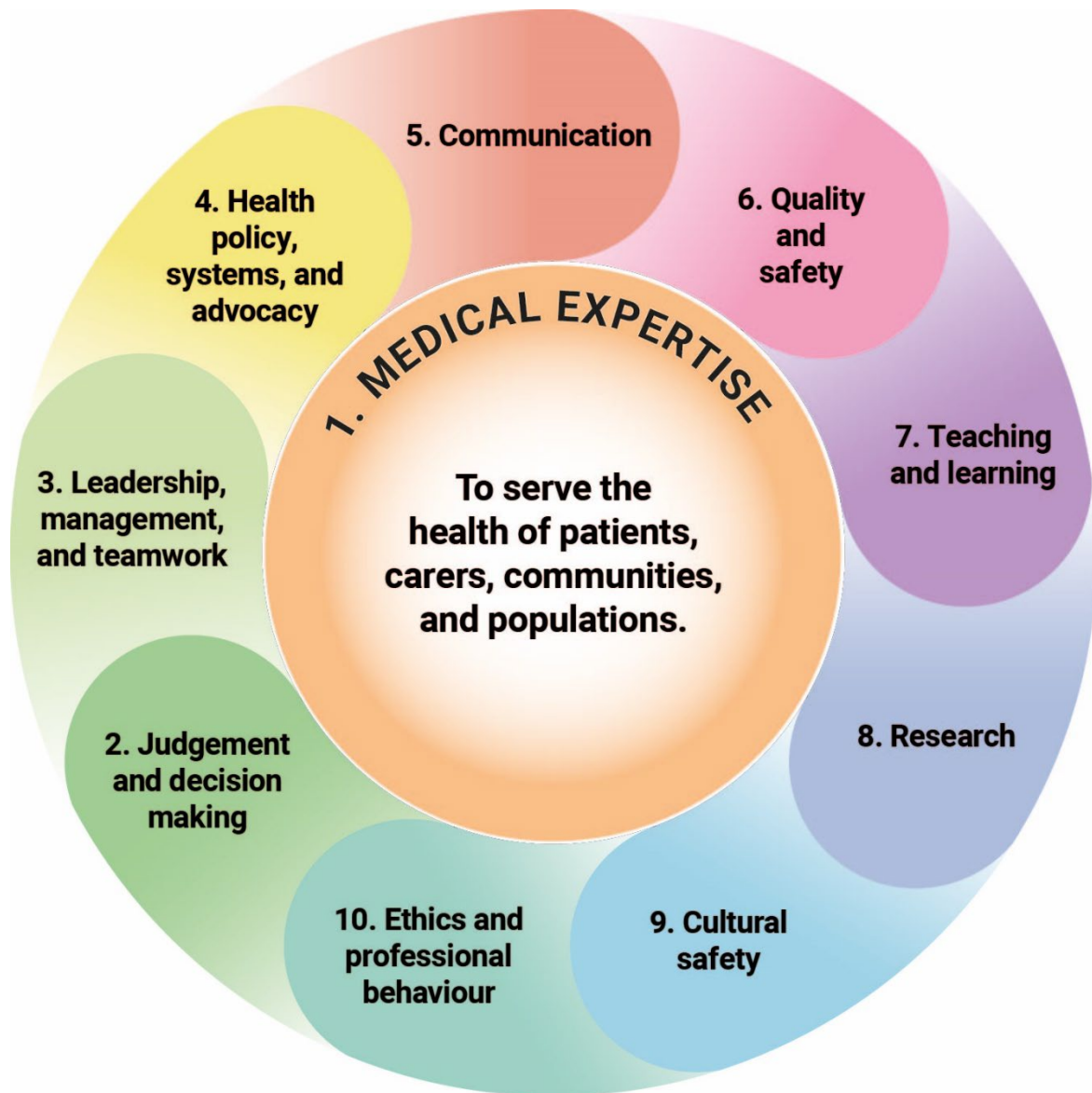# Supporting Professionalism in Practice

The Framework in Action

Supporting Professionalism in Practice

The Framework in Action

Foreword

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

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

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

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

Professor John Kolbe
Past President, RACP, 2010 - 2012

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Introduction:

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

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

Background:

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

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

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

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

Scope and Structure of the Supporting Professionalism in Practice Guide:

Scope:

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

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

ENTRY INTO BASIC TRAINING   ENTRY INTO ADVANCED TRAINING   ADMISSION TO FELLOWSHIP

MEDICAL SCHOOL	PREVOCATIONAL TRAINING	BASIC TRAINING	ADVANCED TRAINING	EXPERT PROFESSIONAL FELLOWSHIP
		BT Competetencies and EPAs	AT Competetencies and EPAs	Supporting Professionalism in Practice. The Framework in Action.

