

NEW CURRICULA

Advanced Training in Palliative Medicine (Adult Medicine and Chapter)

Curriculum standards



About this document

The new Advanced Training in Palliative Medicine (Adult Medicine and Chapter) curriculum consists of curriculum standards and learning, teaching, and assessment (LTA) programs.

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

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Program overview

Purpose of Advanced Training

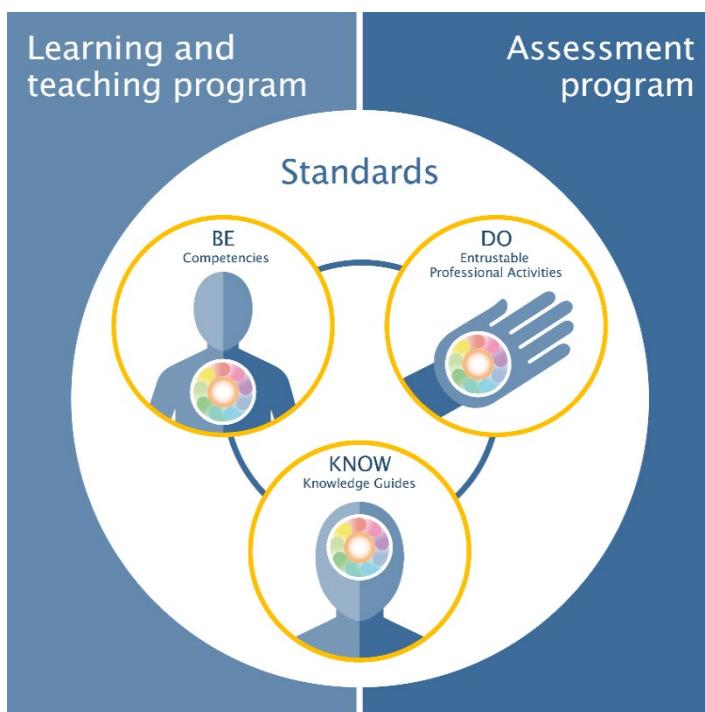
The RACP offers Advanced Training in 33 diverse medical specialties as part of Division, Chapter, or Faculty training programs.

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

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



RACP curriculum model



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

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

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

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



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



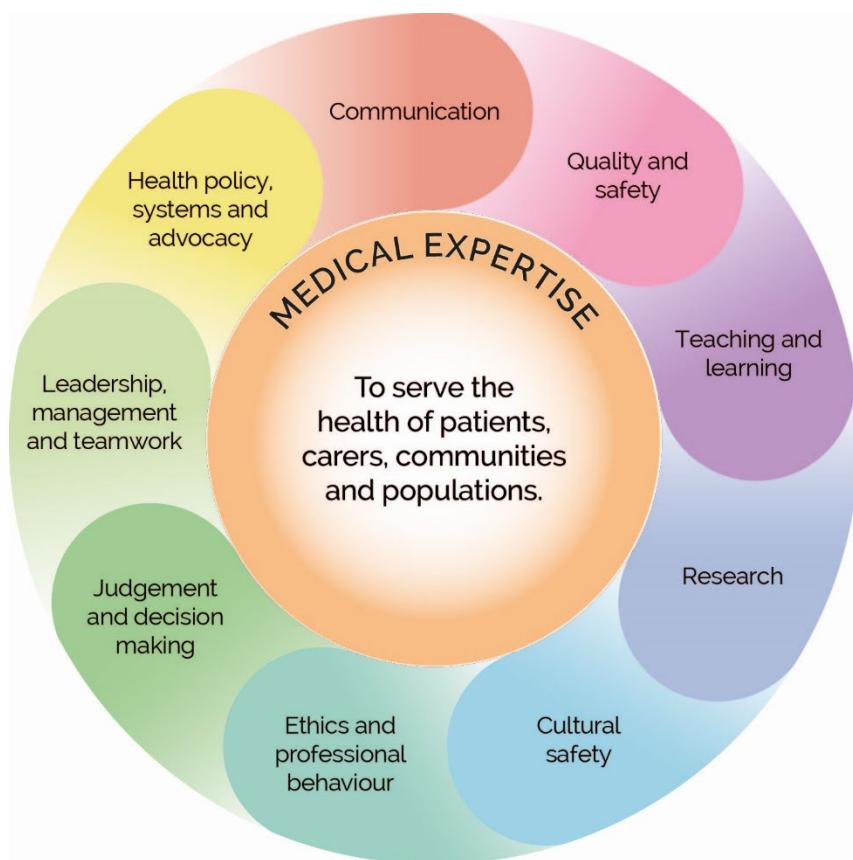
- **Entrustable Professional Activities (EPAs)** outline the essential work tasks trainees need to be able to perform in the workplace.



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

Professional Practice Framework

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



Learning, teaching, and assessment (LTA) structure

The learning, teaching and assessment structure defines the framework for delivery and trainee achievement of the curriculum standards in the Advanced Training program.

Advanced Training is structured in three phases. These phases will establish clear checkpoints for trainee progression and completion.

1 Specialty foundation	• Orient trainees and confirm their readiness to progress in the Advanced Training program
2 Specialty consolidation	• Continue trainees' professional development in the specialty and support progress towards the learning goals
3 Transition to Fellowship	• Confirm trainees' achievement of the curriculum standards, completion of Advanced Training, and admission to Fellowship • Support trainees' transition to unsupervised practice



Figure 1: Advanced Training learning, teaching, and assessment structure

- An **entry decision** is made before entry into the program.
- A **progress decision**, based on competence, is made at the end of each phase of training.
- A **completion decision**, based on competence, is made at the end of the training program, resulting in eligibility for admission to Fellowship.



Advanced Training is a **hybrid time- and competency-based training program**. There is a minimum time requirement of full-time equivalent experience, and progression and completion decisions are based on evidence of trainees' competence.

Palliative Medicine (Adult Medicine and Chapter) specialty overview

Palliative medicine specialists provide holistic supportive care for people with life-limiting illnesses due to non-malignant disease or cancer. The specialty employs a person- and family-centred model of care to ensure that family and carers also receive practical and emotional support.

Palliative medicine specialists contribute to building capacity in non-specialist health care teams, families, and communities to care for people with life-limiting illnesses, and work to normalise the experience of dying and bereavement as part of life. This high-quality care is enhanced by research, quality improvement, policy development, and advocacy.

Palliative medicine specialists have training, experience, and expertise in:

- understanding acute and chronic disease, including illness trajectories, prognostication, and disease-directed therapies and management
- symptom management, including non-pharmacological and pharmacological treatments
- opioid therapy, safe prescribing, monitoring, and adverse effect management
- communication skills and empathy
- end-of-life care
- leading multidisciplinary teams to provide optimal patient- and family-centred care
- continuous quality improvement, research and policy development, and advocacy to advance palliative care.

Palliative Medicine (Adult Medicine and Chapter) learning goals

The curriculum standards are summarised as 20 learning goals. The learning goals articulate what trainees need to be, do and know, and are assessed throughout training.

BE Competencies	1. <u>Professional behaviours</u>
DO EPAs	2. <u>Team leadership</u> 3. <u>Supervision and teaching</u> 4. <u>Quality improvement</u> 5. <u>Clinical assessment and management</u> 6. <u>Management of transitions in care settings</u> 7. <u>Manage acute changes in clinical condition</u> 8. <u>Communication with patients</u> 9. <u>Prescribing</u> 10. <u>Procedures</u> 11. <u>Investigations</u> 12. <u>Clinic and community management</u> 13. <u>End-of-life care</u>
KNOW Knowledge guides	14. <u>Pain</u> 15. <u>Managing other symptoms and complications of cancer</u> 16. <u>Cancer and its treatment</u> 17. <u>Non-malignant, progressive life-limiting conditions</u> 18. <u>Acute conditions and palliative care emergencies</u> 19. <u>Managing comorbidities in palliative care</u> 20. <u>Comprehensive end-of-life care</u>

Curriculum standards

Competencies

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

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

Competencies will be common across training programs.

Learning goal 1: Professional behaviours



Medical expertise

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

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

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

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

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

Communication



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

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

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

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

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

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

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

Quality and safety



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

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

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

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

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

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

Teaching and learning



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

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

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

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

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

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

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

Research



Professional standard. Physicians support creation, dissemination and translation of knowledge and practices applicable to health ³. They do this by engaging with and critically appraising research, and applying it in policy and practice to improve the health outcomes of patients and populations.

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

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

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

³ Adapted from Richardson D, Oswald A, Chan M-K, Lang ES, Harvey BJ. Scholar. In: Frank JR, Snell L, Sherbino J, editors. The Draft CanMEDS 2015 Physician Competency Framework – Series IV. Ottawa: The Royal College of Physicians and Surgeons of Canada; 2015 March.

Cultural safety

Professional standard. Physicians engage in iterative and critical self-reflection of their own cultural identity, power, biases, prejudices, and practising behaviours. Together with the requirement of understanding the cultural rights of the community they serve, this brings awareness and accountability for the impact of the physician's own culture on decision making and health care 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.⁴

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

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

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

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

⁴ The RACP has adopted the Medical Council of New Zealand's definition of cultural safety (below): Cultural safety can be defined as:

- 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 health professionals and health care organisations engage in ongoing self-reflection and self-awareness, and hold themselves accountable for providing culturally safe care, as defined by the patient and their communities.

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

Ethics and professional behaviour



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

Physicians demonstrate high standards of personal behaviour.

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

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

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

Accountability. Be personally and socially accountable.

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

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

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

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

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

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

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

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

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

Judgement and decision making



Professional standard. Physicians collect and interpret information, and evaluate and synthesise evidence, to make the best possible decisions in their practice.

Physicians negotiate, implement, and review their decisions and recommendations with patients, their families and carers, and other health professionals.

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

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

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

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

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

Leadership, management, and teamwork



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

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

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

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

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

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

Teamwork. Negotiate responsibilities within the health care team and function as an effective team member.

Health policy, systems, and advocacy



Professional standard. Physicians apply their knowledge of the nature and attributes of local, national, and global health systems to their own practices. They identify, evaluate, and influence health determinants through local, national, and international policy.

Physicians deliver and advocate for the best health outcomes for all patients and populations.

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

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

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

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

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

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

Sustainability. Manage the use of health care resources responsibly in everyday practice.

