

ATTACHMENT A

Proposed Graduate Outcome Statements: Draft for consultation

August 2022

How to read this document

This document contains the proposed revisions to the *Graduate Outcome Statements* (outcomes) within the *Accreditation Standards for Primary Medical Programs*. These proposals were developed by the AMC Standards Review Working Group and approved for consultation by the Medical School Accreditation Committee. The proposals have been informed by the 2021 AMC consultation on the scope of the review of the Accreditation Standards for Primary Medical Programs.

Proposed revisions to the language from the current medical school Graduate Outcome Statements (2012 edition) is marked in **blue font colour**. Proposals for new outcome statements are also **marked in blue font colour, including the number**.

For each Domain, a new proposed introduction statement has also been drafted. The proposed introductions can be found just beneath the domain number and title.

The proposed revised outcomes are presented in tables below. The proposed outcome (middle column) is mapped against current AMC outcome(s), where relevant (left column) and has a corresponding explanation of the proposed changes, particularly tying the proposals to relevant scoping consultation feedback (right column).

Explanation of the proposed outcomes tables:

2012 statement	Proposed statement	Details of proposed change
This column contains the current 2012 edition AMC medical school outcome(s) which is/are mapped to the proposed revised outcome statement, where relevant.	This column contains the proposed revised outcome statement, which has been drafted based on the detailed development process and approved by the SRWG.	This column contains an explanation of the proposed change and any related major theme(s) from the consultation on the scope of the standards review.
Rows shaded this light green colour include an element of Cultural Safety and/or Aboriginal, Torres Strait Islander and Māori health as one part of the statement. The AMC Aboriginal, Torres Strait Islander and Māori Standing Committee Sub Group worked with the Standards Review Working Group to develop these statements.		
Rows shaded this dark green colour are about Cultural Safety and/or Aboriginal, Torres Strait Islander and Māori health. The AMC Aboriginal, Torres Strait Islander and Māori Standing Committee Sub Group led the development of the outcome, seeking input from Aboriginal, Torres Strait Islander and Māori staff in medical schools through Yarning Circles and from Aboriginal, Torres Strait Islander and Māori health peak bodies in the development process. The Standards Review Working Group also provided detailed feedback on this statement, which was considered by the Sub Group during development. The Aboriginal, Torres Strait Islander and Māori Standing Committee reviewed and approved the statement.		

Domain 1

Clinical Practice: the medical graduate as practitioner

Domain 1 describes the graduate as a practitioner who is able to provide person-centred care for patients, across the stages of their life with supervision appropriate for internship. It is expected that graduates will be able to apply their knowledge and skills in diverse healthcare settings and with patients with diverse needs. Graduates will place physical, emotional, social, economic, cultural and spiritual needs and the geographic location of their patients first, recognising that can influence a patient's description of symptoms, presentation of illness, healthcare behaviours and access to health services or resources.

On entry to professional practice, Australian and New Zealand graduates are able to:

2012 statement	Proposed statement	Details of proposed change
2.14 Place the needs and safety of patients at the centre of the care process. Demonstrate safety skills including infection control, graded assertiveness, adverse event reporting and effective clinical handover.	1.1 Place the needs and safety of patients at the centre of the care process, including by applying safety skills including effective clinical handover, graded assertiveness, delegation and escalation , infection control and adverse event reporting.	Safety and Quality theme: Moved to beginning of domain to reflect focus on patient safety.
N/A	1.2 Apply whole of person care principles in clinical practice, including consideration of a patient's physical, emotional, social, economic, cultural and spiritual needs and their geographic location.	New outcome. Social Accountability / Cultural Safety themes: Added reference to whole of person care and the aspects of social and emotional wellbeing that go along with that. Moved from the <i>Health and Society</i> domain, where the corresponding outcome is placed in the Prevocational outcome statements, to emphasise that whole of person principles should be applied in daily practice.
2.1 Demonstrate by listening, sharing and responding, the ability to communicate clearly, sensitively and effectively with patients, their family/carers, doctors and other health professionals. 2.8 Elicit patients' questions and their views, concerns and preferences, promote rapport, and ensure patients' full understanding of their problem(s). Involve patients in decision-making and planning their treatment, including communicating risk and benefits of management options.	1.3 Demonstrate sensitive and effective communication with patients and their families/carers that promotes rapport and elicits needs, concerns and preferences.	Partnering with Patients theme: Streamlined to focus on effective communication with patients and their families/carers (effective communication with other professionals is covered under the <i>Professionalism and Leadership</i> domain). Recognising that health services may apply different definitions, in these outcomes the term 'families' is used broadly to encompass any people who patients regard as family. This may include extended families.