Diagram 1 Continuum from training to fellowship

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

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

Structure:

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

Each domain has **Attributes** that articulate specific qualities or skills Fellows would demonstrate to meet the standard. The attributes detail the minimum expectation of professionalism for Fellows.
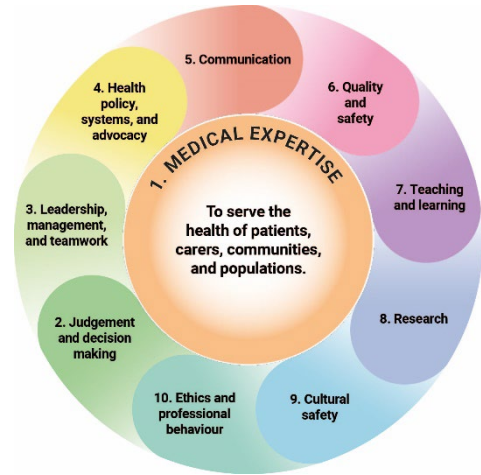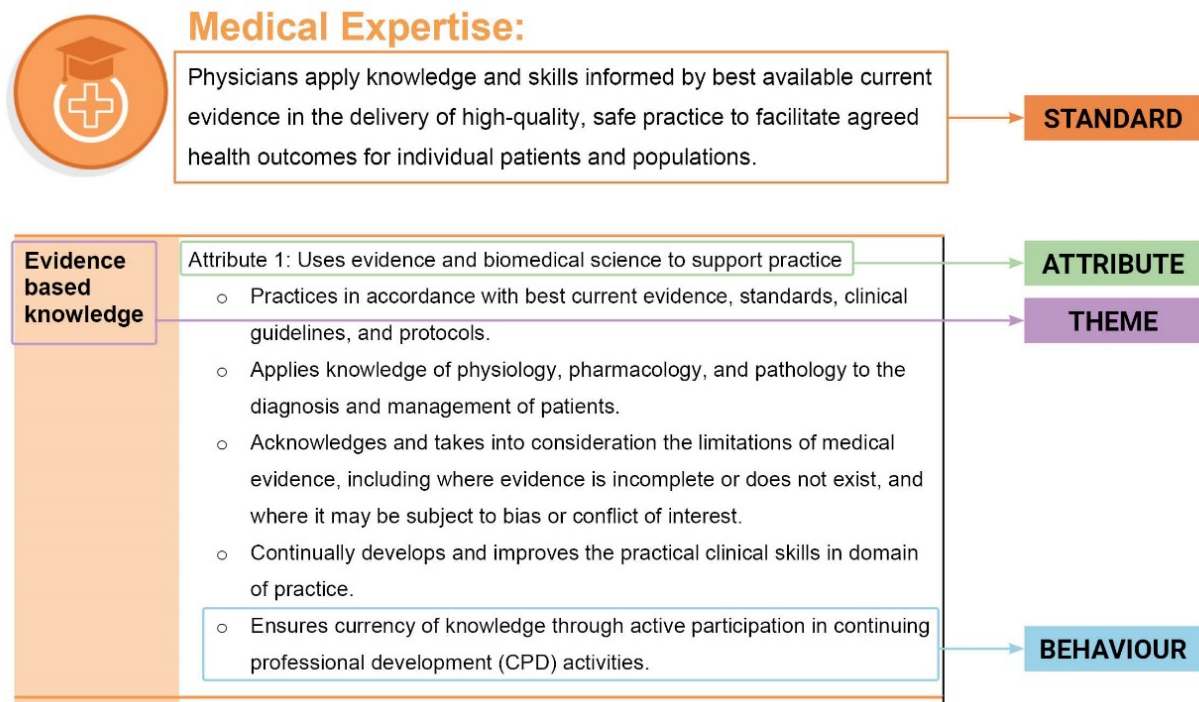
Figure 1
The Professional Practice Framework

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

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

Medical Expertise:

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

Evidence based knowledge

Attribute 1: Uses evidence and biomedical science to support practice → **ATTRIBUTE**

→ **THEME**

- Practices in accordance with best current evidence, standards, clinical guidelines, and protocols.
- Applies knowledge of physiology, pharmacology, and pathology to the diagnosis and management of patients.
- Acknowledges and takes into consideration the limitations of medical evidence, including where evidence is incomplete or does not exist, and where it may be subject to bias or conflict of interest.
- Continually develops and improves the practical clinical skills in domain of practice.
- Ensures currency of knowledge through active participation in continuing professional development (CPD) activities. → **BEHAVIOUR**

Using Supporting Professionalism in Practice Guide:

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

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

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

1. **As a tool to assist in developing a Professional Development Plan (category 2 CPD)**
   Reviewing the behaviours is one way of completing a learning needs analysis and of identifying areas of practice that could be added to your professional development plan and improved through targeted CPD.

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

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

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

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

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

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

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

Have a Question?