Entrustable Professional Activities

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



#	Theme	Title
2	Team leadership	Provide leadership within teams of health professionals to provide palliative care for patients
3	Supervision and teaching	Supervise and teach professional colleagues
4	Quality improvement	Contribute to continuous quality improvement in health care delivery
5	Clinical assessment and management	Clinically assess and manage the palliative care needs of patients across different stages of life-limiting illnesses
6	Management of transitions in care settings	Manage transition of patient care between care settings and contexts, including hospital, home, residential aged care setting, and palliative care units
7	Manage acute changes in clinical condition	Manage the care of acute clinical changes in the palliative care setting, including palliative care emergencies
8	Communication with patients	Communicate with patients across different stages of life-limiting illnesses
9	Prescribing	Prescribe medications tailored to patients' needs, prognosis, and goals of care
10	Procedures	Plan, prepare for, perform, and provide aftercare for important practical procedures
11	Investigations	Select, organise, and interpret investigations
12	Clinic and community management	Manage the care of community-based patients
13	End-of-life care	Manage the care of patients in the terminal phase / last days of life

Learning goal 2: Team leadership

Theme	Team leadership	
Title	Provide leadership within teams of health professionals to provide palliative care for patients	
Description	<p>This activity requires the ability to:</p> <ul style="list-style-type: none"> facilitate patient-centred care and carer involvement communicate effectively collaborate with the team to build a positive work culture with shared values and priorities articulate and appropriately delegate individual responsibilities based on expertise and resources in the team prioritise own workload apply knowledge of clinical practice address and manage conflict when it arises 	
Behaviours		
Professional practice framework domain	Ready to perform without supervision	Requires some supervision
Medical expertise	<p>Expected behaviours of a trainee who can routinely perform this activity without needing supervision</p> <p>The trainee will:</p> <ul style="list-style-type: none"> model shared decision making by exploring patients⁵ concerns, informing them, prioritising their wishes, and respecting their beliefs provide coordinated and quality health care for patients as a member of a multidisciplinary team synthesise information with other disciplines to develop optimal, goal-centred plans assess and effectively manage clinical risk manage complexity and uncertainty 	<p>Possible behaviours of a trainee who needs some supervision to perform this activity</p> <p>The trainee may:</p> <ul style="list-style-type: none"> assess the spectrum of problems to be addressed, but may require some assistance to synthesise all the information to develop goal-centred plans for patients demonstrate knowledge of health care issues by interpreting complex information apply medical knowledge to assess the impact and clinical outcomes of decisions, but require assistance to manage these
Communication	<ul style="list-style-type: none"> communicate clearly and respectfully with other health professionals and patients 	<ul style="list-style-type: none"> communicate adequately with colleagues communicate adequately with patients and/or the public respect the roles of team members
Quality and safety	<ul style="list-style-type: none"> participate in surveillance and monitoring of adverse events identify activities within systems to reduce errors, improve patient and population safety, and implement cost-effective change consider safety and quality of care in all decision making 	<ul style="list-style-type: none"> participate in audits and other activities that affect the quality and safety of patients' care use information resources and electronic medical record technology where available

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

	<ul style="list-style-type: none"> participate in interdisciplinary collaboration to provide effective health services and operational change raise and escalate concerns where there is an issue with patient safety or quality of care demonstrate the ability to offer an apology or explanation where appropriate use open disclosure 	
Teaching and learning	<ul style="list-style-type: none"> reflect regularly to self-evaluate personal professional practice, skills, and knowledge, and address gaps through self-directed learning actively seek feedback from supervisors and colleagues on performance as a team member and leader supervise junior doctors and support multidisciplinary teams 	<ul style="list-style-type: none"> accept feedback constructively, and change behaviour in response recognise the limits of personal expertise, and involve other health professionals as needed demonstrate basic skills in facilitating colleagues' learning
Cultural safety	<ul style="list-style-type: none"> actively engage with patients to learn about their cultural needs demonstrate culturally safe relationships with professional colleagues and patients demonstrate respect for diversity and difference take steps to minimise unconscious bias, including the impact of gender, religion, cultural beliefs, and socioeconomic background on decision making 	<ul style="list-style-type: none"> demonstrate awareness of cultural diversity and unconscious bias work effectively and respectfully with people from different cultural backgrounds
Ethics and professional behaviour	<ul style="list-style-type: none"> promote a team culture of shared accountability for decisions and outcomes encourage open discussions of ethical and clinical concerns respect differences of multidisciplinary team members apply the ethics of resource allocation by aligning optimal patient and organisational care acknowledge personal conflicts of interest and unconscious bias act collaboratively to resolve unacceptable behaviour and conflicts, such as harassment and bullying acknowledge burnout in self and colleagues work with the team to promote a healthy working environment be self-aware and seek help if there are concerns of stress or burnout 	<ul style="list-style-type: none"> support ethical principles in clinical decision making maintain standards of medical practice by recognising the health interests of patients or populations as primary responsibilities respect the roles and expertise of other health professionals work effectively as a member of a team promote team values of honesty, discipline, and commitment to continuous improvement demonstrate understanding of the negative impact of workplace conflict show empathy and understanding to colleagues and patients
Judgement and decision making	<ul style="list-style-type: none"> make decisions when faced with multiple and conflicting 	<ul style="list-style-type: none"> monitor services and provide appropriate advice

	<p>perspectives from the health care team</p> <ul style="list-style-type: none"> ensure medical input to organisational decision making adopt a systematic approach to analysing information from a variety of specialties to make decisions that benefit health care delivery recognise and work within limits of own personal competence 	<ul style="list-style-type: none"> review new health care interventions and resources interpret appropriate data and evidence for decision making
Leadership, management, and teamwork	<ul style="list-style-type: none"> combine team members' skills and expertise in delivering patient care and/or population advice develop and lead effective multidisciplinary teams by developing and implementing strategies to motivate others build effective relationships with multidisciplinary team members to achieve optimal outcomes 	<ul style="list-style-type: none"> understand the range of personal and other team members' skills, expertise, and roles acknowledge and respect the contribution of all health professionals involved in patients' care participate effectively and appropriately in multidisciplinary teams seek out and respect the perspectives of multidisciplinary team members when making decisions ensure that finding out patients' priorities and goals is worked towards
Health policy, systems, and advocacy	<ul style="list-style-type: none"> engage in appropriate consultation with stakeholders on the delivery of health care advocate for the resources and support for health care teams to achieve organisational priorities influence the development of organisational policies and procedures to optimise health outcomes and safeguard vulnerable groups identify the determinants of health of the population, and mitigate barriers to access to care 	<ul style="list-style-type: none"> communicate with stakeholders within the organisation about health care delivery understand methods used to allocate resources to provide high-quality care promote the development and use of organisational policies and procedures

Learning goal 3: Supervision and teaching

Theme	Supervision and teaching
Title	Supervise and teach professional colleagues
Description	<p>This activity requires the ability to:</p> <ul style="list-style-type: none"> facilitate work-based teaching in a variety of settings teach professional skills create a safe and supportive learning environment plan, deliver, and provide work-based assessments promote learners to be self-directed and identify learning experiences organise learners in day-to-day work, and provide feedback support learners to prepare for assessments
Behaviours	
Professional practice framework domain	<p>Ready to perform without supervision Expected behaviours of a trainee who can routinely perform this activity without needing supervision</p> <p>Requires some supervision Possible behaviours of a trainee who needs some supervision to perform this activity</p>
Medical expertise	<p>The trainee will:</p> <ul style="list-style-type: none"> explain a structured approach to decision making encourage learners to consider the rationale and appropriateness of investigation and management options act as a role model <p>The trainee may:</p> <ul style="list-style-type: none"> teach learners using basic knowledge and skills
Communication	<ul style="list-style-type: none"> communicate clearly and respectfully when supervising and teaching supervise other health professionals, junior colleagues, and medical students in communication tasks provide communication skills when teaching other health professionals, junior colleagues, and medical students listen and convey information clearly and considerately
Quality and safety	<ul style="list-style-type: none"> support learners to deliver quality care while maintaining personal wellbeing apply lessons learned about patient safety by identifying and discussing risks with learners assess learners' competence, and provide timely feedback to minimise risks to care maintain the safety of patients⁶ and organisations involved with <p>The trainee may:</p> <ul style="list-style-type: none"> demonstrate accessible, supportive, and compassionate behaviour

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

	education, and appropriately identify and action concerns	
Teaching and learning	<ul style="list-style-type: none"> apply knowledge of the principles, processes, and skills of supervision while supervising learners in day-to-day work work with learners to identify and address individual learning needs have awareness of the varying knowledge and abilities, depending on level of training provide feedback and assessment tailored to learners' goals and learning needs encourage self-directed learning and assessment develop a consistent and fair approach to assessing learners communicate openly to establish and maintain effective mentoring relationships recognise the limits of personal educational expertise, and involve others appropriately self-reflect on personal teaching practice regularly, and address gaps through self-directed learning seek feedback from colleagues and learners on teaching performance participate in teaching and supervision of professional development activities 	<ul style="list-style-type: none"> demonstrate developing skills in the supervision of learners apply a standardised approach to teaching, assessment, and feedback, generally considering individual learners' needs implement teaching and learning activities that are partially aligned to learning goals adoption of a teaching style that partially facilitates learner self-directedness
Research	<ul style="list-style-type: none"> provide guidance and support for junior colleagues' research projects support learners to find forums to present research projects guide learners to seek out relevant research to support practice 	<ul style="list-style-type: none"> guide learners with respect to the choice of research projects ensure that the research projects planned are feasible and of suitable standards
Cultural safety	<ul style="list-style-type: none"> demonstrate a culturally appropriate approach to teaching encourage learners to seek out opportunities to develop and improve their own cultural safety encourage learners to incorporate culturally appropriate care of Māori and Aboriginal and Torres Strait Islander peoples into patients' management consider cultural, ethical, and religious values and beliefs in teaching and learning 	<ul style="list-style-type: none"> function effectively and respectfully when working with and teaching with people from different cultural backgrounds
Ethics and professional behaviour	<ul style="list-style-type: none"> role model ethical and professional behaviour to learners, including respect for colleagues and patients, practising within limits of competence, acknowledging own 	<ul style="list-style-type: none"> demonstrate professional values, including commitment to high-quality clinical standards, compassion, empathy, and respect provide learners with feedback to improve their experiences

	<ul style="list-style-type: none"> errors, and reflecting on the impact of own beliefs on patient care incorporate teaching of relevant medical and health ethics and law into educational opportunities
Judgement and decision making	<ul style="list-style-type: none"> prioritise workloads, and manage learners with different levels of professional knowledge or experience explain decisions to learners by linking theory and practice support learners to make independent decisions apply objective evidence and expected standards to justify feedback and assessment decisions escalate concerns about learners appropriately
Leadership, management, and teamwork	<ul style="list-style-type: none"> support learners' effective performance and continuing professional development, while maintaining one's own maintain professional, clinical, research, and/or administrative responsibilities while teaching create an inclusive environment whereby learners feel part of the team
Health policy, systems, and advocacy	<ul style="list-style-type: none"> advocate for suitable resources to provide quality supervision and maintain training standards explain the value of health data in the care of patients or populations support innovation in teaching and training

