ANZCA
FPM

Supporting Professionalism and Performance

A guide for anaesthetists and pain medicine physicians

2024

Supporting professionalism and performance – A guide for anaesthetists and pain medicine physicians

Acknowledgements

The college acknowledges the Traditional Custodians of Country throughout Australia and recognises their unique cultural and spiritual relationships to the land, waters and seas and their rich contribution to society. We pay our respects to ancestors and Elders, past, present and emerging.

The college acknowledges and respects Māori as the Tangata Whenua of Aotearoa and is committed to upholding the principles of the Te Tiriti o Waitangi, fostering the college's relationship with Māori, supporting Māori fellows and trainees, and striving to improve the health of Māori.

The college recognises the special relationship between the Pacific peoples of New Zealand, Australia and the Pacific, and is committed to supporting those fellows and trainees of ANZCA and FPM, and improving the health of Pacific peoples.

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Foreword

Dear colleague,

We're very pleased to present "Supporting professionalism and performance: A guide for anaesthetists and pain medicine physicians". The guide builds on the success of the "Supporting anaesthetists' professionalism and performance – A guide for clinicians" and has a number of updates to reflect current practice, changes to roles in practice and to include specialist pain medicine physicians.

The guide reinforces our college's commitment to meeting standards for the provision of quality of care as well as the importance of respectful interaction and communication with our patients and each other.

The guide aims to assist fellows and trainees by providing a framework for understanding professionalism and performance as it applies to the practice of anaesthesia and pain medicine. The structure mirrors the ANZCA and FPM roles in practice and builds from the curriculum frameworks of the anaesthesia and pain medicine training programs under each of these roles.

The guide refers to "clinicians" inclusive of anaesthetists and pain medicine physicians at all stages of their careers. This includes junior doctors, trainees, specialist international medical graduates (SIMGs) and those not involved in direct patient care.

When using the guide you'll see seven roles in practice with patterns of behaviour under each role. Each pattern of behaviour is illustrated by a set of positive and negative behavioural markers. Cultural competency and cultural safety are incorporated under many of the current roles in practice within the guide. We hope to evolve this area further with consultation in line with our Reconciliation Action Plan, Te Tiriti o Waitangi strategy and any college curricula review.

Additional resources are included to enhance the guide and these are included in the Appendix 2.

We trust that you will find this guide an informative and valuable tool that provides you with a structure and framework for your ongoing practice. We welcome your feedback to ensure the guide remains current and fit for purpose.

Dr Chris Cokis
ANZCA President

Dr Kieran Davis
FPM Dean

Introduction

The Australian and New Zealand College of Anaesthetists (ANZCA) has developed a performance framework for anaesthetists and pain medicine physicians to help in improving their practice of anaesthesia, perioperative medicine, and pain medicine. This framework can support self-assessment, peer assessment and assessment by others, promoting reflective practice, planning, and guiding remediation.

ANZCA is committed to fostering the highest standards of anaesthesia, perioperative medicine, and pain medicine practice. The college provides excellent training to future fellows and supports fellows to remain current through a robust approach to lifelong continuing professional development. The environment that clinicians work in continues to evolve, and community expectations are more explicit, especially in relation to clinicians demonstrating transparency, accountability, and consistently professional behaviour. To meet that need, the college is acting to support its fellows, trainees and SIMGs in embodying the highest standards of performance and professionalism to their patients, colleagues, organisations with whom they work, and society in general.

Competence and performance

There is an important distinction between competence and performance:

Competence is the ability to do what we have been trained to do.

The competence of anaesthetists and pain medicine physicians is developed during training under supervision. Competence encompasses what we have learned and what we're able to do. This involves acquiring and maintaining clinical, technical, and non-technical knowledge, skills, and behaviours.

Performance is what we do in day-to-day practice.