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

Australia	**Aotearoa New Zealand**
1300 697 227 (+61 2 9256 5444)	0508 697 227 (+64 4 472 6713)
8:30am to 5:30pm, Monday to Friday	9am to 5pm, Monday to Friday
145 Macquarie St	Level 4, 99 The Terrace
Sydney NSW 2000	Wellington 6011

Acknowledgements:

Medical Expertise

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

Evidence based knowledge	**Attribute 1: Uses evidence and biomedical science to support practice.** • Practises in accordance with best current evidence, standards, clinical guidelines, and protocols. • Applies knowledge of physiology, pharmacology, and pathology to the diagnosis and management of patients. • Acknowledges and takes into consideration the limitations of medical evidence, including where evidence is incomplete or does not exist, and where it may be subject to bias or conflict of interest. • Continually develops and improves the practical clinical skills in domain of practice. • Ensures currency of knowledge through active participation in continuing professional development (CPD) activities.
Personal and social determinants of health	**Attribute 2: Applies knowledge of individual and social determinants of health.** • Understands how social determinants of health and structural inequities contribute to patients' health problems and to their resolution. • Understands the role of culture, values, history, and worldviews in creating health and disease and in shaping the experience of illness. • Understands how individual patient factors such as age, comorbidities, emotional and psychological state, cognitive ability, decision-making capacity and social support impact on health problems and their resolution. • Has knowledge of social determinants of Indigenous health and understands the ongoing impact of colonialism.
Limitations of knowledge	**Attribute 3: Recognises and works within the limits of one's knowledge, skills, and competencies.** • Is open to seeking assistance from others with diagnosis and management. • Recognises the value of clinical standards and protocols as guides to practice. • Appropriately delegates tasks to others in line with their training, knowledge, skills, and experience and provides support where appropriate. • Makes appropriate use of multidisciplinary meetings (MDMs) and other peer review processes.

	• Is receptive to feedback from peers and others and changes practice where appropriate. • Seeks cultural knowledge, perspectives and worldviews when required for engaging with patients from cultures other than one's own.
Health system and resource knowledge	**Attribute 4: Awareness of the costs of health care.** • Understands the funding of health care and the need for equitable and cost-effective allocation of health resources. • Is aware of the costs and benefits of interventions. • Is aware of and appreciates the impact of direct and indirect costs of health care and management plans on patients, carers, family, and community, and society. • Appreciates the importance of avoiding waste and the cost of low-value care such as over-investigation, overdiagnosis and overtreatment. • Understands the impact the health system and colonialism have on justice and equity for Indigenous communities to access specialist care.

Judgement and Decision Making

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

Clinical reasoning	**Attribute 1: Applies sound reasoning to clinical problems.** • Understands the science of clinical decision making, including the kinds of heuristics and biases that can influence and distort clinical decision-making. • Reflects on one's own clinical reasoning, and how it impacts on patient outcomes. • Understands how one's own culture, beliefs, values, and attitudes shape one's behaviours, decisions, and interactions, including one's approach to clinical problems. • Seeks feedback on clinical reasoning.
Information	**Attribute 2: Effectively obtains, integrates, and synthesises clinical information.** • Uses a structured approach to obtaining clinical information from patients. • Is able to elicit all relevant information, including information about patients' social circumstances, culture, values, health literacy, health beliefs and preferences. • Seeks relevant information from carers and support workers, family, community, other health professionals and other organisations when appropriate. • Considers and incorporates information obtained from other health professionals. • Obtains information about whether a patient has formally expressed treatment preferences (e.g.: via an advance care plan). • Has knowledge of and uses culturally safe resources for ongoing care with health providers.
Synthesis	**Attribute 3: Develops diagnostic and management plans by integrating all relevant data.** • Ensures that diagnostic and management plans are age appropriate and informed by findings from history and examination and by information provided by other health professionals, carers and support workers, family and/or community.