Learning goal 4: Quality improvement

Theme	Quality improvement	
Title	Contribute to continuous quality improvement in health care delivery	
Description	<p>This activity requires the ability to:</p> <ul style="list-style-type: none"> identify and report actual and potential (near miss) errors conduct and evaluate system improvement activities adhere to best practice guidelines audit clinical guidelines and outcomes contribute to the development of policies and protocols designed to protect patients⁷ and staff and to enhance health care to minimise errors monitor one's own practice, and develop individual improvement plans evaluate, report, and implement research findings 	
Behaviours		
Professional practice framework domain	Ready to perform without supervision Expected behaviours of a trainee who can routinely perform this activity without needing supervision	Requires some supervision Possible behaviours of a trainee who needs some supervision to perform this activity
Medical expertise	<p>The trainee will:</p> <ul style="list-style-type: none"> regularly review patients' or population health outcomes to identify opportunities for improvement in delivering appropriate care evaluate environmental and lifestyle factors contributing to poor health, and consider available therapeutic choices 	<p>The trainee may:</p> <ul style="list-style-type: none"> contribute to processes on identified opportunities for improvement recognise the importance of prevention and early detection in clinical practice use local guidelines to assist patient care decision making
Communication	<ul style="list-style-type: none"> assist patients' access to their health information, as well as complaint and feedback systems discuss with patients and health care professionals any safety and quality concerns implement the organisation's open disclosure policy 	<ul style="list-style-type: none"> recognise contribution of consumer engagement to quality improvement in health care recognise how health literacy might affect the way patients or populations gain access to, understand, and use health information
Quality and safety	<ul style="list-style-type: none"> demonstrate safety skills, including infection control, adverse event reporting, and effective clinical handover participate in organisational quality and safety activities, including: <ul style="list-style-type: none"> clinical incident reviews corrective and preventive action plans morbidity and mortality reviews root cause analyses participate in systems for surveillance and monitoring of adverse events and near misses, including reporting such events 	<ul style="list-style-type: none"> demonstrate awareness of a systematic approach to improving the quality and safety of health care

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

	<ul style="list-style-type: none"> ensure that identified opportunities for improvement are raised and reported appropriately use clinical audits and registries of data on patients' experiences and outcomes, learnings from incidents, and complaints to improve health care 	
Teaching and learning	<ul style="list-style-type: none"> participate in professional training in quality and safety supervise and manage the performance of junior colleagues in the delivery of high-quality, safe care 	<ul style="list-style-type: none"> work within organisational quality and safety systems for the delivery of clinical care use opportunities to learn about safety and quality theory and systems
Research	<ul style="list-style-type: none"> ensure that any protocol for human research is approved by a human research ethics committee, in accordance with the national statement on ethical conduct in human research 	<ul style="list-style-type: none"> recognise that patient participation in research is voluntary and based on an appropriate understanding about the purpose, methods, demands, risks, and potential benefits of the research
Cultural safety	<ul style="list-style-type: none"> undertake professional development opportunities that address the impact of cultural bias on health outcomes 	<ul style="list-style-type: none"> communicate effectively with patients from culturally and linguistically diverse backgrounds
Ethics and professional behaviour	<ul style="list-style-type: none"> align improvement goals with the priorities of the organisation and/or the community contribute to developing a culture that enables and prioritises patients' safety and quality of care 	<ul style="list-style-type: none"> comply with professional regulatory requirements and codes of conduct
Judgement and decision making	<ul style="list-style-type: none"> use decision-making support tools, such as guidelines, protocols, pathways, and reminders analyse and evaluate current care processes to improve health care 	<ul style="list-style-type: none"> access information and advice from other health practitioners to identify, evaluate, and improve patients' management
Leadership, management, and teamwork	<ul style="list-style-type: none"> formulate and implement quality improvement strategies as a collaborative effort involving all key health professionals support multidisciplinary team activities to lower patients' risk of harm, and promote multidisciplinary programs of education 	<ul style="list-style-type: none"> demonstrate attitudes of respect and cooperation among members of different professional teams partner with clinicians and managers to ensure patients receive appropriate care and information on their care
Health policy, systems, and advocacy	<ul style="list-style-type: none"> participate in all aspects of the development, implementation, evaluation, and monitoring of governance processes participate regularly in multidisciplinary meetings where quality and safety issues are standing agenda items measure, analyse, and report a set of palliative care-specific process of care and outcome clinical indicators, and a set of generic safety indicators 	<ul style="list-style-type: none"> communicate with service managers about issues that affect patient care contribute to relevant organisational policies and procedures contribute to an organisational culture that prioritises safety and quality through openness, honesty, learning, and quality improvement

Learning goal 5: Clinical assessment and management

Theme	Clinical assessment and management	
Title	Clinically assess and manage the palliative care needs of patients across different stages of life-limiting illnesses	
Description	<p>This activity requires the ability to:</p> <ul style="list-style-type: none"> identify and access sources of relevant information about patients⁸ locate patient histories examine patients synthesise findings to develop differential diagnoses assess where patients are in their illness trajectory discuss findings and plans with patients formulate management plans, including physical, psychosocial and spiritual needs communicate findings with other health professionals 	
Behaviours		
Professional practice framework domain	Ready to perform without supervision Expected behaviours of a trainee who can routinely perform this activity without needing supervision	Requires some supervision Possible behaviours of a trainee who needs some supervision to perform this activity
Medical expertise	<p>The trainee will:</p> <ul style="list-style-type: none"> collate relevant clinical information prior to review elicit accurate, organised, and prioritised medical histories, considering physical, psychosocial, cultural, and spiritual factors perform focused physical examinations appropriate to patients' stages of disease and clinical problems integrate patients' perspectives and clinical findings to determine management plans ensure management plans are evidence-based and prioritise clinical needs, and consider the balance of benefit and harm by taking patients' personal sets of circumstances into account anticipate future clinical complications based on knowledge of likely disease trajectories, and instigate management plans when needed 	<p>The trainee may:</p> <ul style="list-style-type: none"> demonstrate prior preparation for consultations with knowledge of histories or circumstances consider the approach to symptom control and overview of a range of approaches to a complex problem or failed symptom control, such as management of delirium and complex pain require supervisor input to comprehensively manage uncommon and complex palliative care issues demonstrate competency in the assessment and management of common palliative care issues formulate basic assessment and management plans
Communication	<ul style="list-style-type: none"> demonstrate high-level communication skills, ensuring compassion and empathy 	<ul style="list-style-type: none"> recognise communication triggers by cues, and require further training in communication skills to support patient care

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

	<ul style="list-style-type: none"> • respond to verbal and nonverbal cues and emotion while giving medical information and negotiating management plans • explain diagnoses in context of serious illness communication, including significant investigation findings and further management options, using language appropriate to patients' understanding and desire for information • address questions, misunderstandings, and concerns about the condition and management options • address prognoses if requested, demonstrating a sensitive approach and ensuring understanding of past discussions and history • include significant others in conversations when appropriate • communicate with other health professionals and members of the multidisciplinary team as needed • write relevant and detailed medical record entries, including clinical assessments and management plans 	<ul style="list-style-type: none"> • require supervisor input for complex or highly emotional conversations • recognise engagement with multidisciplinary colleagues to support management plans and elicit broad understanding of patients' and family members' distress
Quality and safety	<ul style="list-style-type: none"> • incorporate infection control into clinical practice • participate in effective clinical handover • recognise and effectively deal with aggressive patient behaviours through appropriate training • obtain informed consent before undertaking any investigations or providing treatment (except in emergencies) • contribute to monitoring and evaluation strategies around clinical assessment and management, such as clinical audits • evaluate and explain the benefits and risks of clinical interventions based on individual patients' circumstances • identify evidence-based practice gaps using clinical indicators, and implement changes to improve patients' outcomes 	
Teaching and learning	<ul style="list-style-type: none"> • regularly self-evaluate personal clinical practice • seek feedback on own clinical practice • address gaps in knowledge and skills through self-directed learning 	<ul style="list-style-type: none"> • set clear goals and objectives for self-learning • self-reflect frequently • deliver teaching considering learners' level of training

	<p>and continuing professional development</p> <ul style="list-style-type: none"> ● supervise junior colleagues in the provision of clinical care ● obtain informed consent before involving patients in teaching activities ● use teaching opportunities arising from clinical encounters ● use clinical encounters to educate patients on relevant aspects of health and disease 	
Research	<ul style="list-style-type: none"> ● apply evidence-based guidelines to clinical practice ● analyse the relevant research literature in depth, and apply it to clinical practice ● support clinical research to build the palliative care evidence base 	<ul style="list-style-type: none"> ● apply evidence-based guidelines and relevant review papers to clinical practice
Cultural safety	<ul style="list-style-type: none"> ● use plain-language patient education materials, and demonstrate cultural and linguistical sensitivity ● demonstrate effective and culturally safe communication and care for Māori and Aboriginal and Torres Strait Islander peoples, and members of other cultural groups ● use professional interpreters, health advocates, or community members to assist in communication with patients, and understand the potential limitations of each ● acknowledge patients' beliefs and values, and how these might impact on health 	<ul style="list-style-type: none"> ● display respect for patients' cultures, and attentiveness to social determinants of health ● apply knowledge of the most common cultures in society to clinical practice ● appropriately access interpretive or culturally focused services
Ethics and professional behaviour	<ul style="list-style-type: none"> ● demonstrate professional values, including compassion, empathy, respect, integrity, and honesty to all patients ● maintain patient privacy and confidentiality according to legal guidelines ● assess patients' capacity for decision making, involving surrogate decision makers appropriately 	
Judgement and decision making	<ul style="list-style-type: none"> ● apply knowledge and clinical experience to diagnose and manage patients' problems, making logical, rational decisions ● consider comorbidity, uncertainty, and risk when formulating differential diagnoses and management plans ● use the best available evidence for the most effective therapies and interventions to ensure quality care 	<ul style="list-style-type: none"> ● demonstrate clinical reasoning by gathering focused information relevant to patients' care ● recognise personal limitations and seek help in an appropriate way when required

Leadership, management, and teamwork	<ul style="list-style-type: none"> work effectively as a member of multidisciplinary teams to achieve the best health outcome for patients identify colleagues in difficulty, and work within the appropriate structural systems to support them while maintaining patients' safety refer patients appropriately 	<ul style="list-style-type: none"> share relevant information with members of the health care team
Health policy, systems, and advocacy	<ul style="list-style-type: none"> aim to achieve optimal cost-effective patient care to allow maximum benefit from the available resources 	<ul style="list-style-type: none"> identify and navigate components of the healthcare system relevant to patients' care identify and access relevant community resources to support patient care

Learning goal 6: Management of transitions in care settings

Theme	Management of transitions in care settings	
Title	Manage transition of patient care between care settings and contexts, including hospital, home, residential aged care setting, and palliative care units	
Description	<p>This activity requires the ability to:</p> <ul style="list-style-type: none"> organise the transition of patient care to ensure the optimal continuation of care between providers identify the appropriate health care providers and other stakeholders with whom to share patient information communicate pertinent, contextually appropriate, and relevant patient information prepare patients⁹ to manage well in new settings / contexts facilitate decision making with patients and stakeholders to inform best care settings organise care to or from rural and remote locations 	
Behaviours		
Professional practice framework domain	<p>Ready to perform without supervision Expected behaviours of a trainee who can routinely perform this activity without needing supervision</p> <p>The trainee will:</p> <ul style="list-style-type: none"> facilitate optimal and timely transitions of care for patients identify and manage key risks for patients during transition, including risk of death during transfer, or risk of not being medically stable enough to return to a preferred location of care identify and handover other key risks to patient safety that will continue across transitions, such as: <ul style="list-style-type: none"> falls polypharmacy pressure areas risks of delirium anticipate and develop management plans for possible changes in patients' conditions assess patients' stability, illness trajectory, and prognosis to determine if other supportive services are required develop management plans appropriate for the strengths and limitations of different care settings 	<p>Requires some supervision Possible behaviours of a trainee who needs some supervision to perform this activity</p> <p>The trainee may:</p> <ul style="list-style-type: none"> understand the details of patients' conditions, illness severity, and potential emerging issues with appropriate actions provide accurate summaries of patients' information, including accurate identification of problems or issues
Medical expertise	<ul style="list-style-type: none"> explore preferred location for care and preferred location for death 	<ul style="list-style-type: none"> communicate clearly with clinicians and other health professionals
Communication		