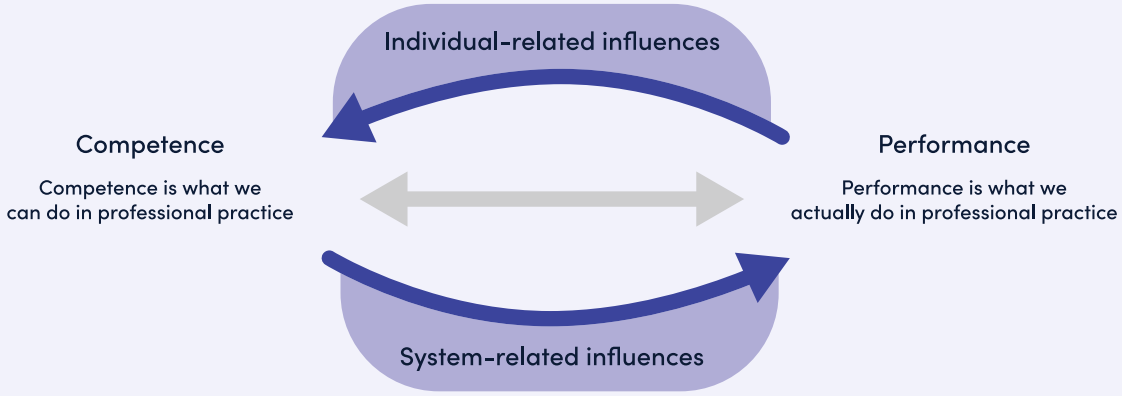
Performance depends on the level of competence. However, it's also influenced by individual and system-related factors.

Figure 1 illustrates the relationship between competence and performance and shows how performance in practice is affected by system-related and individual influences.

Individual-related influences include personality, health, and family issues. Such influences may vary on a day-to-day basis and performance may be affected accordingly.

System-related influences include those that arise from the hospital or service and relate to matters such as workplace culture, team functioning, workload, staffing, funding, and competing demands for time and resources.

Figure 1 Adapted from Rethans et al (2002)



Behavioural markers

Behavioural markers are short descriptions of good and poor behaviour which have been used to structure training and assessment of non-technical skills in high risk professions in order to improve safety and efficiency in these practices.

The School of Psychology at the University of Aberdeen pioneered the use of behavioural markers in anaesthesia with Anaesthetists' Non-Technical Skills (ANTS), and later developed the Non-Technical Skills for Surgeons – NOTTS system with the Royal College of Surgeons, Edinburgh. Both programs focus specifically on the demonstration of non-technical skills of surgeons in the operating room (Flin et al, 2006a).

The ANTS and NOTSS systems identified key competencies (situational awareness, decision-making, communication and teamwork, and leadership) that encompass a set of cognitive and interpersonal skills that are important in the operating room environment. The program developed sets of behavioural markers under each of these headings based on cognitive task analysis with consultant anaesthetists and surgeons and supported by other data, including adverse event reports, observations of practitioners' behaviour in theatre, attitudes of theatre personnel to error and safety (Flin et al, 2006b) and a literature review (Yule et al, 2006). The behavioural markers are used to inform the rating of clinical performance, either by direct observation or subsequent review of video recordings.

The first Royal Australasian College of Surgeons (RACS) Surgical Competence and Performance Working Party reviewed and expanded on the NOTSS behavioural markers to cover both non-technical and technical aspects of performance in and outside the operating theatre and extended the concept to encompass all nine RACS competencies.

The behavioural markers were revised for the second edition of the surgical competence and performance guide and then were adapted to the assessment of physician performance by the Supporting Physicians' Professionalism and Performance (SPPP) Working Party in the Royal Australasian College of Physicians.

We have further adapted this work in the context of the seven roles in practice. We identified four "patterns of behaviour" under each role and specific sets of behavioural markers were identified by a panel of senior anaesthetists and pain medicine physicians.

Use of the guide

The roles in practice, patterns of behaviour and behavioural markers are included in the guide using the following format:

Role in practice: For example – Communicator.

Pattern of behaviour: For example – Developing rapport and trust.

Behavioural markers: Examples of poor and good behaviours.