	- Ensures that diagnostic and management plans are informed by the patient's social circumstances, culture, values, health literacy, health beliefs, emotional needs, preferences, and desired outcomes. - Actively seeks access to reviews, clinical guidelines, and published evidence to guide diagnosis and management. - Adapts management plans to patients' financial, geographic, cultural, and social circumstances. - Identifies therapeutic options, converses with the patient to determine patient-centred options. including cultural approaches such as Indigenous healing practices and recommends management plan. - Considers contraindications, potential interactions, and complications of diagnostic and therapeutic options. - Ensures that management plans give due consideration to risk mitigation, health promotion and preventive care. - Recognises the signs of the seriously unwell or deteriorating patient, who requires urgent care and accurately prioritises treatment based on patient needs and clinical urgency. - Encourages patients to take responsibility for their own health and wellbeing and empowers them to do so.
Consent and shared decision making	**Attribute 4: Engages in shared decision-making with patients and/or others where ethically appropriate (e.g., carers, support workers, family, whānau, and community).** - Accurately assesses the patient's decision-making capacity and identifies the appropriate decision maker, including whether a substitute decision maker is to be involved. - Encourages the patient (and carers and family) to ask questions and seek information about their condition and care. - Takes into consideration the patient's (or, where appropriate, their substitute decision-maker's) preferences for communication, receiving information and making decisions. - Clearly explains, and provides information to the patient about the problem, risks, benefits, costs, areas of uncertainty and limitations of available evidence, and ensures the patient has sufficiently understood the information provided and has given free and voluntary consent (including informed financial consent). - Establishes clinically reasonable goals in collaboration with the patient and, where ethically appropriate, with carers, family, or community. - Explains the process by which clinical decisions are being made in a manner that takes into account the patient's information preferences, health literacy, cognitive capacity and communication abilities. - Ensures that if substitute decision makers are involved, decisions are made in terms of the patient's previously expressed wishes (where the patient

	was previously competent and where their wishes are known) or in terms of their best interests.
Continuing care	**Attribute 5: Adapts management plan in light of changes in the patient's condition or the receipt of additional information.** • Actively follows up the results of investigations and implements clinical decisions within an appropriate timeframe. • Anticipates possible changes to clinical course or complications. • Has a contingency plan in response to changes in patient condition and/or response to therapy.

Communication

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

Communication and documentation skills	**Attribute 1: Uses a range of effective and appropriate verbal, non-verbal, and written communication, and documentation techniques.** • Actively seeks feedback on communication skills. • Engages in communication skills training as part of CPD. • Uses standardised templates for written communication when appropriate. • Effectively uses electronic medical record systems and other digital technology. • Prepares written material to support discussions when necessary. • Clearly documents and communicates the diagnostic and management plan, including how consent has been obtained, how decisions have been made, and who has been involved. • Documents information in a structured, clear, timely, accessible way, and complies with regulatory and legal requirements. • Provides and utilises telehealth for patients and/or communities where appropriate.
Communication with patients, families, and carers	**Attribute 2: Uses respectful and effective, communication with patients and, where appropriate, their carers, family, whānau, and community.** • Displays respect and sensitivity towards patients and their families. • Communicates with patients in a collaborative, empathetic, open, and honest way. • Makes appropriate use of decision aids or support tools when sharing decision making with patients. • Prepares for and allocates sufficient time and private space for difficult or challenging conversations and conducts them in a professional, sensitive, and caring manner, ensuring that the patient, carers and support workers, family, and other staff members, as appropriate, have understood the information discussed. • Engages in cultural awareness and safety training to optimise communication. • Appropriately uses the skills of qualified language/cultural interpreters.

	• Provides the patient with a discharge summary if they have been hospitalised and checks to ensure that the patient understands it.
	Attribute 3: Empowers patients and is respectful of their rights in all aspects of communication.
	• Identifies themselves and their team and explains their roles.
	• Speaks directly to the patient, even if there is an interpreter or family present.
	• Shares medical records and results with patients in line with the patient's preferences.
	• Ensures that patients are aware of their rights to and how to access their medical health records and understands complaint procedures.
	• Where appropriate, informs patients about alternative sources of information, including their right to seek a second opinion.
	• Informs patients about transitions in care and, where appropriate, involves the patient and family in the transition.
	• Recognises when the relationship between patient and physician has irretrievably broken down and assists in finding an alternative doctor.
Communication with health professionals	**Attribute 4: Communicates effectively with other health professionals.**
	• Communicates clearly (including by writing) and in a timely fashion.
	• Communicates respectfully towards junior, senior, allied health, and non-medical staff.
	• Encourages contribution to the discussion from the healthcare team.
	• Ensures appropriate, comprehensive, and timely handover.
	• Communicates accurately and in a timely fashion to ensure an effective transition between settings, and continuity and quality of care.
	• Ensures provision of information to patients' referring doctor or general practitioner.
	• Is easy to contact when on call and answers in a professional, timely and constructive manner.
Communication with the media, the public, commercial and government agencies	**Attribute 5: Communicates effectively with professional bodies, commercial organisations, the media, and the public.**
	• Communicates respectfully and in a timely manner with professional bodies and commercial organisations.
	• Uses social media appropriately and ethically.
	• When acting as a representative of an organisation, understands and complies with external and media communication policies and guidelines.
	• Provides honest and accurate medical certification where required.

Gathering, documenting, and sharing information	**Attribute 6: Appropriately manages patient information, including written information.** • Maintains records to facilitate optimal patient care. • Avoids expressing judgemental opinions about patients in documentation. • Maintains confidentiality of documentation and stores clinical notes appropriately. • Is aware of patients' right to privacy and confidentiality, as well as the limits to these rights (e.g., legal obligations to disclose information). • Ensures that patients are aware of the limits of confidentiality and when information might be shared with others.