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

	<ul style="list-style-type: none"> actively involve patients in their own care, meet their information needs, and make shared decisions about care settings communicate with patients about options and plans for transitions in care settings, including the reasons and/or risks associated with such transitions communicate and consult with other health professionals and members of the multidisciplinary team regarding transitions of care write relevant and detailed medical record entries, including clinical assessments and management plans provide handovers to receiving health professionals accept handovers from other health professionals write comprehensive and accurate summaries of care and transfer documentation effectively use telehealth to support care 	<ul style="list-style-type: none"> use standardised verbal and written templates to improve the reliability of information transfer and prevent errors and omissions communicate accurately and in a timely manner to ensure effective transitions between settings, and continuity and quality of care
Quality and safety	<ul style="list-style-type: none"> use triage tools to prioritise order of transfers in or out of care settings identify patients at risk of adverse outcomes, including symptom crisis or death during transition of care, and mitigate this risk use consent processes, including written consent if required, for the release and exchange of information analyse adverse incidents and sentinel events during transitions of care to identify system failures and contributing factors 	<ul style="list-style-type: none"> ensure that handovers are complete, or work to mitigate risks if incomplete ensure all outstanding results or procedures are followed up by receiving units and clinicians keep patients' information secure, adhering to relevant legislation regarding personal information and privacy
Teaching and learning	<ul style="list-style-type: none"> supervise junior colleagues in managing transitions of care use teaching and learning opportunities arising from transitions of care, including teaching patients and during handover sessions 	<ul style="list-style-type: none"> take opportunities to teach junior colleagues during handovers, as necessary
Cultural safety	<ul style="list-style-type: none"> communicate in a culturally appropriate way by considering health literacy, language barriers, culture, religion, and belief systems when discussing transition of care with patients use culturally appropriate services to support patients in care transitions 	<ul style="list-style-type: none"> include relevant information regarding patients' cultural or ethnic background in handovers, and whether an interpreter is required

Ethics and professional behaviour	<ul style="list-style-type: none"> disclose and share only contextually appropriate medical and personal information during transitions of care in line with clinical, ethical, and legal requirements work effectively with primary / community-based care 	<ul style="list-style-type: none"> maintain respect for patients and other health professionals, including respecting privacy and confidentiality
Judgement and decision making	<ul style="list-style-type: none"> ensure patients' care is aligned with their own goals and is occurring in the most appropriate facility, setting, or provider 	<ul style="list-style-type: none"> use a structured approach to consider and prioritise patients' issues recognise personal limitations and seek help in an appropriate way when required
Leadership, management, and teamwork	<ul style="list-style-type: none"> delegate appropriately during transitions of care work effectively with the multidisciplinary team and other clinicians to ensure smooth transitions of care demonstrate knowledge of the medical governance of patient care, and the differing roles of team members 	<ul style="list-style-type: none"> recognise factors that impact on the transfer of care, and help subsequent health professionals to understand the issues to continue care work to overcome the potential barriers to continuity of care, appreciating the role of handover in overcoming these barriers
Health policy, systems, and advocacy	<ul style="list-style-type: none"> contribute to processes for managing risks, and identify strategies for improvement in transition of care engage in organisational processes to improve transitions of care, such as formal surveys or follow-up phone calls after hospital discharge 	<ul style="list-style-type: none"> factor transport issues and costs to patients into arrangements for transferring patients to other settings

Learning goal 7: Manage acute changes in clinical condition

Theme	Manage acute changes in clinical condition	
Title	Manage the care of acute clinical changes in the palliative care setting, including palliative care emergencies	
Description	<p>This activity requires the ability to:</p> <ul style="list-style-type: none"> identify acute changes in clinical condition, including palliative care emergencies initiate management appropriate to patients' stage of disease, prognosis, and goals of care comply with local processes for escalation of care as appropriate collaborate with other medical teams as appropriate prioritise appropriate follow-up and documentation 	
Behaviours		
Professional practice framework domain	Ready to perform without supervision Expected behaviours of a trainee who can routinely perform this activity without needing supervision	Requires some supervision Possible behaviours of a trainee who needs some supervision to perform this activity
Medical expertise	The trainee will: <ul style="list-style-type: none"> effectively assess, diagnose, and manage acute clinical presentations as appropriate to patients¹⁰ select investigations that are appropriate to patients' stage of disease, prognosis, and goals of care manage escalations of care in a proactive and timely manner as appropriate to patients develop plans for multidisciplinary treatment following acute change 	The trainee may: <ul style="list-style-type: none"> formulate basic assessment and management plans for acute deterioration and palliative care emergencies require supervisor input to comprehensively medically manage acute deterioration and palliative care emergencies
Communication	<ul style="list-style-type: none"> communicate with other health professionals, members of the multidisciplinary team, and family regarding acute changes in patients' conditions and management plans negotiate realistic treatment goals determine and explain expected prognoses and outcomes explain diagnosis, investigation, and management options for acute events to patients using language appropriate to their understanding and desire for information address questions, misunderstandings, and concerns about conditions and management options 	<ul style="list-style-type: none"> demonstrate communication skills to sufficiently support the function of multidisciplinary teams determine patients' understanding of their diseases and what they perceive as the most desirable goals of care if possible

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	<ul style="list-style-type: none"> respond to verbal and nonverbal cues and emotion while discussing acute medical events with patients write relevant and detailed medical record entries, including clinical assessments and management plans actively involve patients in their own care, meet their information needs, and make shared decisions about care settings
Quality and safety	<ul style="list-style-type: none"> contribute to monitoring and evaluation strategies around managing acute medical care, such as clinical audits and morbidity and mortality meetings evaluate the quality of processes through well-designed audits recognise the risks and benefits of operative interventions raise appropriate issues for review at morbidity and mortality meetings evaluate the quality and safety processes implemented within the workplace relevant to acute care, and identify gaps in their structure
Teaching and learning	<ul style="list-style-type: none"> regularly self-evaluate personal clinical practice around provision of acute care seek feedback about acute care from colleagues and learners on their own clinical practice address gaps in knowledge and skills through self-directed learning and continuing professional development supervise junior colleagues in managing acute care situations in palliative care use teaching opportunities arising from acute care situations in palliative care coordinate and supervise junior colleagues from the emergency department and wards
Research	<ul style="list-style-type: none"> apply relevant research literature and evidence-based guidelines to clinical practice in managing acute events in palliative care support clinical research to build the palliative care evidence base in acute care refer to evidence-based clinical guidelines and protocols on acutely unwell patients
Cultural safety	<ul style="list-style-type: none"> negotiate health care decisions around an acute event in a culturally appropriate way by considering health literacy, language barriers, cultures, religion, and belief systems integrate culturally appropriate care of Māori and Aboriginal and Torres Strait Islander peoples into management of acute events
Ethics and professional behaviour	<ul style="list-style-type: none"> advise patients of their rights to decline certain medical therapy, including life-sustaining treatment consider the consequences of delivering treatment that is

	<ul style="list-style-type: none"> deemed non-beneficial, directing to other care as appropriate demonstrate critical reflection on personal beliefs and attitudes, including how these may affect patients' care during acute events and affect health care policy
Judgement and decision making	<ul style="list-style-type: none"> identify the need for escalation of care, and involve other appropriate staff or services integrate evidence related to questions of diagnosis, therapy, prognosis, risks, and cause into clinical decision making around management of acute events in palliative care reconcile conflicting advice from other specialties, applying judgement in making clinical decisions in the presence of uncertainty use care pathways effectively, including identifying reasons for variations in care address psychological distress of events on patients identify patients at high risk of adverse events, and undertake appropriate future care planning
Leadership, management, and teamwork	<ul style="list-style-type: none"> work effectively with the multidisciplinary team and other clinicians during management of acute events collaborate and engage with other team members during management of acute events, based on their roles and skills ensure appropriate multidisciplinary assessment and management of acute events encourage an environment of openness and respect to lead effective teams
Health policy, systems, and advocacy	<ul style="list-style-type: none"> use a considered and rational approach to the responsible use of resources, balancing costs against outcomes prioritise patients' care based on need, and consider available health care resources develop and review policies and protocols for the investigation and management of common acute medical problems in palliative care identify the systems for the escalation of care for deteriorating patients identify the role of clinician leadership and advocacy in appraising and redesigning systems of care that lead to better patient outcomes in acute care

Learning goal 8: Communication with patients

Theme	Communication with patients	
Title	Communicate with patients across different stages of life-limiting illnesses	
Description	<p>This activity requires the ability to:</p> <ul style="list-style-type: none"> plan for and deliver person-centred clinical conversations interpret patient¹¹ and family cues in communication content and style recognise and respond to emotion collaborate in family meetings prepare communication strategies to adjust for age, culture, language, health literacy, cognitive impairment, and sensory impairment develop, document, and progress mutually agreed management plans self-reflect on outcomes of communication 	
Behaviours		
Professional practice framework domain	Ready to perform without supervision Expected behaviours of a trainee who can routinely perform this activity without needing supervision	Requires some supervision Possible behaviours of a trainee who needs some supervision to perform this activity
Medical expertise	<p>The trainee will:</p> <ul style="list-style-type: none"> explore the concerns and goals of patients, and plan management in partnership with them explain diagnosis, investigation, and management options using language appropriate to patients' understanding and desire for information address questions, misunderstandings, and concerns, and provide accessible information to patients discuss relevant themes, including: <ul style="list-style-type: none"> advance care planning anticipated disease trajectory end-of-life care goals of patient care, including treatment withdrawal or limitation loss of capacity prognosis requests for hastened death requests for treatment with negligible benefit requests for voluntary assisted dying respond to existential distress 	<p>The trainee may:</p> <ul style="list-style-type: none"> address common communication issues in palliative care
Communication	<ul style="list-style-type: none"> use telehealth effectively develop rapport 	<ul style="list-style-type: none"> provide information to patients in plain language, avoiding jargon,

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

	<ul style="list-style-type: none"> tailor communication content and style to meet patients' needs include significant others in conversations, and facilitate family meetings when appropriate respond to verbal and nonverbal cues and emotions document and share information about key conversations with patients to optimise patient care and safety assess patients' understanding prior to giving any information model shared decision making by exploring patients' concerns, informing them, prioritising their wishes, and respecting their beliefs 	<ul style="list-style-type: none"> acronyms, and complex medical terms convey information considerately and sensitively to patients, seeking clarification if unsure of how best to proceed treat children and young people respectfully, and listen to their views
Quality and safety	<ul style="list-style-type: none"> discuss potential benefits and risks of management strategies assess patient capacity for decision making and informed consent if concerns are expressed by the patients' family or carer recognise and respond appropriately where patients may be vulnerable, such as issues of elder abuse, family violence, or self-harm participate in processes to manage patient complaints ensure timely, purpose-driven, and effective communication and documentation that supports continuous, coordinated, and safe care for patients 	<ul style="list-style-type: none"> treat information about patients as confidential
Teaching and learning	<ul style="list-style-type: none"> address gaps in knowledge and skills through self-reflection, seeking feedback and self-directed learning and continuing professional development supervise junior colleagues in managing communication with patients 	
Research	<ul style="list-style-type: none"> provide information to patients that is based on best available evidence obtain informed consent or other valid authority before involving patients in research write articles / reports and other scientific writing display oral communication skills, including those for both planned presentations and spontaneous speech communicate scientific information to others in journal clubs and conference presentations 	

