, B. Putting Children First: The pediatrician as advocate. Contemporary Pediatrics September 1997;103–118.
- Rudolf, M. Advocacy Training for Pediatricians: The Experience of Running a Course in Leeds, United Kingdom. Pediatrics 2003;112: 749–751. Available online: www.pediatrics.org/ cgi/content/full/112/3/S1/749 [accessed 19 June 2005]

### **COMMUNICATION**

- National Health and Medical Research Council (NHMRC) (2004). Communicating with Patients: Advice for medical practitioners. Commonwealth of Australia. Available online: http://www.nhmrc.gov.au/publications/synopses/\_files/e58.pdf [accessed 22 May 2009]
- National Health and Medical Research Council (NHMRC) [9 July 2005 consultation draft]. Making decisions about tests and treatments: A guide to better communication between health consumers and health professionals.
- Australian Council for Safety and Quality in Health Care (2005).

  National Patient Safety Education Framework. Available online: http://www.patientsafety.org.au/pdfdocs/national\_patient\_safety\_education\_framework.pdf [accessed 29 June 2005]
- Victorian Government Health Information (2000).

  Communicating with Consumers: Good practice guide to providing information. Department of Human Services.

  Available online: http://www.health.vic.gov.au/consumer/pubs/communicate.htm [accessed 22 May 2009]
- Royal Children's Hospital Melbourne. Clinical Quality and Safety: Medico legal. Available online: http://www.rch.org.au/css/medlegal/index.cfm?doc\_id=1529#Intro [accessed 19 July 2005]

#### **CULTURAL COMPETENCY**

- National Health and Medical Research Council (NHMRC)

  [2005 consultation draft]. Increasing cultural competency for healthier living– a handbook for policy, planning and practice.
- Mauri Ora Asociates (2005). Discussion Paper: Towards Cultural Competency for Public Health Medicine.
- Migrant Information Centre (MIC) (Eastern Melbourne)
  Multicultural Education Project (2004). Home and Personal
  Care Services: A Guide for Service Providers Working with
  culturally and linguistically diverse home and community
  care clients. Available online: www.miceastmelb.com.au
  [accessed 25 July 2005]

### **ETHICS**

- Kerridge, I, Lowe M, McPhee J, (2005). Ethics and Law for the Health Professions. Federation Press.
- RCP UK (June 2005). Discussion paper Ethics in practice. Summary online: www.rcplondon.ac.uk/pubs/books/ ethics/ethicsinpractice.pdf
- RACP (1992). Ethics: A manual for consultant physicians, Bridge Printery, Sydney. Available online: www.racp.edu.au/public/Ethics\_Manual.pdf [accessed 26 July 2005]
- World Medical Association. International code of medical ethics. World Medical Association Bulletin 1949;1(3):109, 111. Available online: www.cirp.org/library/ethics/intlcode/ [accessed 27 July 2005] Also available at: www.wma.net/e/policy/c8.htm [accessed 27 July 2005]
- World Medical Association (1964) (amended 2004). World Medical Association Declaration of Helsinki: Ethical Principles for Medical Research Involving Human Subjects. Available online: www.wma.net/e/policy/pdf/17c.pdf [accessed 27 July 2005]
- Australian Government (2005). National Statement on Ethical Conduct in Research Involving Humans. Available online: http://www.nhmrc.gov.au/publications/humans/contents. htm [accessed 22 May 2009]
- Health Research Council (NZ) (2002). Guidelines on Ethics in Health Research. Available online: http://www.hrc.govt.nz/root/Ethics/Ethics%20Overview/HRC\_Guidelines\_on\_Ethics\_in\_Health\_Research.html [accessed 22 May 2009]
- Australian Medical Association (2004). Position Statement: Code of Ethics 2004. Available online: www.ama.com.au/ web.nsf/doc/WEEN-5WW598 [accessed 28 July 2005]
- Physicians for Human Rights, USA. International Principles of Medical Ethics. Available online: www.phrusa.org/research/methics/methicsint.html [accessed 27 July 2005]
- NSW Health. You and your health service Patient Charter. Available online: http://www.health.nsw.gov.au/hospitals/healthcare/yourhealthservice.asp [accessed 22 May 2009]
- Victorian Department of Human Services. Victoria's Public Hospital Patient Charter. Available online: http://www. health.vic.gov.au/patientcharter/patient [accessed 22 May 2009]
- Queensland Health. Your Rights and Responsibilities: Queensland Health Public Patients' Charter. Available online: http://www.health.qld.gov.au/qhppc/ [accessed 22 May 2009]
- Western Australian Department of Health. The Western Australian Public Patients Hospital Charter. Available online: http://bureau.panopticsearch.com/search/click.cgi?url=http%3A%2F%2Fwww.health.wa.gov.au%2Fser vices%2Fdownloads%2FHospital\_Charter%2DBrochure.pdf&rank=1&collection=health.wa.gov.au [accessed 22 May 2009]
- South Australian Department of Health. Your Rights and Responsibilities: A Charter for South Australian Public Health System Consumers. Available online: www.health. sa.gov.au/Default.aspx?tabid=56 [accessed 28 July 2005]

### POPULATION AND PUBLIC HEALTH

- Association for Paediatric Education in Europe/European Society for Social Paediatrics. Bordeaux, France, September 1998. Integrated model of Children's Health: Better definition of health outcomes for children and training requirements for professionals. Supplied by Victor Nossar.
- Turrel, G, et al. (1999). Socioeconomic determinants of health: towards a national research program and a policy and intervention agenda. QUT. Supplied by Garth Alperstein.
- University of New South Wales. Child Public Health Course for Masters in Public Health. Supplied by Garth Alperstein.
- Consultation draft of the National Chronic Disease Strategy May–June 2005. Supplied by Jill Sewell.
- Health Canada, Population and Public Health Branch, Strategic Policy Directorate (2001). The Population Health Template: population health approach. Health Canada. Available online: http://www.phac-aspc.gc.ca/ph-sp/index-eng.php [accessed 26 May 2009]
- Australian Institute of Health and Welfare (2004). Australia's Health 2004: The ninth biennial health report of the Australian Institute of Health and Welfare. AIHW, Canberra. Available online: www.aihw.gov.au/publications/index.cfm/title/10014 [accessed 5 Aug 2005]
- Australian Institute of Health and Welfare. Population health FAQs Online: http://www.aihw.gov.au/pophealth/faqs.cfm [accessed 26 May 2009]
- Kerridge, I, Lowe M, McPhee J (2005). Ethics and Law for the Health Professions. Federation Press, Sydney.
- Australian Council for Safety and Quality in Health Care (2005).

  National Patient Safety Education Framework. Available online: http://www.patientsafety.org.au/pdfdocs/national\_patient\_safety\_education\_framework.pdf [accessed 29 June 2005]

# **PROFESSIONAL PRACTICE**

Royal Australasian College of Physicians (2003). Health of Paediatricians. Available online: www.racp.edu.au/hpu/ paed/paedhealth.htm [accessed 20 October 2005]

### **QUALITY AND SAFETY**

- Australian Council for Safety and Quality in Health Care (2005).

  National Patient Safety Education Framework. Available online: http://www.patientsafety.org.au/pdfdocs/national\_patient\_safety\_education\_framework.pdf [accessed 29 June 2005]
- Department of Health and Ageing (2002). The National Strategy for Quality Use of Medicines. Available online: http://www.health.gov.au/internet/wcms/Publishing.nsf/Content/nmp-pdf-natstrateng-cnt.htm/\$FILE/natstrateng.pdf [accessed 30 June 2005]