Fellows, trainees, SIMGs, staff and other stakeholders are encouraged to read the document and consider the following:

- Self-assessment and critical reflection to help identify opportunities for professional development or areas requiring targeted learning.
- Performance appraisals, including multi-source feedback, where colleagues and/or patients may contribute feedback on a clinician's performance assessment.
- Supporting colleagues who may be struggling.
- Teaching and learning for clinicians at all stages in their careers.

This guide should be used alongside other resources and tools that support clinicians to perform at their best. A preliminary list of resources is included in the appendix.

Bullying, discrimination and sexual harassment

We consider bullying, discrimination and sexual harassment unacceptable behaviour that will not be tolerated under any circumstances. Fellows, trainees and SIMGs acting as college representatives are responsible for ensuring an environment free of this behaviour.

We recognise that most health professionals, including anaesthetists and pain medicine physicians and trainees, aim to always behave in an extremely professional manner in accordance with relevant codes of professional conduct, as exemplified in this guide.

However, the reality is that unprofessional behaviours occur, and even though this may be unintentional or related to stress, it is known that bullying, discrimination, and sexual harassment can have a significant negative impact on an individual, the team and the safety of the work environment. The victim(s) of such behaviours may be impacted to the extent that their health and workplace effectiveness are compromised, career development may be affected, and clinical outcomes may be sub-optimal.

Bullying, discrimination and sexual harassment are defined in detail in the relevant ANZCA policies. In summary:

- Bullying is repeated unreasonable behaviour directed towards a person or group that creates a risk to health and safety. It can be carried out verbally, physically or in writing. It is not the provision of respectful and appropriate formative feedback to trainees, staff or colleagues.
- Discrimination involves behaviour resulting in unfair or unfavourable treatment relating to a person's personal characteristics or beliefs as defined in legislation (for example age gender preference, ethnicity).
- Sexual harassment is defined as an unwelcome sexual advance, or an unwelcome request for sexual favours in relation to another person in circumstances in which the other person would be offended, humiliated, or intimidated.

ANZCA considers all forms of bullying, discrimination and sexual harassment to be unacceptable.

Feedback:

If you have any queries or comments, please contact the college at policy@anzca.edu.au.

Performance framework

Medical expert-clinician

Integrates and applies knowledge, clinical skills and professionalism within their scope of practice to deliver high quality and safe patient care.

Demonstrates medical skills and expertise

Demonstrates a consistently high standard of knowledge, skills and professionalism.

Examples of good behaviours

- Performs a comprehensive patient-centred clinical assessment that includes sociocultural, cognitive and psychological issues.
- Ensures management plan meets expectations of patient and families/whānau and is implemented accordingly.
- Optimises the care of the patient prior to anaesthesia and interventions, considering the impact of co-morbidities.
- Recognises fatigue in self and others, and develops strategies to reduce harm wherever possible.

Examples of poor behaviours

- Delays assessment and management of a patient who develops a complication that requires urgent attention
- Introduces new therapy, interventions, technology or procedures without adequate evaluation and consultation.
- Makes assumptions about patient needs and management preferences based on stereotyping.
- Does not recognise personal limitations and fails to seek help from others when it is required.

Manages safety and risk

Ensures patient safety by understanding and managing clinical risk.

Examples of good behaviours	Examples of poor behaviours
Anticipates uncommon, but serious problems, and prepares for them accordingly.	Lacks insight into own clinical capabilities and is unwilling to seek assistance when indicated.
Discusses the clinical risk of alternative options with the patient so they can make an informed decision about their care.	Commences procedures without due diligence with respect to the facility, equipment and staffing.
Identifies a patient that is at-risk and uses appropriate systems to report and mitigate the risk, including children with non-accidental injury, and suicidal patients.	Undertakes duties that are not within their scope of practice.
Evaluates own scope of practice in accordance with current qualifications, experience, and CPD tools.	When performing clinical anaesthesia or pain medicine procedures, does not participate in surgical safety or other procedural checklist processes.

Makes decisions

Makes patient-centred, informed and timely decisions regarding assessment, diagnosis, management and follow-up.