	<ul style="list-style-type: none"> • demonstrate effective and culturally competent communication with Māori and Aboriginal and Torres Strait Islander peoples • effectively communicate with members of other cultural groups by meeting patients' specific communication, cultural, and language needs • use qualified language interpreters or cultural interpreters effectively to help meet patients' communication needs • provide plain-language and culturally appropriate written materials to patients when possible 	<ul style="list-style-type: none"> • identify when to use interpreters • allow enough time for communication across linguistic and cultural barriers
Cultural safety		
Ethics and professional behaviour	<ul style="list-style-type: none"> • demonstrate respectful professional relationships with patients • prioritise honesty, patients' welfare, and community benefit above self-interest • use appropriate consent processes for the release and sharing of patients' information • respect patients' rights to privacy and confidentiality • support patients' decision making preferences • support patients' rights to seek second opinions • avoid sexual, intimate, and financial relationships with patients • behave equitably towards all, irrespective of gender, age, culture, socioeconomic status, sexual preferences, beliefs, contribution to society, illness-related behaviours, or the illness itself • use social media ethically and according to legal obligations 	
Leadership, management, and teamwork	<ul style="list-style-type: none"> • communicate effectively with team members involved in patients' care, and with patients • facilitate an environment where all team members feel they can contribute and their opinion is valued 	<ul style="list-style-type: none"> • keep health care team members focused on patient outcomes
Health policy, systems, and advocacy	<ul style="list-style-type: none"> • collaborate with other health professionals and services, such as community health centres and consumer organisations, to help patients navigate the healthcare system 	

Learning goal 9: Prescribing

Theme	Prescribing
Title	Prescribe medications tailored to patients' needs, prognosis, and goals of care
Description	<p>This activity requires the ability to:</p> <ul style="list-style-type: none"> collect and interpret medication histories choose appropriate pharmacological and/or non-pharmacological management options based on patients'¹² preferences, taking into consideration age, comorbidities, potential drug interactions, previous medication use (including alcohol, illicit drug, and nicotine use), benefits, and risks communicate with patients about the benefits and risks of different therapies give instructions about medication administration, taking into account patients' illness stages monitor medicines for efficacy and tolerability, and adjust doses or cease as appropriate collaborate with other health professionals, including pharmacists and nursing staff comply with regulatory requirements
Behaviours	
<u>Professional practice framework</u> domain	<p>Ready to perform without supervision Expected behaviours of a trainee who can routinely perform this activity without needing supervision</p> <p>Requires some supervision Possible behaviours of a trainee who needs some supervision to perform this activity</p>
Medical expertise	<p>The trainee will:</p> <ul style="list-style-type: none"> formulate pharmacological management plans in palliative care, incorporating non-pharmacological therapies into care and symptom management plans diagnose and manage side effects consider a range of factors prior to prescribing new medications, including: <ul style="list-style-type: none"> age allergies comorbidities illness type and trajectory lifestyle factors patient preference potential drug interactions prescribe anticipatory medications to ensure adequate preparation for the terminal phase of illnesses or crisis events across different care settings incorporate plans for follow-up and medication monitoring when <p>The trainee may:</p> <ul style="list-style-type: none"> formulate pharmacological management plans for common issues in palliative care formulate plans for titration of medications for common symptoms identify and manage adverse events

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

	<p>commencing or adjusting medications</p> <ul style="list-style-type: none"> de-prescribe medications, when appropriate, in a timely manner explore use of complementary and alternative medications identify the psychosocial impact of comorbidities on patients, and provide support for these 	
Communication	<ul style="list-style-type: none"> discuss the benefits, rationale, and risks of medication options provide written instructions and information to patients when appropriate communicate medication changes effectively to other health providers 	<ul style="list-style-type: none"> discuss and explain the rationale for treatment options with patients explain the benefits and burdens of therapies, considering patients' individual circumstances write clearly legible scripts or charts using generic names of required medications in full, including mg / kg / dose information and all legally required information seek further advice from experienced clinicians or pharmacists when appropriate
Quality and safety	<ul style="list-style-type: none"> review medicines regularly check that dose conversions are accurate, appropriate, and safe when rotating opioids institute timely follow-ups after medication changes contribute to monitoring and evaluation strategies around prescribing, including clinical audits analyse adverse incidents and sentinel events to identify system failures and contributing factors identify patients at increased risk from medications in the home, such as risk of misuse or diversion, and initiate risk mitigation practices 	<ul style="list-style-type: none"> check doses before prescribing monitor side effects of prescribed medicines identify medication errors, and institute appropriate measures use electronic prescribing systems safely rationalise medicines to avoid polypharmacy
Teaching and learning	<ul style="list-style-type: none"> regularly self-evaluate personal clinical practice around prescribing seek feedback from colleagues and learners on their own clinical practice address gaps in knowledge and skills through self-directed learning and continuing professional development supervise junior colleagues' prescribing use teaching opportunities arising from prescribing educate patients about their medication management plans use appropriate guidelines and evidence-based medicine resources to maintain a working 	<ul style="list-style-type: none"> undertake continuing professional development to maintain currency with prescribing guidelines reflect on prescribing, and seek feedback from a supervisor

	<ul style="list-style-type: none"> knowledge of current medicines train carers, where appropriate, about the indications for administration of medications and when to seek assistance 	
Research	<ul style="list-style-type: none"> apply relevant research literature and evidence-based guidelines to prescribing practice support clinical research to build the palliative care evidence base in prescribing 	<ul style="list-style-type: none"> make therapeutic decisions according to the best evidence recognise where evidence is limited, compromised, or subject to bias or conflict of interest
Cultural safety	<ul style="list-style-type: none"> interpret and explain information to patients at the appropriate level of their health literacy use plain-language and culturally appropriate patient education materials 	<ul style="list-style-type: none"> appreciate patients' cultural and religious backgrounds, attitudes, and beliefs, and take into account how these might influence the acceptability of pharmacologic and non-pharmacological management approaches
Ethics and professional behaviour	<ul style="list-style-type: none"> reflect on the ethical implications of pharmaceutical industry-funded research and marketing consider the financial implications of prescribing 	<ul style="list-style-type: none"> follow regulatory and legal requirements and limitations regarding prescribing follow organisational policies regarding pharmaceutical representative visits and drug marketing
Judgement and decision making	<ul style="list-style-type: none"> use a systematic approach to select treatment options prescribe medicines appropriate to patients' clinical needs, in doses that meet their individual requirements, for a sufficient length of time, with the lowest cost and risk of potential harm to them evaluate new medicines in relation to their possible efficacy and safety profile for individual patients 	<ul style="list-style-type: none"> recognise personal limitations when prescribing and seek help in an appropriate way when required consider the following factors for all medicines: <ul style="list-style-type: none"> contraindications cost to patients and the community funding and regulatory considerations generic versus brand medicines interactions risk-benefit analysis
Leadership, management, and teamwork	<ul style="list-style-type: none"> collaborate with multidisciplinary teams to ensure safe and effective medicine use 	<ul style="list-style-type: none"> work collaboratively with pharmacists participate in medication safety and morbidity and mortality meetings
Health policy, systems, and advocacy	<ul style="list-style-type: none"> choose medicines in relation to comparative efficacy, safety, and cost-effectiveness against medicines already on the market contribute to the development of and review of prescribing guidelines 	<ul style="list-style-type: none"> prescribe in accordance with organisational policy and evidence-based practice

Learning goal 10: Procedures

Theme	Procedures
Title	Plan, prepare for, perform, and provide aftercare for important practical procedures
Description	<p>This activity requires the ability to:</p> <ul style="list-style-type: none"> select appropriate diagnostic and therapeutic procedures in partnership with patients¹³ ascertain informed consent when applicable recognise unexpected events and complications that may arise during and after procedures facilitate aftercare for patients communicate aftercare protocols and instructions to patients and medical and nursing staff interpret the results and outcomes of procedures, including imaging and reports communicate the outcome of procedures and associated investigations to patients
Behaviours	
Professional practice framework domain	<p>Ready to perform without supervision Expected behaviours of a trainee who can routinely perform this activity without needing supervision</p> <p>Requires some supervision Possible behaviours of a trainee who needs some supervision to perform this activity</p>
Medical expertise	<p>The trainee will:</p> <ul style="list-style-type: none"> select procedures appropriate to patients': <ul style="list-style-type: none"> goals of care place of care prognosis stage of illness consider alternatives to therapeutic procedures for symptom relief recognise and manage complications arising during or after procedures recognise and correctly interpret normal and abnormal findings of diagnostic procedures <p>The trainee may:</p> <ul style="list-style-type: none"> assess patients and identify indications for procedures check for allergies and adverse reactions consider risks and complications of procedures interpret results of common diagnostic procedures organise and document patients' post-procedure reviews
Communication	<p>The trainee will:</p> <ul style="list-style-type: none"> accurately document procedures in the clinical notes explain procedures clearly to patients, including reasons for procedures, potential alternatives, and possible risks address patients' concerns relating to procedures, and provide the opportunity to ask questions communicate effectively with team members and patients prior to, during, and after procedures <p>The trainee may:</p> <ul style="list-style-type: none"> explain the process of procedures to patients without providing a broader context help patients choose procedures communicate with members of procedural teams to ensure aligned awareness of individuals' roles discuss post-procedural care with patients complete relevant patients' documentation, and conduct