Quality and Safety

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

Physicians prioritise self-care in their practice.

Patient safety	**Attribute 1: Takes responsibility for the safe care of individual patients.**
	• Engages in patient centred care.
	• Understands the impact their own cultural background has on decision-making which in turn influences patient safety.
	• Acknowledges the impact of a patient's cultural background and/or identity on patient outcomes.
	• Effectively integrates patients' cultural needs with clinical expertise to enhance patient safety.
	• Ensures that the benefits of recommended interventions outweigh their risks, and takes steps to prevent, identify and manage safety risks.
	• Works within a defined scope of practice and demonstrates appropriate diagnostic, therapeutic and procedural skills.
	• Only offers interventions when suitably qualified to do so, or adequately supervised.
	• Speaks up if not suitably trained or adequately supervised.
	• Engages with organisational and other credentialing and professional development activities.
	• Is familiar with Good Medical Practice guidelines regarding the provision of safe medical care.
	• Makes effective use of clinical guidelines, workplace patient safety guidelines, cultural supports, and local risk management policies.
	• Ensures safe coordination and continuity of care, including documentation of all referrals, transfers, and delegation.
	• Receives patients in a manner that ensures continuity and quality of care.
	• Is aware of and complies with organisational or other approval processes for specific interventions (e.g., high risk or innovative interventions).
	• Ensures appropriate supervision of trainees and medical students involved in patient care and takes responsibility for patient safety when acting as a supervisor.

Errors and adverse events	**Attribute 2: Understands and participates in identification and reporting of adverse events and errors to improve healthcare systems.** • Helps create and support a clinical environment in which clinicians and others can raise concerns about risks. • Participates in the recognition of and reporting, investigation, analysis and other reviews of adverse events and shares knowledge with others to promote learning. • Applies the principles of open disclosure to adverse events, notifying the patient, carers, families, and others as appropriate. • Takes responsibility for errors and poor outcomes for which one bears some responsibility and does not become unreasonably defensive when questioned. • Applies knowledge of quality and safety methodology to reduce risk and identify and/or manage adverse events. • Records and reports any adverse events (including near misses) and complies with any statutory reporting requirements, including mandatory reporting requirements. • Reviews, reflects on, and discusses experiences of errors and adverse events to identify areas for system and practice improvement. • Supports debriefing and team based and organisational learning arising from adverse events.
Safe working practices	**Attribute 3: Optimises safe working practices.** • Practices according to safe working practices articulated in codes of conduct and standards provided by the Medical Board of Australia, Medical Council of New Zealand, AHPRA, the Australian Quality and Safety Commission, as well as local, workplace codes of conduct and standards. • Involves themselves in the development of standards to improve practice and where appropriate, evaluates health services and programs, and recommends improvements. • Mitigates risks associated with changes to care teams or clinical environments. • Demonstrates required compliance with accepted standards of practice, quality, and safety processes, regularly updates scope of practice and encourages team members to do the same. • Considers local hospital conditions and support services when defining scope of practice.
Continuous quality improvement	**Attribute 4: Is committed to continuous improvement of own practice and health systems.**

	- Collects, analyses, and uses clinical data and patient feedback to guide and improve practice. - Uses available measures to gather accurate patient feedback (e.g., Patient Reported Outcome Measures or real time patient feedback facilitated by Patient Reported Experience Measures). - Supports staff and students in developing skills in quality and safety processes. - Assists in the design and evaluation of health information systems for disease monitoring, screening, and measuring health outcomes. - Regularly reviews their own practice and engages in continual self-reflection as part of continuous quality improvement. - Seeks cultural supervision to advance professionalism.
Wellbeing and physician self-care	**Attribute 5: Maintains personal, mental, and physical health and wellbeing.** - Recognises that one's own personal health and wellbeing has an impact on practice and patient safety. - Recognises that burnout can result in a loss of compassion and empathy and impact the ability to provide adequate care. - Seeks expert advice and care for the prevention and management of illness, including having a personal general practitioner. - Avoids self-diagnosis and self-prescribing. - Seeks psychological or psychiatric assistance for mental health symptoms or concerns. - Avoids practicing an unsafe number of hours, working when unwell, or severely fatigued. - Takes regular rest and holidays, setting an example for colleagues and trainees. - Seeks support and services to maintain health and wellbeing, particularly when involved in medico-legal matters or physicians who have current medico-legal concerns. **Attribute 6: Considers and works to ensure the health and safety of colleagues and other health professionals.** - Demonstrates an interest in the health and wellbeing of peers and trainees. - Promotes a culture that recognises and responds to physicians in need and intervenes before physician impairment has an adverse impact on patients. - Provides support for peers and trainees, including providing opportunities to debrief. - Prioritises self-care and models good health maintenance practices to other team members.