Examples of good behaviours	Examples of poor behaviours
Considers patient's wishes and cultural beliefs when making decisions about ongoing care.	Does not consider patient specific comorbidities when making decisions about ongoing care.
Understands how social determinants may affect the patient's ability to accept a management plan.	Does not ensure resources are available to meet the level of care required for the management of the patient.
Has a contingency plan that is communicated to all members of the team.	Does not help team prepare for predictable or likely events.
Reconsiders plans in light of changes in patient condition or when problems arise.	Continues with initial plan in face of predictably poor outcome or when there is evidence of a better alternative.

Communicator

Communicates effectively and in a culturally safe manner with patients, families/whānau, carers, colleagues and others involved in health services to facilitate the provision of high-quality healthcare.

Develops rapport and trust

Develops respectful relationships with patients, their families/whānau and carers as partners in their care.

Examples of good behaviours

- Actively reflects on the impacts of their own culture, experiences, biases and prejudices on interactions with patients and their families/whānau, and works to eliminate the negative impact of biases on health outcomes.
- Comforts and reassures patients in a manner that meets specific patient needs, particularly children.
- Embraces the principles of open disclosure when adverse events or errors occur.
- Enquires, attempts and achieves correct pronunciation of a patient's name.

Examples of poor behaviours

- Shows insensitivity in the context of communication challenges created by patient illness, disability, language or other differences.
- Does not allow time for the patient and their families/whānau to ask questions about their treatment.
- Does not acknowledge errors or offer the patient and/or their families/whānau an explanation of events.
- Conducts a clinical discussion in front of the patient without engaging them.

Elicits and synthesises information

Seeks timely and accurate information during consultation, in the ward, clinic or operating room.

Examples of good behaviours	Examples of poor behaviours
Ensures that all relevant documentation, including notes, results and consent, are available and have been reviewed.	Does not acquire and review information relevant to the consultation or procedure in a timely manner.
Reflects on and discusses significance of information.	Does not review relevant information collected by other clinical team members.
Liaises with colleagues from other disciplines in developing plans for assessment and management.	Does not use qualified interpreters to check understanding of clinical decisions, management plans and options with patients and their families/whānau.
Ensures patient progress is monitored and management is adjusted accordingly.	Does not listen to patients, ask for or respect their views, and respond to their concerns and preferences.

Discusses and communicates options

Discusses options with patients and communicates decisions clearly and effectively.

Examples of good behaviours	Examples of poor behaviours
Informs the patient, their families/whānau and relevant staff about the expected clinical course.	Does not recognise the need to involve patients, their families/whānau and carers, and relevant health professionals/teams in planning treatment.
Uses tools, including videos and websites, to enhance understanding.	Appears to make decisions on the run and then responds to questions with irritation, aggression or inconsistency.
Recognises and articulates problems to be addressed.	Does not consider or discuss alternatives.
Carefully considers and discusses treatment options, risks, benefits and trade-offs of treatment options when planning care.	Does not discuss and document treatment options and basis for decision-making.

Effectively communicates information

Exchanges information with patients, families/whānau, carers, colleagues and other staff.

Examples of good behaviours	Examples of poor behaviours
Demonstrates empathy and compassion when breaking bad news.	Does not adapt communication to clinical context including emergency and life-threatening situations.
Provides relevant written or other information to patients and their families/whānau and carers.	Is discourteous, interrupts or dismisses the comments of patients, families/whānau, colleagues or other staff.
Records each episode of care.	Provides inadequate handover to colleagues.
Shows cultural awareness and respect to patients of all cultures.	Talks in technical jargon to patients and doesn't check for adequate understanding or invite questions.

Collaborator

Works co-operatively with peers, trainees and other health professionals to develop a shared understanding of the clinical situation and facilitate appropriate task delegation, ensuring the delivery of safe, effective, efficient and culturally safe services.

Documents and exchanges information

Gives and receives knowledge and information in a timely manner to establish a shared understanding among team members.