2012 statement	Proposed statement	Details of proposed change
N/A	1.4 Demonstrate adaptation of communication according to the level of the health literacy and needs of the patients and their families/carers.	<p>New outcome.</p> <p>Partnering with Patients theme: Emphasis on effective communication requiring doctors to adapt to differing levels of health literacy and other patient needs.</p>
N/A	1.5 Demonstrate culturally safe practice with ongoing critical reflection on their own knowledge, skills, attitudes, practicing behaviours and power differentials in furtherance of delivering safe, accessible and responsive healthcare free of racism and discrimination.	<p>New outcome.</p> <p>Moved from the <i>Health and Society</i> domain, where the corresponding outcome is placed in the Prevocational outcome statements, to emphasise that culturally safe practice should be applied in daily practice.</p>
N/A	1.6 Demonstrate empathic communication with patients, their families/carers, and respect for Indigenous knowledges of wellbeing and Indigenous healthcare models when providing culturally safe care.	<p>New outcome.</p> <p>Cultural Safety theme: Builds on the general requirement to demonstrate culturally safe practice by specifying that this requires the demonstration of respect for Indigenous knowledges and healthcare models.</p> <p>This includes working respectfully and collaboratively with other healthcare professionals such as Aboriginal Health Workers, Practitioners and Liaison Officers.</p> <p>In New Zealand this will include demonstrating understanding of the obligations relating to Te Tiriti O Waitangi.</p>
N/A	1.7 Integrate knowledge of the health issues and diseases that affect Aboriginal and Torres Strait Islander and/or Māori patients across medical disciplines when providing culturally safe care.	<p>New outcome.</p> <p>Cultural Safety theme: Sets the expectation that Indigenous health is not a separate block within the curriculum but that graduates should be able to identify considerations that arise for Aboriginal and Torres Strait Islander and/or Māori patients across a broad range of medical disciplines in their practice.</p>
2.9 Provide information to patients, and family/carers where relevant, to enable them to make a fully informed choice among	1.8 Provide information on options, risks, and benefits to enable patients and their families/carers to make a fully	<p>Minor change to clarify the nature of the information required. Following feedback, the AMC has not added reference to principles of shared</p>

2012 statement	Proposed statement	Details of proposed change
various diagnostic, therapeutic and management options.	informed choice about the management of their health.	decision making, and instead is proposing to emphasise the patient's choice.
2.2 Elicit an accurate, organised and problem-focussed medical history, including family and social occupational and lifestyle features, from the patient, and other sources.	1.9 Elicit an accurate, structured medical history, including family, social, occupational, lifestyle and environmental features, from the patient, and where relevant, families/carer.	Minor change.
2.3 Perform a full and accurate physical examination, including a mental state examination, or a problem-focused examination as indicated.	1.10 Perform relevant and accurate physical and mental state examinations.	Minor change.
2.4 Integrate and interpret findings from the history and examination, to arrive at an initial assessment including a relevant differential diagnosis. Discriminate between possible differential diagnoses, justify the decisions taken and describe the processes for evaluating these.	1.11 Integrate and interpret findings from the history and examination to arrive at an initial assessment including a relevant differential diagnosis and a summary of the patient's mental and physical health.	Minor change.
2.4 Integrate and interpret findings from the history and examination, to arrive at an initial assessment including a relevant differential diagnosis. Discriminate between possible differential diagnoses, justify the decisions taken and describe the processes for evaluating these.	1.12 Demonstrate the ability to adapt management proposals to the complex needs and communication requirements of patients and their families/carers.	Partnering with Patients theme: Emphasised the need to be able to adapt proposals to different patients' needs recognising the differing communication abilities and requirements.
N/A	1.13 Apply scientific knowledge and clinical skills to care for patients across their whole life, including as children, adolescents, and ageing people, and in pregnancy and childbirth, with appropriate supervision.	New outcome. Social accountability theme: Clarified that graduates must be able provide care under supervision for patients across each stage of their life.
2.6 Select and perform safely a range of common procedural skills.	1.14 Select and perform the procedural skills required for a safe transition to internship.	Specificity of Outcomes: Maintained high-level procedural skills outcome. Minor amends to clarify the level expected and align the with the corresponding Prevocational outcome statement. There is no nationally agreed list of common procedural skills. Each medical school is expected to work with local postgraduate medical councils and internship providers to identify a core list of common procedures expected in PGY1.