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

Teaching and Learning

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

Life-long learning	**Attribute 1: Is committed to lifelong learning and continuing professional development.** • Identifies and reflects on gaps in one's own knowledge and skills to inform self-directed learning. • Actively seeks peer review and other means of assessing one's skills and knowledge. • Understands that professional development continues over one's entire career and willingly engages in activities to keep knowledge and skills up-to-date throughout one's working life. • Engages with CPD in a manner that best supports one's current scope of practice and future career development. • Engages in collaborative learning to improve one's practice. • Regularly engages in critical self-reflection and cultural critical self-reflection to understand one's own cultural biases and impact.
Teaching and supervision	**Attribute 2: Is committed to the supervision and training of future physicians.** • Engages in the training, mentoring and supervision of RACP trainees and other health professionals. • Participates in RACP supervisor workshops and is up to date with requirements to being a supervisor. • Promotes a safe and positive learning environment by ensuring that bullying and harassment do not occur. • Maintains appropriate professional boundaries when engaging with students and trainees. • Encourages and supports team members with their learning, development, and career planning. • Integrates communication skills into bedside teaching. • Uses appropriate educational techniques to facilitate the learning of colleagues and other health professionals. • Provides specific, constructive, and objective feedback to those being supervised and trained.

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

Research

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

Application of research	**Attribute 1: Actively seeks and applies research to practice.** • Identifies and critically appraises research evidence. • Demonstrates understanding of research methodologies and critical appraisal of the literature. • Engages in continuing professional development in research and critical appraisal e.g., journal clubs, research talks. • Identifies research that may inform relevant health policy. • Uses research evidence to de-implement low-value care.

Participation in research and quality improvement	**Attribute 2: Strives to improve medical practice through participation in research and practice improvement.**
	
	• Leads or contributes to research or practice improvement through the provision of data and involvement in research and quality improvement projects.
	• When conducting research, uses appropriate research design and methodology so that research contributes to the body of medical knowledge and improves practice and health outcomes.
	• Ensures that research has been approved by an accredited human health research ethics committee and is conducted in compliance with the protocol approved by the committee.
	• Ensures that research is conducted in compliance with national policies such as:
	
	   o The principles outlined in National Health and Medical Research Council National Statement on Ethical Conduct in Human Research
	   o The Australian Code for the Responsible Conduct of Research
	   o The Health Research Council of New Zealand guidelines including Kaupapa Māori principles.
	
	• Is alert to the potential conflicts of interest associated with research funding and publication and manages these in accordance with the College's

Guidelines on Ethical Relationships between Health Professionals and Industry.

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

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

Cultural Safety

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

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

Physicians critically analyse their environment to understand how colonialism, systemic racism, social determinants of health and other sources of inequity have and continue to underpin the healthcare context. Consequently, physicians then can recognise their interfacing with, and contribution to, the environment in which they work to advocate for safe, more equitable and decolonised services and create an inclusive and safe workplace for all colleagues and team members of all cultural backgrounds[3].

Following the release of the Cultural Safety Standard in 2022, work began developing the themes, attributes, and behaviours specific to the Cultural Safety domain in consultation and collaboration with subject matter experts. As such, the guide does not yet include this content, however, once finalised, it will be added to the guide.

[3]. The RACP has adopted the Medical Council of New Zealand's definition of cultural safety (below): Cultural safety can be defined as 1 • The need for doctors to examine themselves and the potential impact of their own culture on clinical interactions and healthcare service delivery. • The commitment by individual doctors to acknowledge and address any of their own biases, attitudes, assumptions, stereotypes, prejudices, structures, and characteristics that may affect the quality of care provided.
• The awareness that cultural safety encompasses a critical consciousness where healthcare professionals and healthcare organisations engage in ongoing self-reflection and self-awareness and hold themselves

accountable for providing culturally safe care, as defined by the patient and their communities.
1. Curtis et al. "Why cultural safety rather than cultural competency is required to achieve health equity". International Journal for Equity in Health (2019) 18:174

Ethics and Professional Behaviour

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

Understanding ethics, law and professionalism	**Attribute 1: Understands ethics and practices within current ethical frameworks.**
	
	• Understands that ethics refers to ideas about how we should or should not behave, not just in one social context or role, but in every aspect of our lives.
	• Understands core ethical concepts such as 'autonomy', 'respect for persons', 'veracity', 'beneficence', 'non-maleficence' and 'justice' and how they apply in different contexts (e.g., when caring for people who are under-served or marginalised or made vulnerable through illness or disability).
	• Is able to reason through ethical problems in a systematic and justifiable way.
	
	Attribute 2: Understands the law and practices according to current legal standards.
	