Examples of good behaviours

- Is professional and respectful in dealings with colleagues.
- Listens to, discusses and acts upon concerns of team and other staff members.
- Actively works with the team to promote safe patient handover including letters to primary referrers and intra-/inter-hospital transfers.
- Records contemporaneous and legible clinical notes.

Examples of poor behaviours

- Does not seek the views and opinions of other team members.
- Demands assistance from team and other staff members but does not communicate needs with politeness and clarity.
- Demonstrates bias and discrimination by listening to some team members but disregarding others' clinical opinions.
- Does not ensure timely provision of information to other team members.

Establishes a shared understanding

Ensures that the team has all necessary and relevant clinical information and understands it, and that an acceptable shared 'big picture' view is held by all team members.

Examples of good behaviours	Examples of poor behaviours
Participates in team briefing to support others and improve teamwork and communication.	Does not explain the rationale for decisions, as relevant, to other team members.
Encourages input from team members including junior medical staff, nurses and allied health staff.	Does not welcome discussion or review of management plans.
Provides briefing, clarifies objectives and ensures team understands the management plan.	Does not encourage or accept input from other team members.
Actively works with the team to adjust plans in response to changing circumstances.	Does not keep team members informed about risks or progress of the anaesthetic or intervention.

Plays an inclusive and active role in clinical teams

Works together with team members to gain an understanding of the clinical situation and to ensure all management issues are addressed, both for the individual patient and the service provided.

Examples of good behaviours	Examples of poor behaviours
Introduces self to new or unfamiliar team members.	Does not recognise how own culture, values, assumptions and beliefs influence interactions with other team members.
Works effectively and cooperatively with colleagues in other areas to ensure that patient care is seamless.	Fosters disharmony or conflict in the team.
Arrives reliably on time to facilitate commencement of the day's activities.	Does not communicate changes in availability in a timely manner.
Informs team members of relevant changes in patient management.	Proceeds with anaesthetic or procedure without ensuring that all team members are ready.

Works to prevent and resolve conflict

Demonstrates a respectful attitude towards all members of the healthcare team and acknowledges biases, differences, misunderstandings and limitations in self and other health professionals that may contribute to tension or conflict.

Examples of good behaviours	Examples of poor behaviours
Ensures delegation of tasks is inclusive, fair and appropriate to the skills and training of other team members.	Voices disrespectful comments about the roles of other health professionals, management and other staff.
Constructively contributes to health service or private practice planning and management processes.	Shows racism and other forms of discrimination to other team members.
Demonstrates leadership in healthcare teams and follows the leadership of others, as required.	Makes disparaging comments about the authority of senior colleagues, team-leaders or managers.
Fosters effective working relationships with other leaders and managers.	Does not actively listen and acknowledge concerns raised by another staff member.

Leader and manager

Leads, provides direction, promotes high standards, matches resources to demand for services and shows consideration for all members of staff.

Sets and maintains standards

Ensures quality and safety by adhering to accepted principles of anaesthesia and pain medicine, complying with codes of professional conduct, and following clinical and other relevant protocols and procedures.

Examples of good behaviours

- Clearly follows hospital, operating room, ward and practice protocols.
- Demonstrates compliance with accepted standards of practice.
- Leads a team by example in the observance of practice standards.
- Acts to identify and address bullying, racism, discrimination and sexual harassment.

Examples of poor behaviours

- Is disrespectful to patients, other staff, junior doctors or students.
- Dismisses or disparages the opinions and concerns of colleagues from other clinical disciplines.
- Is unreliable, frequently uncontactable or chronically late.
- Deliberately excludes a team-member or withholds information vital for effective work performance.

Leadership that inspires others

Retains control when under pressure by showing effective leadership and supporting team members.

Examples of good behaviours	Examples of poor behaviours
Remains calm under pressure, working methodically towards effective resolution of difficult situations.	Consistently runs late and keeps staff and patients waiting.
Recognises and acknowledges the contribution made by team members to the care of the patient.	Complains and does not contribute to finding ways to enhance services and outcomes.
Acts to foster a cohesive and effective team environment that supports learning and quality improvement.	Blames others for errors and does not take personal responsibility.
Consistently acts with integrity, respect and fairness.	Becomes irrational, loses temper repeatedly or inappropriately under pressure.