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

		appropriate post-procedure clinical handovers
Quality and safety	<ul style="list-style-type: none"> obtain informed consent or other valid authority before undertaking procedures identify, document, and appropriately notify of any adverse events or equipment malfunction 	<ul style="list-style-type: none"> ensure patients are fully informed when consenting to procedures identify patients using approved patients' identifiers before any treatments or interventions are initiated attempt to perform procedures in safe environments
Teaching and learning	<ul style="list-style-type: none"> use relevant published procedural guidelines when arranging or undertaking procedures initiate and conduct skills training for junior staff 	<ul style="list-style-type: none"> participate in continued professional development around procedures help junior colleagues develop new procedural skills actively seek feedback on personal technique until competent
Cultural safety	<ul style="list-style-type: none"> consider individual patients' cultural perception of health and illness, and adapt practice accordingly with regards to procedures 	<ul style="list-style-type: none"> respect cultural, linguistic, and religious values and differences of patients, families, whānau and/or carers when considering procedures
Ethics and professional behaviour	<ul style="list-style-type: none"> identify appropriate surrogate decision makers when required undertake procedures within own limits of expertise 	<ul style="list-style-type: none"> perform procedures when adequately supervised follow procedures to ensure safe practice
Judgement and decision making	<ul style="list-style-type: none"> identify roles and optimal timing for diagnostic and therapeutic procedures select the most appropriate and cost-effective diagnostic or therapeutic procedures adapt procedures in response to assessments of risks to individual patients 	<ul style="list-style-type: none"> prioritise which patients receive procedures first, if there is a waiting list assess personal skill levels, and seek help with procedures when appropriate use tools and guidelines to support decision making regarding procedures
Leadership, management, and teamwork	<ul style="list-style-type: none"> provide staff with clear aftercare instructions, and explain how to recognise possible complications collaborate with colleagues to identify differences in training and/or experience, and work together to reduce errors, prevent complications, and increase team efficiency 	<ul style="list-style-type: none"> ensure all relevant team members are aware that a procedure is occurring discuss patients' management plans for recovery with colleagues
Health policy, systems, and advocacy	<ul style="list-style-type: none"> discuss serious incidents at appropriate clinical review meetings initiate local improvement strategies in response to serious incidents use resources efficiently when performing procedures 	<ul style="list-style-type: none"> perform procedures in accordance with organisational guidelines and policies

Learning goal 11: Investigations

Theme	Investigations
Title	Select, organise, and interpret investigations
Description	<p>This activity requires the ability to:</p> <ul style="list-style-type: none"> select, plan, and use evidence-based investigations appropriate to the stage of disease, goals of care, and prognosis evaluate the anticipated value of investigations interpret the results and outcomes of investigations communicate the outcome of investigations to patients¹⁴
Behaviours	
Professional practice framework Domain	<p>Ready to perform without supervision Expected behaviours of a trainee who can routinely perform this activity without needing supervision</p> <p>Requires some supervision Possible behaviours of a trainee who needs some supervision to perform this activity</p>
Medical expertise	<p>The trainee will:</p> <ul style="list-style-type: none"> choose appropriate evidence-based investigations as an adjunct to comprehensive clinical assessments develop plans for investigations, weighing up their benefits versus burden with respect to patients and appropriate timing recognise and correctly interpret abnormal findings, and use findings to inform management plans <p>The trainee may:</p> <ul style="list-style-type: none"> provide rationale for investigations identify the significance of abnormal test results, and act on these consider patient factors and comorbidities when organising and interpreting investigations consider age-specific reference ranges
Communication	<p>The trainee will:</p> <ul style="list-style-type: none"> review and clearly summarise relevant investigations undertaken prior to palliative care involvement discuss the benefits, cost, rationale, and risks of investigation options, including the option to have no investigations explore and address patients' concerns and expectations about investigation plans explain findings or possible outcomes of investigations to patients where appropriate <p>The trainee may:</p> <ul style="list-style-type: none"> discuss the benefits, complications, indications, and risks of investigations with patients before ordering investigations explain the results of investigations to patients arrange investigations, providing accurate and informative referrals, and liaise with other services where appropriate
Quality and safety	<p>The trainee will:</p> <ul style="list-style-type: none"> identify adverse outcomes that may result from proposed investigations <p>The trainee may:</p> <ul style="list-style-type: none"> consider safety aspects of investigations when planning them seek guidance with interpretation of test results for less common tests, indications for tests, or unexpected test results
Teaching and learning	<p>The trainee will:</p> <ul style="list-style-type: none"> regularly self-evaluate personal clinical practice around ordering of investigations <p>The trainee may:</p> <ul style="list-style-type: none"> undertake professional development to maintain currency with investigation guidelines

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

	<ul style="list-style-type: none"> seek feedback from colleagues and learners on their own clinical practice address gaps in knowledge and skills through self-directed learning and continuing professional development supervise junior colleagues' decision making around ordering of investigations use teaching opportunities around ordering and interpreting investigations use appropriate guidelines, evidence sources, and decision support tools when considering investigations participate in clinical audits to improve test ordering strategies
Research	<ul style="list-style-type: none"> apply relevant research literature and evidence-based guidelines to decisions around investigations support clinical research to build the palliative care evidence base in the use of investigations provide patients with relevant information if a proposed investigation is part of a research program obtain written consent from patients if the investigation is part of a research program
Cultural safety	<ul style="list-style-type: none"> consider patients' cultural and religious backgrounds, attitudes, and beliefs, and their impact on the acceptability of proposed investigations
Ethics and professional behaviour	<ul style="list-style-type: none"> respect patients' decisions to decline certain investigations where appropriate advise patients there may be additional costs, which patients may wish to clarify before proceeding explain the expected benefits as well as the potential burdens and risks of proposed investigations before obtaining informed consent or other valid authority advocate for the patient to have appropriate and timely investigations, including interventional procedures undertaken in keeping with their goals of care
Judgement and decision making	<ul style="list-style-type: none"> evaluate the benefits, burdens, costs, and potential risks of each investigation in varying settings and clinical situations choose the most appropriate investigations for clinical scenarios in discussion with patients

	<ul style="list-style-type: none"> justify the selection of investigations based on the patients' goals of care, likely benefit, prognosis, and stage of disease
Leadership, management, and teamwork	<ul style="list-style-type: none"> ensure results are checked in a timely manner, taking responsibility for following up results communicate investigation results in a timely manner to other teams involved in patients' care
Health policy, systems, and advocacy	<ul style="list-style-type: none"> ensure investigations ordered are cost effective advocate for equity of access to appropriate investigations of all patient groups, irrespective of age, gender, race, or socioeconomic status

Learning goal 12: Clinic and community management

Theme	Clinic and community management	
Title	Manage the care of community-based patients	
Description	<p>This activity requires the ability to:</p> <ul style="list-style-type: none"> organise patients in the outpatient clinic and community settings, including home and aged care facilities communicate with patients¹⁵ in community palliative care and outpatient clinic settings collaborate with other clinicians involved in the management of community-based patients communicate with other community-based resources and organisations behave respectfully in people's homes administer quality improvement activities related to the provision of community palliative care and outpatient clinic services 	
Behaviours		
Professional practice framework domain	Ready to perform without supervision Expected behaviours of a trainee who can routinely perform this activity without needing supervision	Requires some supervision Possible behaviours of a trainee who needs some supervision to perform this activity
Medical expertise	<p>The trainee will:</p> <ul style="list-style-type: none"> incorporate the management of cultural, physical, psychosocial, and spiritual issues into management plans for outpatients consider unique factors of community-based care when developing diagnosis and management plans 	<p>The trainee may:</p> <ul style="list-style-type: none"> assess, diagnose, and manage patients in community palliative care and outpatient clinic settings formulate basic assessment and management plans for community palliative care or outpatient clinic care require supervisor input to comprehensively manage community palliative care patients or those in outpatient clinic settings
Communication	<ul style="list-style-type: none"> facilitate handover and continuity of care maintain a flexible approach to communication, depending on the setting, such as aged care facility, clinic, and home environments write comprehensive and accurate letters <ul style="list-style-type: none"> provide written plans to patients and support persons when appropriate communicate with multidisciplinary teams regarding management plans for community palliative care and outpatient clinic patients communicate with general practitioners, community palliative 	

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

	<ul style="list-style-type: none"> care, and any other specialists involved in patients' care effectively manage patients using telehealth
Quality and safety	<ul style="list-style-type: none"> contribute to monitoring and evaluation strategies around the provision of community palliative care and outpatient care, including clinical audits identify aspects of service provision that may be a risk to patients' and staff safety ensure that patients are informed about fees and charges
Teaching and learning	<ul style="list-style-type: none"> regularly self-evaluate personal clinical practice around clinic and community management seek feedback from colleagues, learners, and patients on their own clinical practice address gaps in knowledge and skills through self-directed learning and continuing professional development supervise junior colleagues in managing palliative care patients in the outpatient clinic setting use teaching opportunities arising from clinic and community encounters
Research	<ul style="list-style-type: none"> apply relevant research literature and evidence-based guidelines to clinical practice in community and outpatient settings obtain informed consent or other valid authority before involving outpatients in research inform patients about their rights, the purpose of the research, the procedures to be undergone, and the potential risks and benefits of participation before obtaining consent
Cultural safety	<ul style="list-style-type: none"> demonstrate effective and culturally safe communication and care for Māori and Aboriginal and Torres Strait Islander peoples, and members of other cultural groups in the outpatient clinic and community use professional interpreters, health advocates, family members, whānau, carers, or community members to assist in communication with patients, and understand the potential limitations of each consider the influence of own culture and beliefs on interactions with patients and decision making

	<p>in the community and outpatient settings</p>	
Ethics and professional behaviour	<ul style="list-style-type: none"> understand, recognise, and respect the roles and responsibilities of other health professionals when managing community palliative care patients and outpatients demonstrate awareness of financial and other conflicts of interest in community and outpatient settings 	<ul style="list-style-type: none"> understand the responsibility to protect and advance the health and wellbeing of individuals and communities maintain the confidentiality of documentation, and store clinical notes appropriately ensure that the use of social media is consistent with ethical and legal obligations
Judgement and decision making	<ul style="list-style-type: none"> optimise patient care using available resources 	
Leadership, management, and teamwork	<ul style="list-style-type: none"> work effectively as a member of multidisciplinary teams or other professional groups during the delivery of care through outpatient clinics and community palliative care 	<ul style="list-style-type: none"> attend relevant clinical meetings regularly
Health policy, systems, and advocacy	<ul style="list-style-type: none"> maintain good relationships with health agencies and services apply the principles of efficient and equitable allocation of resources facilitate patients' access to relevant community-based resources and organisations 	

Learning goal 13: End-of-life care

Theme	End-of-life care
Title	Manage the care of patients in the terminal phase / last days of life
Description	<p>This activity requires the ability to:</p> <ul style="list-style-type: none"> diagnose dying support patients¹⁶ to plan for end-of-life care plan for end-of-life care, taking into account preferences for location of care, cultural and spiritual needs, and the feasibility of these preferences assess families', whānau, and carers' needs, and tailor additional supports in the last weeks of patients' lives facilitate assessment of bereavement risks as part of the multidisciplinary team, and formulate plans for bereavement follow-up adapt one's own reactions to death and loss
Behaviours	
Professional practice framework domain	<p>Ready to perform without supervision Expected behaviours of a trainee who can routinely perform this activity without needing supervision</p> <p>The trainee will:</p> <ul style="list-style-type: none"> formulate comprehensive management plans for care at the end of life, including physical, psychosocial, and spiritual domains plan for and manage end-of-life care across a variety of clinical settings, including home, hospital, and residential aged care diagnose dying across a range of malignant and non-malignant conditions ensure support for family members and/or carers and significant others is incorporated into management plans for end-of-life care discuss requests for voluntary assisted dying <p>The trainee may:</p> <ul style="list-style-type: none"> manage common symptoms at the end of life manage common psychosocial and spiritual issues at the end of life require supervisor input to comprehensively manage end-of-life care, including uncommon and complex issues
Medical expertise	<ul style="list-style-type: none"> discuss end-of-life care with patients in line with their wishes for information, and document this in clinical records communicate with other health professionals and members of the multidisciplinary team regarding end-of-life care as needed discuss with family and/or carers appropriate support and bereavement care <ul style="list-style-type: none"> discuss with patients the goals of care and treatment, and document this in clinical records provide honest and clear clinical assessment summaries of situations, using plain language and avoiding medical jargon identify proxy decision makers and patients' wishes for them to be involved in discussions about their end-of-life care
Communication	