2012 statement	Proposed statement	Details of proposed change
2.5 Select and justify common investigations, with regard to the pathological basis of disease, utility, safety and cost effectiveness, and interpret their results.	1.15 Select, justify, and interpret common investigations, with due regard to the pathological basis of disease and the utility, safety and sustainability of the investigation .	Social Accountability theme: Rather than adding 'environmental' to 'cost-effectiveness', the AMC has used the term 'sustainability' which encompasses three dimensions: environmental, social and economic. All three dimensions should consider the preservation of resources for future generations.
2.7 Make clinical judgements and decisions based on the available evidence. Identify and justify relevant management options alone or in conjunction with colleagues, according to level of training and experience.	1.16 Work within the interprofessional healthcare team to identify and justify management options based on evidence and the patient's preferences .	Safety and Quality theme: Recognise that medical graduate will not be making management decisions and emphasise the need for engagement with the interprofessional care team to identify appropriate options. Partnering with Patients theme: Emphasised the need for a patient focus, along with evidence-based analysis.
2.12 Recognise and assess deteriorating and critically unwell patients who require immediate care. Perform common emergency and life support procedures, including caring for the unconscious patient and performing CPR.	1.17 Recognise and assess deteriorating and critically unwell patients who need immediate care, communicating and escalating as required .	Safety and Quality theme: Added communication and escalation, acknowledging typical role of medical graduate in basic life support roles. Split off outcome for clarity (see proposed statement 1.18 below).
2.12 Recognise and assess deteriorating and critically unwell patients who require immediate care. Perform common emergency and life support procedures, including caring for the unconscious patient and performing CPR.	1.18 Perform emergency and life support procedures.	Social Accountability theme: Removed reference to specific procedural skills to avoid unintentional exclusion of people with differing physical abilities.
2.10 Integrate prevention, early detection, health maintenance and chronic condition management where relevant into clinical practice.	1.19 Apply preventative health approaches, such as screening and lifestyle changes, to support the early detection and management of chronic conditions in patient care .	Social Accountability theme: Minor change to clarify focus on chronic condition management.
2.13 Describe the principles of care for patients at the end of their lives, avoiding unnecessary investigations or treatment, and ensuring physical comfort including pain relief, psychosocial support and other components of palliative care.	1.20 Apply the principles of care for patients at the end of their lives, avoiding unnecessary investigations or treatment, and ensuring physical comfort including pain relief, psychosocial support and other components of palliative care.	Minor change to reflect the role of the graduate in participating in end of life care, as a new practitioner.