	• Understands the features of the legal system relevant to medical practice, including:
	   ○ The medical regulatory system as provided by the Medical Board of Australia and Medical Council of New Zealand
	   ○ Medical regulatory aspects of Australia and Aotearoa New Zealand's statutory and common law systems.
	• Understands key bodies of law, including those related to consent, negligence, professional discipline, privacy and confidentiality, and end-of-life.
	
	Attribute 3: Understands professionalism and practices according to professional standards.

	o Understands that professionalism refers to the qualities, competencies and skills expected of a profession and that characterise it.
	• Is aware of, and practices in, a manner consistent with professional codes, guidelines, and standards, including those provided in "Good Medical Practice: a code of conduct for doctors in Australia" and "Good Medical Practice" (Aotearoa New Zealand).
	Attribute 4: Understands the relationship between ''professionalism', 'law' and 'ethics'.
	o Understands that professional norms and legal standards are often predicated on ethical values and principles such as respect, compassion, honesty etc.
	• Understands that compliance with professional standards and laws are important but are not sufficient guides to ethical behaviour.
	• Understands that professionalism can encourage ethical behaviour, but can also enable and maintain power imbalances, exclusion, discrimination, and inequity.
Personal ethics and integrity	**Attribute 5: Is personally and socially responsible.**
	• Appreciates that being a 'professional' comes with both privileges and obligations to patients and society.
	• Displays a commitment to medicine as a social practice and medical professionalism as a social obligation.
	• Develops a high standard of personal conduct, consistent with professional and community expectations including honesty, responsibility, and accountability.
	• Reflects critically on personal beliefs and attitudes, including how these may impact on ethical and legal decision-making, patient care and healthcare policy.
	Attribute 6: Is honest in all dealings.
	• Records and reports accurately.
	• Does not engage in professional misconduct of any type.
	• Acknowledges error.
	Attribute 7: Prioritises patient welfare and community benefit above professional agendas and self-interest.
	• Recognises when financial and non-financial interests might impact negatively on patient or social welfare.
	• Avoids activities that are likely to create unmanageable conflicts of interest (e.g., entering financial relationships with patients, their carers or family).
	• Discloses relevant interests to patients, colleagues, and others.

	• Takes steps to prevent personal interests from impacting on patient and public welfare (e.g.: representing services honestly; ensuring that fees charged are reasonable; acting honestly when claiming from insurers; referring patients to other practitioners when unwilling to offer services because of conscientious objection). • Avoids all corrupt behaviour and reports any corruption that is observed.
Interpersonal behaviour	**Attribute 8: Treats others fairly, compassionately and with respect.** • Behaves fairly towards all, irrespective of their gender, age, culture, social and economic status, sexual preference, ability, beliefs, contribution to society, illness, or illness-related behaviours. • Takes appropriate action in response to patients', carers and support workers, or colleagues' distress and concerns. **Attribute 9: Maintains boundaries in interactions with patients, students, and trainees.** • Recognises the power imbalances inherent in these relationships, and that boundaries provide the necessary 'limits' for safe, effective, and ethical relationships. • Understands the differences between 'boundary crossings' and 'boundary violations' and avoids the latter. • Avoids any sexual, intimate, and/or financial relationships with patients or trainees. • Recognises that gifts from patients are acceptable only if they are of token monetary value and takes steps to reassure patients that care is not conditional on gifts. • Avoids caring for family members.
Ethics in organisations and society	**Attribute 10: Demonstrates a commitment to organisational ethics.** • Observes, helps to shape, and critically reflects on institutional policies. • Works to establish an organisational culture that is inclusive, respectful, and that facilitates ethical behaviour. • Contributes to organisational ethics processes initiatives (e.g., therapeutics committees clinical ethics services). **Attribute 11: Speaks out when appropriate.** • Speaks out when witnessing, or asked to take part in, unethical, illegal, discriminatory, or exploitative behaviours or practices, even if these are accepted or expected by the organisation. • Speaks out against exclusion, discrimination, bullying or harassment of colleagues, trainees, students, and any other members of the organisation.

- Reports or speaks out about colleagues' behaviour when their practice is unethical, illegal or a risk to public safety, but avoids impugning their reputations or breaching confidentiality when this is not justified.

Leadership, Management and Teamwork

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

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

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

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

Leadership and team management	**Attribute 1: Acts as a role model and leader in professional practice.** • Understands leadership principles and how they may relate to their practice. • Actively seeks out development opportunities to improve skills in leadership. • Recognises the benefits of shared leadership models where all team members can assert their individual leadership qualities. • Fosters effective working relationships with other leaders and managers. • Recognises the mission, goals and strategic direction of a healthcare organisation or practice. • Supports medical colleagues who have chosen to take on leadership and management positions. • Retains a calm demeanour under pressure and provides reassurance to team members. **Attribute 2: Effectively manages teams.** • Creates and promotes a team culture that values collegiality, cooperation, inclusion, respect, equity, and diversity. • Is clear about roles and obligations of team members and the process of working together.