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

		<ul style="list-style-type: none"> facilitate family meetings respond to verbal and nonverbal cues and emotions 	<ul style="list-style-type: none"> explore patients' concerns at the end of life across cultural, physical, psychological, and spiritual domains
Quality and safety	<ul style="list-style-type: none"> contribute to monitoring and evaluation strategies around the provision of end-of-life care, including clinical audits analyse adverse incidents and sentinel events to identify system failures and contributing factors identify evidence-based practice gaps using clinical indicators, and implement changes to improve patients' outcomes contribute to multidisciplinary mortality and morbidity meetings 	<ul style="list-style-type: none"> collect and review data on the safety and effectiveness of end-of-life care delivery communicate the content of discussions about prognosis and advance care planning to multidisciplinary teams ensure that actual care is aligned with patients' documented wishes 	
Teaching and learning	<ul style="list-style-type: none"> regularly self-evaluate personal clinical practice around end-of-life care seek feedback from colleagues and learners on their own clinical practice address gaps in knowledge and skills through self-directed learning and continuing professional development supervise junior colleagues in managing end-of-life care use teaching opportunities arising from the provision of end-of-life care facilitate education on end-of-life care for non-palliative care specialists 	<ul style="list-style-type: none"> encourage junior colleagues to participate in multidisciplinary case reviews, mortality and morbidity meetings, and adverse event reviews 	
Research	<ul style="list-style-type: none"> apply relevant research literature and evidence-based guidelines to clinical practice in end-of-life care support clinical research to build the end-of-life care evidence base 	<ul style="list-style-type: none"> recognise that the evidence may be insufficient to resolve uncertainty and make definitive decisions 	
Cultural safety	<ul style="list-style-type: none"> practise culturally responsible end-of-life care identify culturally appropriate decision makers offer support to patients to include cultural or religious practices in their care 	<ul style="list-style-type: none"> understand, respect, and respond to individual preferences and needs of patients, regardless of their culture and religious beliefs support patients with communication difficulties associated with cultural and linguistic diversity 	
Ethics and professional behaviour	<ul style="list-style-type: none"> recognise the complexity of ethical issues related to human life and death identify and address moral distress and burnout 	<ul style="list-style-type: none"> respond appropriately to distress or concerns of colleagues and patients 	
Judgement and decision making	<ul style="list-style-type: none"> exercise sound judgement in providing end-of-life care, making decisions that uphold the dignity, comfort, and preferences of patients and their families within 	<ul style="list-style-type: none"> define and document patients' goals and agreed outcomes 	

	the limitations of available resources	
Leadership, management, and teamwork	<ul style="list-style-type: none"> work effectively with the multidisciplinary team and other clinicians to provide optimal end-of-life care provide support in patients' preferred place of care coordinate end-of-life care to minimise fragmentation of care 	<ul style="list-style-type: none"> document multidisciplinary care plans
Health policy, systems, and advocacy	<ul style="list-style-type: none"> participate in developing frameworks for organisational advance care planning advocate for the needs of individual patients, social groups, and cultures within the community who have specific palliative care needs or inequitable access to palliative care services allocate health care resources effectively 	<ul style="list-style-type: none"> support community-based service providers to build capacity for people to be cared for in their preferred place of death

Knowledge guides

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

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



#	Title
14	<u>Pain</u>
15	<u>Managing other symptoms and complications of cancer</u>
16	<u>Cancer and its treatment</u>
17	<u>Non-malignant, progressive life-limiting conditions</u>
18	<u>Acute conditions and palliative care emergencies</u>
19	<u>Managing comorbidities in palliative care</u>
20	<u>Comprehensive end-of-life care</u>

KEY PRESENTATIONS AND CONDITIONS

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

Pain due to advanced cancer or its management

- Bone metastases
- Incident pain
- Increased intracranial pressure (ICP)
- Malignant wounds
- Mucositis
- Nerve or nerve root compression or infiltration, such as:
 - » central pain
 - » peripheral neuropathy secondary to treatment
 - » plexopathy
 - » spinal cord compression
- Pathological fracture
- Skeletal muscle spasm
- Smooth muscle spasm
- Tumour:
 - » compression
 - » invasion
- Visceral:
 - » obstruction
 - » pain
 - » perforation

Pain syndromes in end-stage, non-malignant disease

- Calciphylaxis
- Contractures
- End-stage:
 - » ischaemic heart disease
 - » peripheral vascular disease
- Pressure areas
- Visceral perforation

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

Synthesise

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

Manage

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

Consider other factors

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

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

LESS COMMON OR MORE COMPLEX PRESENTATIONS AND CONDITIONS

Advanced Trainees will understand these presentations and conditions.

Advanced Trainees will understand the resources that should be used to help manage patients with these presentations and conditions.

Chronic non-malignant pain

- Chronic widespread pain, such as fibromyalgia
- Diabetic peripheral neuropathy
- Headache
- Inflammatory arthritis
- Non-malignant spinal pain
- Osteoarthritis
- Postherpetic neuralgia

EPIDEMIOLOGY, PATHOPHYSIOLOGY, AND CLINICAL SCIENCES

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

- Biopsychosocial model of pain
- Epidemiology of cancer pain
- Non-drug treatment of pain
- Pathophysiology of pain
- Pharmacology of:
 - » adjuvant analgesics
 - » opioids:
 - routes of administration
 - switching / rotation
 - treatment of adverse effects and toxicity

INVESTIGATIONS, PROCEDURES, AND CLINICAL ASSESSMENT TOOLS

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

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

Clinical assessment tools

- Pain scales, such as:
 - » Pain Assessment in Advanced Dementia (PAINAD)
 - » visual analogue scale (VAS)
 - » Wong–Baker Faces

Investigations for cancer pain

- Imaging, such as:
 - » bone scan
 - » CT scan
 - » MRI
 - » PET scan
 - » x-ray

Procedures for cancer pain

- Epidural block / infusion
- Implantable devices
- Intrathecal block / infusion
- Peripheral nerve block
- Plexus block
- Radiofrequency ablation
- Sympathetic block

IMPORTANT SPECIFIC ISSUES

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

- Cancer pain management in:
 - » patients on opioid replacement
 - » the setting of substance misuse
- Radiotherapy for pain management
- Safe prescribing in patients with:
 - » frailty
 - » low body weight
 - » organ failure
- Surgery for pain management, such as surgical management of fractures
- Systemic cancer treatment in the management of cancer pain
- Understand and have treatment strategies for psychosocial effects and drivers of pain

KEY PRESENTATIONS AND CONDITIONS

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

Complications of cancer

- Airway obstruction
- Ascites
- Biliary tract obstruction
- Bleeding
- Bowel obstruction
- Fistulae
- Gastric outlet obstruction
- Hypercalcaemia
- Increased intracranial pressure (ICP)
- Lymphoedema
- Oesophageal obstruction
- Pathological fracture
- Pericardial effusion
- Pleural effusion
- Renal tract obstruction
- Spinal cord compression
- Syndrome of inappropriate antidiuretic hormone ADH release (SIADH)
- Venous thromboembolism
- Wounds

Presentations

- Agitation
- Anorexia / Cachexia
- Constipation
- Cough
- Delirium
- Diarrhoea
- Dry mouth
- Dysphagia
- Dyspnoea
- Fatigue
- Hiccups
- Insomnia
- Itch
- Nausea and vomiting
- Neoplastic fever
- Psychiatric symptoms, such as:
 - » anxiety
 - » depression
- Terminal secretions
- Vomiting

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

Synthesise

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

Manage

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

Consider other factors

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

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

EPIDEMIOLOGY, PATHOPHYSIOLOGY, AND CLINICAL SCIENCES

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

- Epidemiology
- Pathophysiology
- Pharmacology of symptom-directed pharmacotherapy

INVESTIGATIONS, PROCEDURES, AND CLINICAL ASSESSMENT TOOLS

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

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

Clinical assessment tools

- Delirium screening tools

Investigations

- Blood tests
- Bronchoscopy
- Endoscopic retrograde cholangiopancreatography (ERCP)
- Endoscopy
- Imaging, such as:
 - » bone scan
 - » CT scan
 - » echocardiogram
 - » MRI
 - » PET scan
 - » ultrasound
 - » x-ray

Procedures

- Ascitic tap:
 - » diagnostic
 - » therapeutic
- Biliary stenting
- Gastrointestinal stenting
- Pericardial:
 - » drainage
 - » window
- Pleural tap:
 - » diagnostic
 - » therapeutic
- Pleurodesis
- Renal tract stenting
- Surgical:
 - » decompression of cord compression
 - » fixation of fractures

IMPORTANT SPECIFIC ISSUES

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

- Anticipatory prescribing and management plans based on likely disease trajectory
- Prognostic implications of symptoms and conditions

**KEY PRESENTATIONS
AND CONDITIONS**

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

The palliative care of common advanced malignancies

- Breast cancer
- Colorectal cancer
- Lung cancer
- Pancreatic cancer
- Prostate cancer

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

Synthesise

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

Manage

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

Consider other factors

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

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

LESS COMMON OR MORE COMPLEX PRESENTATIONS AND CONDITIONS

Advanced Trainees will understand these presentations and conditions.

Advanced Trainees will understand the resources that should be used to help manage patients with these presentations and conditions.

The palliative care of less common advanced malignancies

- Anal cancer
- Cancer of unknown primary
- Cholangiocarcinoma
- Gastric cancer
- Glioblastoma multiforme
- Gynaecological cancer
- Head and neck cancer
- Hepatocellular cancer
- Leukaemia
- Lymphoma
- Melanoma
- Multiple myeloma
- Nasopharyngeal cancer
- Neuroendocrine tumours (NET)
- Oesophageal cancer
- Renal cell cancer
- Sarcoma
- Thyroid cancer
- Transitional cell carcinoma

EPIDEMIOLOGY, PATHOPHYSIOLOGY, AND CLINICAL SCIENCES

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

Palliative care-related aspects of the following

- Chimeric antigen receptor (CAR) therapy
- Epidemiology of common cancers
- Pathophysiology of cancer
- Pharmacology of systemic anticancer therapy, such as:
 - » chemotherapy
 - » hormonal therapy
 - » immunotherapy
 - » targeted therapy
- Radioisotope therapy
- Radiotherapy
- Stem cell transplant:
 - » allogeneic
 - » autologous

INVESTIGATIONS, PROCEDURES, AND CLINICAL ASSESSMENT TOOLS

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

Advanced Trainees will know how to explain the investigation or procedure

Investigations

- Blood tests, including tumour markers
- Bone marrow biopsy
- Biopsy – other
- Cytology
- Endoscopy
- Imaging, such as:
 - » CT scan
 - » endoscopic retrograde cholangiopancreatography (ERCP)
 - » MRI
 - » PET scan
 - » ultrasound
 - » x-ray
- Lumbar puncture

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

Procedures

- Ascitic tap
- Biliary stenting
- Gastrointestinal stents
- Percutaneous nephrostomy
- Pericardial:
 - » drain
 - » window
- Pleural tap
- Pleurodesis
- Ureteric stenting

KEY PRESENTATIONS AND CONDITIONS

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

Conditions

- Advanced cardiac failure
- Dementia
- Liver disease, chronic advanced
- Kidney disease, chronic advanced
- Motor neurone disease
- Respiratory disease, chronic advanced, including:
 - » bronchiectasis
 - » chronic obstructive pulmonary disease
 - » interstitial lung disease

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

Synthesise

- » recognise the clinical presentation
- » identify relevant epidemiology, prevalence, pathophysiology, and clinical science
- » take a comprehensive clinical history
- » conduct an appropriate examination
- » establish a differential diagnosis
- » plan and arrange appropriate investigations
- » consider the impact of illness and disease on patients²⁰ and their quality of life when developing a management plan

Manage

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

Consider other factors

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

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

LESS COMMON OR MORE COMPLEX PRESENTATIONS AND CONDITIONS

Advanced Trainees will understand these presentations and conditions.