2012 statement	Proposed statement	Details of proposed change
2.11 Prescribe medications safely, effectively and economically using objective evidence. Safely administer other therapeutic agents including fluid, electrolytes, blood products and selected inhalational agents.	1.21 Prescribe medications safely, effectively, and sustainably, in line with quality and safety frameworks and clinical guidelines.	<p>Social Accountability theme: AMC has used the term 'sustainably' which encompasses three dimensions: environmental, social and economic. All three dimensions should consider the preservation of resources for future generations.</p> <p>Safety and Quality theme: Added reference to quality and safety frameworks, clinical guidelines.</p> <p>Split off outcome for clarity (see proposed statement 1.22 below).</p>
2.11 Prescribe medications safely, effectively and economically using objective evidence. Safely administer other therapeutic agents including fluid, electrolytes, blood products and selected inhalational agents.	1.22 Administer other therapeutic agents including fluid, electrolytes, blood products and inhalational agents safely, in line with quality and safety frameworks and clinical guidelines.	Safety and Quality theme: Added reference to quality and safety frameworks, clinical guidelines.
2.15 Retrieve, interpret and record information effectively in clinical data systems (both paper and electronic).	1.23 Record and manage patient data accurately and confidentially.	Emerging Technology theme: Emphasise confidentiality and accuracy and focus on patient data (rather than health systems broadly) as the core competency.
N/A	1.24 Demonstrate digital literacy and capability in supporting patients and their families/carers to use technology to promote wellbeing and manage health concerns, adapting communication to the technology used.	<p>New outcome.</p> <p>Emerging Technology/ Partnering with Patients theme: Feedback supported the outcome identified in consultation but highlighted the need to ensure communication is adjusted to different formats such as in-app messaging, video consults, and telehealth.</p> <p>Digital literacy is intended to refer to having the skills you need to live, learn and work in a society where communication and access to information is increasingly through digital technologies like internet platforms, social media, and mobile devices.</p>

Domain 2

Professionalism and Leadership: the medical graduate as a professional and leader

Domain 2 describes the graduate who provides care to all patients according to the *Good Medical Practice* code in Australia and the *Good Medical Practice* standards and guidance in Aotearoa New Zealand and who demonstrates understanding of the ethical and legal frameworks relevant to their workplace. This includes reflecting on their practice, recognising their own limits, and committing to life-long learning. The graduate applies the principles of leadership and effective teamwork in interprofessional teams and contributes to supportive working and learning environments for all healthcare professionals.

On entry to professional practice, Australian and New Zealand graduates are able to:

2012 statement	Proposed statement	Details of proposed change
4.1 Provide care to all patients according to “Good Medical Practice: A Code of Conduct for Doctors in Australia” and “Good Medical Practice: A Guide for Doctors” in New Zealand.	N/A	Removed outcome. Identified in preamble. Feedback indicates that this is not tested holistically and may be confusing as the Codes apply across the domains.
4.2 Demonstrate professional values including commitment to high quality clinical standards, compassion, empathy and respect for all patients. Demonstrate the qualities of integrity, honesty, leadership and partnership to patients, the profession and society.	2.1 Demonstrate ethical behaviours and professional values including integrity , compassion, self-awareness , empathy, patient confidentiality , and respect for all.	Safety and Quality theme: Amended to focus on behaviours, as demonstrated values.
4.3 Describe the principles and practice of professionalism and leadership in health care.	2.2 Apply the principles of professional leadership, followership and teamwork in health care by providing care within interprofessional healthcare teams.	Minor change to recognise that the graduate will not be a leader in all teams and an understanding of professionalism and leadership will facilitate effective work as a team member.
4.4 Explain the main principles of ethical practice and apply these to learning scenarios in clinical practice. Communicate effectively about ethical issues with patients, family and other health care professionals.	2.3 Demonstrate an understanding of the ethical dimensions of medical practice, and explain the main ethical frameworks used in clinical decision making.	Safety and Quality theme: Specified how ethical frameworks apply to clinical decision making. Split off the statement for clarity (see proposed statement 2.4 below).
4.4 Explain the main principles of ethical practice and apply these to learning scenarios in clinical practice. Communicate effectively about ethical issues with patients, family and other health care professionals.	2.4 Communicate effectively about ethical issues with patients and their families/carers , and other healthcare professionals.	Social Accountability theme: Added reference to families and carers as relevant stakeholders in patient care.