	• Regularly evaluates the team to optimise function and promptly resolve conflict when it arises.
	• Encourages open dialogue, including with students and doctors in training who may be hesitant to discuss the behaviour/decisions of other colleagues.
	• Recognises and addresses team dysfunction and poor behaviour by team members.
	• When engaging in performance management, ensures that the approach is supportive and provides an opportunity for colleague to reflect on their concern.
	• Responds quickly and effectively to complaints of bullying, harassment and unprofessional behaviours and is aware of the relevant policies and processes to combat these issues.
	• Builds resilience in teams, including the capacity to cope with change, error, and unexpected events.
	• Supports and motivates team members to engage in continuing professional development.
	• Supports junior colleagues and trainees to take on increasing responsibility in line with their training and skills, while retaining responsibility and accountability.
	• Models the concept of life-long learning as a leader and teaches this whenever possible.
	Attribute 3: Plans ahead to ensure consistent patient care.
	• Anticipates future events, including major events such as pandemics or natural disasters, and develops plans to manage them.
	• Adapts to unexpected circumstances.
Teamwork	**Attribute 4: Works effectively in multidisciplinary teams to carry out clinical activities in an effective, coordinated, and collaborative manner.**
	• Recognises and respects the personal and professional integrity and roles of peers and other health care professionals.
	• Shares workloads appropriately and equitably.
	• Acts collaboratively to resolve conflicts and behavioural incidents such as exclusion, discrimination, harassment, and bullying.

Health Policy, Systems, and Advocacy

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

The broader context of healthcare systems and resource allocation	**Attribute 1: Knowledge of the Australian or the Aotearoa New Zealand healthcare systems.** • Maintains current knowledge of the operation of the Australian or Aotearoa New Zealand healthcare systems. • Understands and complies with the policies of the Australian or Aotearoa New Zealand healthcare systems and is cognisant of policy change. • Recognises that global factors can significantly impact local and regional healthcare systems. • Works in partnership with healthcare managers to contribute to the efficient and effective operation of health services. • Engages with external organisations to influence policies on societal issues that impact health and wellbeing. • Uses their understanding of the standards for the rights of Indigenous peoples to optimise outcomes (UN Declaration on the Rights of Indigenous Peoples). • Uses digital health initiatives and undertakes professional development in digital health application.
Social determinants of health	**Attribute 2: Understands the relevance of population health and social determinants to patients and communities.** • Is aware of the importance of social determinants in shaping the health and wellbeing of individuals and communities. • Recognises the contribution of structural inequities to the burden and impact of illness, the experience of disease and illness and health outcomes, including for women, Indigenous patients and communities, and people living with a disability.
Disease prevention and health promotion	**Attribute 3: Understands the relevance of disease prevention and health promotion to the health of patients and communities.** • Incorporates disease prevention, health promotion, and health surveillance into interactions with individual patients and the community. • Applies their medical expertise and knowledge of public health principles to promote health, prevent disease and implement effective management plans.

	• Supports and, where possible, contributes to disease prevention and health promotion initiatives, to reduce disease and health inequities. • Supports and facilitates the screening and case finding in "at risk" populations. • Possesses knowledge of major local, national, and global strategies for health promotion.
Stakeholder engagement	**Attribute 4: Works collaboratively to improve the health and wellbeing of all persons and communities.** • Recognises the necessity for respectful engagement with communities and patient groups in all domains of healthcare and biomedicine. • Facilitates stakeholder engagement in the co-design, delivery, and evaluation of health services. • Involves and supports communities and patient groups in decisions that affect them to identify priority problems and solutions. • Engages and supports partnerships with community agencies, policymakers, and others to support initiatives aimed at improving the health and wellbeing of all people and communities. • Remains professional, respectful and uses evidence in advocacy work.
Equity, access, and advocacy	**Attribute 5: Advocates for health promotion, disease prevention, and equity of access to health care.** • Incorporates disease prevention, health promotion, and health surveillance into their practice and into interactions with individual patients and the community. • Contributes to the development and implementation of local, national, and systemic strategies to reduce inequities in health status including inequities in access to health care. • Advocates for more equitable health outcomes, particularly for people in rural and remote areas and those who experience disadvantage as a result of ethnicity, gender, sexuality, citizenship status, disability, education, geography, nutrition and living standards. • Works to ensure patient access to the best possible health services and resources, including strategies targeted to specific populations. • Uses patient data and experiences as well as other published evidence to improve patient access to healthcare. • Assists patients to access and efficiently and effectively navigate healthcare systems. • Uses a variety of strategies, including outreach programs, to address the health needs of the community. • Uses expertise and influence to advocate for the health and wellbeing of patients and communities. • Supports, promotes, and helps disseminate RACP policy statements on health issues.

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