Advanced Trainees will understand the resources that should be used to help manage patients with these presentations and conditions.

Conditions

- Neurodegenerative conditions, such as:
 - » Huntington disease
 - » muscular dystrophy
 - » Parkinson disease
- Non-malignant haematological conditions, such as:
 - » bone marrow failure
 - » immune thrombocytopenia (ITP)
- People with advanced illness and comorbid intellectual disabilities
- Young adults transitioned from paediatric palliative care services

EPIDEMIOLOGY, PATHOPHYSIOLOGY, AND CLINICAL SCIENCES

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

- Pharmacological considerations in relevant populations, including:
 - » liver failure
 - » older persons
 - » renal failure

INVESTIGATIONS, PROCEDURES, AND CLINICAL ASSESSMENT TOOLS

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

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

Clinical assessment tools

- Tests of cognition, such as Montreal Cognitive Assessment (MoCA)
- Severity scores, such as:
 - » Model for End-stage Liver Disease (MELD)
 - » New York Heart Association (NYHA) classification

Investigations

- Blood tests
- Imaging, such as:
 - » CT scan
 - » echocardiogram
 - » MRI
 - » ultrasound
 - » x-ray
- Lung function tests

Procedures

- Ascitic drainage
- Pleural tap

Treatment

- Continuous positive airway pressure (CPAP)
- Enteral feeding
- Haemodialysis
- High-flow oxygen therapy
- Non-invasive ventilation
- Peritoneal dialysis
- Pharmacological management

KEY PRESENTATIONS AND CONDITIONS

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

Acute conditions in palliative care patients

- Abdominal conditions, acute
- Arrhythmias
- Cardiac failure – decompensated
- Coronary syndrome, acute
- Delirium
- Electrolyte derangement
- Fracture
- Hyperglycaemia
- Hypertension
- Hypoglycaemia
- Hypotension
- Increased intracranial pressure (ICP)
- Injury post-fall
- Liver failure – decompensated
- Perforated viscus
- Pericardial effusion
- Pleural effusion
- Renal failure, acute
- Respiratory failure
- Sepsis
- Stroke
- Substance:
 - » overdose
 - » withdrawal
- Thromboembolic disease
- Urinary retention

Palliative care emergencies

- Airway obstruction
- Haemorrhage
- Opioid toxicity
- Seizures
- Severe agitation
- Severe pain, acute
- Spinal cord compression
- Superior vena cava obstruction

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

Synthesise

- » recognise the clinical presentation
- » identify relevant epidemiology, prevalence, pathophysiology, and clinical science
- » take a comprehensive clinical history
- » conduct an appropriate examination
- » establish a differential diagnosis
- » plan and arrange appropriate investigations
- » consider the impact of illness and disease on patients²¹ and their quality of life when developing a management plan

Manage

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

Consider other factors

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

INVESTIGATIONS, PROCEDURES, AND CLINICAL ASSESSMENT TOOLS

Investigations

- Blood tests
- ECG
- Endoscopic retrograde cholangiopancreatography (ERCP)

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

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

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

- Imaging, such as:
 - » bone scan
 - » CT
 - » echocardiogram
 - » MRI
 - » ultrasound
 - » x-ray

Procedures

- Biliary stent – percutaneous
- Nephrostomy – percutaneous
- Pericardial:
 - » drain
 - » window
- Pleural tap
- Superior vena cava (SVC) stent
- Surgical fixation of fractures
- Ureteric stent

KEY PRESENTATIONS AND CONDITIONS

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

Conditions

- Arrhythmias
- Arthritis
- Autoimmune disease
- Bladder outflow obstruction
- Cardiac failure
- Cerebrovascular disease
- Connective tissue disorders
- Dementia
- Diabetes mellitus
- Electrolyte abnormalities, chronic
- Epilepsy
- Gastro-oesophageal reflux and peptic ulcer disease
- Glaucoma
- Gout
- Haematological conditions, chronic
- Hepatic failure, chronic
- Hyper- and hypothyroidism
- Hypertension
- Infectious disease
- Inflammatory bowel disease
- Interstitial lung disease
- Ischaemic heart disease
- Kidney failure, chronic
- Malignancy
- Malnutrition
- Obesity
- Obstructive airway disease, chronic
- Obstructive sleep apnoea
- Osteoarthritis
- Osteoporosis
- Pancreatic insufficiency
- Parkinson disease
- Psychiatric disorders, such as:
 - » anxiety
 - » bipolar disorder
 - » depression
 - » eating disorders
 - » personality disorders
 - » post-traumatic stress disorder (PTSD)
 - » schizophrenia
 - » substance use disorders
- Thromboembolic disease

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

Synthesise

- » recognise the clinical presentation
- » identify relevant epidemiology, prevalence, pathophysiology, and clinical science
- » take a comprehensive clinical history
- » conduct an appropriate examination
- » establish a differential diagnosis
- » plan and arrange appropriate investigations
- » consider the impact of illness and disease on patients²² and their quality of life when developing a management plan

Manage

- » provide evidence-based management
- » prescribe therapies tailored to patients' needs and conditions
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<p>LESS COMMON OR MORE COMPLEX PRESENTATIONS AND CONDITIONS</p> <p>Advanced Trainees will understand these presentations and conditions.</p> <p>Advanced Trainees will understand the resources that should be used to help manage patients with these presentations and conditions.</p>	<p>Presentations</p> <ul style="list-style-type: none"> • Dialysis patient • Organ transplantation • Rare disease
<p>INVESTIGATIONS, PROCEDURES, AND CLINICAL ASSESSMENT TOOLS</p> <p>Advanced Trainees will know the scientific foundation of each investigation and procedure, including relevant anatomy and physiology. They will be able to interpret the reported results of each investigation or procedure.</p> <p>Advanced Trainees will know how to explain the investigation or procedure to patients, families, and carers, and be able to explain procedural risk and obtain informed consent where applicable.</p>	<p>Clinical assessment tools</p> <ul style="list-style-type: none"> • Frailty and functional status scores • Risk assessment tools, such as: <ul style="list-style-type: none"> » CHA2DS2-VASc calculator for evaluating ischemic stroke risk in patients with atrial fibrillation » HAS-BLED score for major bleeding risk • Severity scores: <ul style="list-style-type: none"> » Model for End-stage Liver Disease (MELD) » New York Heart Association (NYHA) classification • Tests of cognition, such as Montreal Cognitive Assessment (MoCA) <p>Investigations</p> <ul style="list-style-type: none"> • Anatomical specimens: <ul style="list-style-type: none"> » cytology » histopathology • Blood tests • Bone mineral density • ECG • Echocardiogram • Imaging, such as: <ul style="list-style-type: none"> » CT scan » MRI » nuclear medicine imaging: <ul style="list-style-type: none"> ○ bone scan ○ PET scan » ultrasound » x-ray • Lung function tests • Microbiological specimens
<p>IMPORTANT SPECIFIC ISSUES</p> <p>Advanced Trainees will identify important specialty-specific issues and the impact of these on diagnosis and management and integrate these into care.</p>	<ul style="list-style-type: none"> • Adjustment of target parameters in the context of life-limiting illness, such as blood glucose target range • Cessation of primary and secondary prevention in the context of life-limiting illness • Cessation of treatment of comorbidities in the context of life-limiting illness • Prescription of medications that do not exacerbate symptoms of comorbidities

KEY PRESENTATIONS AND CONDITIONS

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

Common symptoms

- Anorexia / Cachexia
- Constipation
- Delirium
- Diarrhoea
- Dry mouth
- Dyspnoea
- Fatigue
- Nausea
- Pain
- Secretions – terminal
- Sleep disturbance
- Vomiting

Emergencies at the end of life

- Agitation, severe
- Airway obstruction, terminal
- Haemorrhage, terminal
- Opioid toxicity
- Seizures
- Severe pain, acute
- Spinal cord compression
- Superior vena cava obstruction

Psychosocial and spiritual considerations

- Existential distress
- Family response to illness
- Grief and bereavement, such as:
 - » anticipatory
 - » complicated reactions
- Psychological response to illness, such as:
 - » anxiety
 - » complicated grief
 - » depression
 - » existential distress
 - » suffering
- Religious needs at the end of life, such as:
 - » decision making in accordance with religious beliefs
 - » religious beliefs about death and afterlife

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

Synthesise

- » recognise the clinical presentation
- » identify relevant epidemiology, prevalence, pathophysiology, and clinical science
- » take a comprehensive clinical history
- » conduct an appropriate examination
- » establish a differential diagnosis
- » plan and arrange appropriate investigations
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<ul style="list-style-type: none"> » various religious rituals and practices • Spiritual concerns, such as: <ul style="list-style-type: none"> » loss of meaning and purpose » spiritual distress and suffering <p>Uncommon symptoms</p> <ul style="list-style-type: none"> • Hiccups • Itch • Neoplastic fever 	
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IMPORTANT SPECIFIC ISSUES

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

Clinical considerations

- Anticipatory prescribing at the end of life
- Complex family discussions at the end of life
- Investigations at the end of life
- Monitoring at the end of life
- Options for place of care at the end of life
- Practical aspects of syringe drivers and other subcutaneous infusion devices
- Supplemental oxygen at the end of life

Ethical and legal issues

- Advance care planning and advance care directives
- Capacity and capacity assessment
- Consent
- Coroner's cases and the Coroners Act
- Legal protections for administration of pain relief and sedation at the end of life
- Nutrition and hydration at the end of life
- Palliative sedation
- Quality-of-life decision making at end of life
- Substitute decision making and legal requirements under guardianship legislation
- Treatment refusal
- Veracity and duty of disclosure
- Verification and certification of death
- Voluntary assisted dying
- Withdrawal and/or withholding of treatments, including:
 - » futile therapies
 - » life sustaining treatments, such as:
 - artificial feeding
 - blood product transfusions
 - dialysis
 - oxygen and/or ventilatory support

Self-care in palliative care

- Managing own emotion and grief
- Personal impact of dealing with incurable illness, death, and dying
- Physician burnout