2012 statement	Proposed statement	Details of proposed change
4.9 Self-evaluate their own professional practice; demonstrate lifelong learning behaviours and fundamental skills in educating colleagues. Recognise the limits of their own expertise and involve other professionals as needed to contribute to patient care.	2.5 Recognise the complexity and uncertainty inherent in the health care of many patients and the role of colleagues in managing this complexity and uncertainty.	Safety and Quality theme: This proposed statement recognises that a new graduate will not have mastery of complex and changing situations at the beginning of practice and emphasises self-awareness of own limits and the importance of seeking support. Split off the statement for clarity. Reference to lifelong learning practices remains in proposed statement 2.12.
4.5 Demonstrate awareness of factors that affect doctors' health and wellbeing, including fatigue, stress management and infection control, to mitigate health risks of professional practice. Recognise their own health needs, when to consult and follow advice of a health professional and identify risks posed to patients by their own health.	2.6 Demonstrate awareness of factors that affect their personal wellbeing and recognise and respect their own limitations to mitigate risks associated with professional practice. This will include consulting and following the advice of a health professional to address risks that may be posed to patients by their own health issues.	Safety and Quality theme: Removed examples to avoid implication of an exclusive list. Emphasised responsibility for self-management.
N/A	2.7 Manage their time, education and training demands, be punctual, and show ability to prioritise workload to manage patient outcomes and health service functions.	New outcome. Safety and Quality theme: Linked professional behaviours to safety and care outcomes.
4.6 Identify the boundaries that define professional and therapeutic relationships and demonstrate respect for these in clinical practice.	2.8 Demonstrate respect for the boundaries that define professional and therapeutic relationships in clinical practice.	Minor change.
4.7 Demonstrate awareness of and explain the options available when personal values or beliefs may influence patient care, including the obligation to refer to another practitioner.	2.9 Explain the options available when personal values or beliefs may influence patient care, including the obligation to refer to another practitioner.	Minor change.
4.8 Describe and respect the roles and expertise of other health care professionals, and demonstrate ability to learn and work effectively as a member of an inter-professional team or other professional group.	2.10 Demonstrate knowledge of and respect for the roles and expertise of other healthcare professionals.	Minor change. Split off the statement for clarity (see proposed statement 2.11 below).
4.8 Describe and respect the roles and expertise of other health care professionals, and demonstrate ability to learn and work effectively as a member of an inter-professional team or other professional group.	2.11 Demonstrate the ability to learn and work collaboratively as a member of an interprofessional team.	Safety and Quality theme: Focus on working collaboratively as a requirement for effective interprofessional teamwork.

2012 statement	Proposed statement	Details of proposed change
4.9 Self-evaluate their own professional practice; demonstrate lifelong learning behaviours and fundamental skills in educating colleagues. Recognise the limits of their own expertise and involve other professionals as needed to contribute to patient care.	2.12 Demonstrate lifelong learning behaviours, including by self-evaluating their own professional practice.	Minor change.
N/A	2.13 Seek feedback on and critically evaluate their own professional practice to improve the cultural safety of their practice for colleagues and patients.	<p>New outcome.</p> <p>Cultural Safety theme: Builds on proposed statement 2.12, to emphasise the need for continued reflection and evaluation to improve culturally safe clinical practice, which is acknowledged as key in the Ahpra definition of cultural safety. This outcome applies to all cultures. Proposed statements 2.16 and 2.17 specify particular responsibilities for Aboriginal and Torres Strait Islander and/or Māori patients and colleagues.</p> <p>‘Colleagues’ is used to encompass all who work in healthcare settings, not just doctors or other healthcare professionals.</p>
4.10 Describe and apply the fundamental legal responsibilities of health professionals especially those relating to ability to complete relevant certificates and documents, informed consent, duty of care to patients and colleagues, privacy, confidentiality, mandatory reporting and notification. Demonstrate awareness of financial and other conflicts of interest.	2.14 Demonstrate an understanding of the legal responsibilities of health professionals, particularly those relating to: <ul style="list-style-type: none"> i. Completing certificates, records and other documents. ii. Undertaking informed consent processes. iii. Accepting a duty of care to patients and colleagues. iv. Supporting rights-based care. v. Maintaining privacy and confidentiality. vi. Using digital health technology. vii. Applying mandatory reporting mechanisms. viii. Managing financial and other conflicts of interest. 	<p>Social accountability theme: Expanded legal responsibilities to include a rights-based approach to health care, which is particularly relevant for populations for whom there are poorer health outcomes.</p> <p>Emerging Technology theme: Expanded legal responsibilities to include the use of digital health technology.</p> <p>In New Zealand, rights-based care includes an understanding of Te Tiriti O Waitangi and its implications for Māori patients, their extended families, and carers.</p> <p>Noting that work is currently underway in Ahpra on mandatory reporting relating to culturally unsafe practice. AMC</p>

2012 statement	Proposed statement	Details of proposed change
		to confirm with Ahpra the appropriate terminology.
3.3 Communicate effectively in wider roles including health advocacy, teaching, assessing and appraising.	2.15 Communicate effectively when teaching, appraising and assessing.	Minor change to narrow the focus away from health advocacy, covered in Domain 3 and particularly in proposed statement 3.6. Rephrasing to recognise the importance of peer-to-peer learning and foundation skills for future teaching responsibilities. Relocated to the Professionalism and Leadership domain as related to professional roles.
N/A	2.16 Contribute to safe and supportive working and learning environments, including having knowledge of policies and processes regarding bullying, harassment, racism and discrimination.	<p>New outcome.</p> <p>Safety and Quality theme: Linked professional behaviours to safety.</p> <p>Related to the Student Wellbeing standards content theme, in that this outcome requires awareness of bullying, harassment, racism and discrimination prevention policies and practices.</p>
N/A	2.17 Critically evaluate their own professional practice in the context of health system structures and processes to contribute to culturally safe health environments, with particular awareness of Aboriginal and Torres Strait Islander and Māori communities.	<p>New outcome.</p> <p>Cultural Safety theme: This outcome builds on proposed statement 2.13 and 2.16, to require critical self-awareness and critical awareness of context to contribute to culturally safe healthcare (and learning) environments.</p>

Domain 3

Health and Society: the medical graduate as a health advocate

Domain 3 describes the graduate who recognises the diverse needs of patients in communities across Australia and Aotearoa New Zealand, understands the underlying social and environmental determinants of health and can apply strategies that address health inequities for individual patients, communities, and populations. The graduate is committed to health advocacy to improve access and outcomes for individual patients, and to influence system-level change in a socially accountable and environmentally sustainable manner.

On entry to professional practice, Australian and New Zealand graduates are able to:

2012 statement	Proposed statement	Details of proposed change
3.1 Accept responsibility to protect and advance the health and wellbeing of individuals, communities and populations.	N/A	Removed outcome. Feedback indicated that this outcome 'accepting responsibility' was not tested. Emphasis should be on understanding different communities' needs, barriers and enablers to health equity and strategies to support attainment of health equity.
N/A	3.1 Recognise differences in healthcare access and delivery and patient experiences across diverse hospitals and community health settings, in metropolitan, rural and remote areas.	New outcome. Social Accountability theme: Increased focus on the patient journey across healthcare settings and recognise the different experiences for regional and remote communities compared to urban communities.
3.2 Explain factors that contribute to the health, illness, disease and success of treatment of populations, including issues relating to health inequities and inequalities, diversity of cultural, spiritual and community values, and socio-economic and physical environment factors.	3.2 Explain the social, cultural, personal, physical and environmental determinants of health for individuals and communities.	Social Accountability theme: Changed focus from 'contributing factors' to determinants of health with reference to the World Health Organisation's framework. This outcome encompasses Aboriginal and Torres Strait Islander and/or Māori peoples.
3.4 Understand and describe the factors that contribute to the health and wellbeing of Aboriginal and Torres Strait Islander peoples and/or Māori, including history, spirituality and relationship to land, diversity of cultures and communities, epidemiology, social and political determinants of health and health experiences. Demonstrate effective and	3.3 Demonstrate an understanding of the ongoing impact of colonisation, intergenerational trauma and racism on the health and wellbeing of Aboriginal and Torres Strait Islander Peoples in Australia, and Māori People in Aotearoa New Zealand.	Cultural Safety theme: In addition to proposed statements: 3.2 – determinants of health, 3.4 – biases in healthcare and 3.5 – structural barriers that relate to all patients, this outcome specifically applies to Aboriginal and Torres Strait Islander and/or Māori peoples and requires understanding of the impacts of colonisation and racism on health and wellbeing.

2012 statement	Proposed statement	Details of proposed change
culturally competent communication and care for Aboriginal and Torres Strait Islander peoples and/or Māori.		Culturally safe communication is covered in a proposed statement 1.4.
N/A	3.4 Demonstrate an understanding of the systemic and clinician biases in the health system that impact on the service delivery for Aboriginal, Torres Strait Islander and Māori Peoples. This includes understanding current evidence around all forms of racism as a determinant of health and how racism sustains inequities in health.	New outcome. Cultural Safety theme: Updated the outcome to focus on determinants of health and systemic barriers to healthcare access and good outcomes, including systemic racism.
N/A	3.5 Demonstrate an understanding of the structural barriers to accessing healthcare services and apply strategies to mitigate the impact of these. This includes strategies to address inequitable health outcomes for different population groups such as Aboriginal and Torres Strait Islander and Māori Peoples, migrant and refugee populations, patients with a disability and patients who identify as lesbian, gay, bisexual, transgender, queer, intersex, asexual and other.	New outcome. Social Accountability theme: Understanding of barriers for all communities facing structural barriers to health care/with worse health outcomes, and expectation that mitigating strategies are implemented. Noting terminology 'patients with a disability' is used in in line with the usage of the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability. Noting terminology used for LGBTQIA+ is in line with that used by the Australian Medical Association, Medical Deans Australian and New Zealand and Pride Foundation Australia.
3.3 Communicate effectively in wider roles including health advocacy, teaching, assessing and appraising.	3.6 Apply health advocacy skills by partnering with patients and their families/carers, and/or communities to define and highlight healthcare issues, particularly inequities.	Partnering with Patients: Emphasised the need to partner with patients in identifying when health advocacy is appropriate and applying advocacy skills.
3.5 Explain and evaluate common population health screening and prevention approaches, including the use of technology for surveillance and monitoring of the health status of populations. Explain environmental and lifestyle health risks and advocate for healthy lifestyle choices.	3.7 Explain and evaluate common population health screening, disease prevention and health promotion approaches in public health.	Minor change to clarify that this proposed statement focuses on public health approaches to preventative health, where proposed statement 1.19 focuses on prevention in individual patient care.
N/A	3.8 Demonstrate an understanding of opportunities for improved patient outcomes and experiences using health technology and identify	New outcome. Emerging Technology theme: Recognise risks, including

2012 statement	Proposed statement	Details of proposed change
	associated risks including equity concerns.	equity, while modelling a positive perspective highlighting opportunities of health technology.
3.6 Describe a systems approach to improving the quality and safety of health care.	3.9 Describe a systems approach to improving the quality, safety and sustainability of health care.	Social Accountability theme: Added reference to the sustainability of healthcare along the three dimensions described in the notes for proposed statement 1.21.
3.7 Understand and describe the roles and relationships between health agencies and services, and explain the principles of efficient and equitable allocation of finite resources, to meet individual, community and national health needs.	3.10 Explain the principles of sustainable and equitable allocation of finite resources, to meet the needs of individuals and communities now and in the future, and the roles and relationships between health agencies and services in resource allocation.	Social Accountability theme: Specified that sustainability of healthcare for future generations is a focus of this statement.
3.8 Describe the attributes of the national systems of health care including those that pertain to the health care of Aboriginal and Torres Strait Islander peoples and/or Māori.	3.11 Demonstrate an understanding of Aboriginal, Torres Strait Islander and Māori holistic concepts of wellbeing and Aboriginal, Torres Strait Islander and Māori health models and their role in health service delivery.	Cultural Safety theme: Updated to focus on understanding of Aboriginal and Torres Strait Islander and Māori health concepts and models, rather than the existing national systems
3.9 Demonstrate an understanding of global health issues and determinants of health and disease including their relevance to health care delivery in Australia and New Zealand and the broader Western Pacific region.	3.12 Demonstrate an understanding of global health issues and determinants of health and disease, including their relevance to healthcare delivery in Australia and New Zealand and the broader Western Pacific region.	No change.

Domain 4

Science and Scholarship: the medical graduate as scientist and scholar

Domain 4 describes the graduate who is committed to expanding their scientific knowledge and evaluates and applies evidence to their clinical practice. The graduate recognises that research, along with quality improvement and assurance approaches, underpin continuous improvement of clinical practice and the broader healthcare system, and conscientiously supports these activities.

On entry to professional practice, Australian and New Zealand graduates are able to:

2012 statement	Proposed statement	Details of proposed change
1.1 Demonstrate an understanding of established and evolving biological, clinical, epidemiological, social, and behavioural sciences.	4.1 Demonstrate an understanding of biological, clinical, environmental , social, and behavioural sciences and informatics in health care .	Social Accountability theme: Added reference to environmental science and health informatics.
1.2 Apply core medical and scientific knowledge to individual patients, populations and health systems.	4.2 Apply core medical and scientific knowledge, including understanding of how clinical decisions for individuals influence healthcare equity and system sustainability , to populations and health systems.	Social Accountability theme: Added sentence to increase emphasis on population health and consideration of how individual care provision and population health issues interact.
N/A	4.3 Demonstrate understanding of Aboriginal and Torres Strait Islander and/or Māori knowledges of wellbeing and models of healthcare, including community and sociocultural strengths. Describe best practice approaches that lead to improved and sustained positive Aboriginal and Torres Strait Islander and Māori health and wellbeing outcomes.	New outcome. Cultural Safety theme: Identified Aboriginal and Torres Strait Islander and/or Māori knowledges as part of the evidence base of the doctor as a scholar and scientist. In New Zealand this will include mātauranga Māori; the traditional multidisciplinary and holistic knowledge of Māori peoples.
1.3 Describe the aetiology, pathology, clinical features, natural history and prognosis of common and important presentations at all stages of life.	4.4 Describe the aetiology, pathology, clinical features, natural history and prognosis of common and important presentations at all stages of life.	No change.
1.4 Access, critically appraise, interpret and apply evidence from the medical and scientific literature.	4.5 Access, critically appraise and apply evidence from the medical and scientific literature.	No change.
1.5 Apply knowledge of common scientific methods to formulate relevant research questions and select applicable study designs.	4.6 Apply scientific methods to formulate relevant research questions and select and undertake applicable study designs.	Minor change to consolidate linked outcomes commonly tested together. Emphasised the graduate's experience of undertaking research. Scientific methods include Aboriginal and Torres Strait Islander and/or Māori approaches to research.

2012 statement	Proposed statement	Details of proposed change
		In New Zealand this will include mātauranga Māori; the traditional multidisciplinary and holistic knowledge of Māori peoples.
1.6 Demonstrate a commitment to excellence, evidence based practice and the generation of new scientific knowledge.	N/A	Removed outcome. Commonly tested through the expectations of revised outcome 4.6.
N/A	4.7 Demonstrate knowledge of relevant health and safety frameworks and legislation and clinical guidelines, including health professionals' responsibilities for quality assurance and quality improvement.	New outcome. Safety and Quality theme: Increased emphasis on safety and quality frameworks and the role of health professionals.