Supports others

Provides cognitive and emotional help to team members, assesses their abilities and tailors their style of leadership accordingly.

Examples of good behaviours	Examples of poor behaviours
Adjusts workflow to ensure that trainees and other learners have time for supervised hands-on experience.	Does not provide recognition or feedback for tasks performed well.
Delegates tasks effectively, considering the skills of the other team members.	Does not recognise the needs of other team members and provide equitable support.
Encourages and facilitates briefing and debriefing procedures involving the entire team and provides constructive feedback and recognition of tasks performed well.	Shows hostility towards peers and is openly critical of colleagues.
Supports colleagues and other team members, junior staff or students who have been affected by bullying, racism, discrimination or sexual harassment.	Displays negative attitudes to and does not adjust for the cultural needs of other staff.

Promotes efficiency and cost effectiveness

Balances safety, effectiveness, efficiency and just allocation of resources in choosing clinical techniques, makes equipment and drugs available in multiple locations and provides clinical services in the broader healthcare environment.

Examples of good behaviours	Examples of poor behaviours
Manages the patient changeover in the operating room or clinic flow safely and efficiently.	Is resistant to change and appropriate systems improvement initiatives.
Promotes high-value care and educates junior doctors, students and other team members accordingly.	Obstructs the efficient and effective operation of health services by failing to partner with health management.
Examines evidence to assess value for money, potential harm and side effects of care.	Exhibits a poor understanding of health funding and the costs of care.
Demonstrates awareness of the cost implications of prescribing, investigations and interventions.	Makes clinical decisions without considering the financial and other consequences for the individual patient.

Health advocate

Identifies and responds to the health needs and expectations of individual patients, families/whānau, carers and communities.

Cares with compassion and respect for patient rights

Provides optimum care while respecting patients' rights, choice, dignity, privacy, confidentiality and need for culturally safe care.

Examples of good behaviours

- Treats patients courteously and compassionately, engaging them in decision-making and respecting their choices.
- Is willing to spend further time with a distressed patient to actively listen to their concerns.
- Respects the patient's right to self-determination and to consult with families/whānau/community when individually or culturally appropriate.
- Responds empathically and in a timely fashion to a patient in pain.

Examples of poor behaviours

- Disregards patients' need for privacy.
- Gives the impression of being "heartless" by not showing empathy or not spending time to address patient concerns.
- Misgenders patients and does not address patients using their preferred pronouns.
- Makes decisions on behalf of patients without considering their goals and values.

Promotes health and responds to patient needs

Engages patients and, where appropriate, families/whānau or carers in planning and decision-making to best meet their needs and expectations.

Examples of good behaviours	Examples of poor behaviours
Addresses social and cultural factors when determining management plans for patients and families/whānau.	Cancels cases at short notice without adequate reason.
Truthfully and sensitively discusses prognosis and possible effects of care on the quality of life and dignity of the patient.	Does not take an adequate history of smoking, alcohol or substance use or advocate for treatment and cessation when indicated.
Promotes appropriate advanced care planning by patients.	Does not practise medication stewardship according to guidelines.
Identifies smokers and provides them with advice about the risks of smoking and the benefits of smoking cessation.	Acts as a poor role model regarding individual health-risk factors.

Responds to community and population needs

Considers the broader health, social and economic needs of the community.

Examples of good behaviours	Examples of poor behaviours
Identifies and takes action to address the impact of systemic racism on access to and delivery of healthcare.	Disregards the social, financial and environmental impact of decisions.
Recognises wider health needs of the community in a system with resource limitations.	Does not reflect on how one's own values affect the care of patients, families/whānau, carers and communities.
Contributes to improving health equity in partnership with Māori, Pacific peoples, Aboriginal and/or Torres Strait Islander peoples.	Shows a lack of respect for diversity and cultural differences within teams.
Reviews practice to reduce low-value care and eliminate harmful care.	Does not recognise that treating everyone equally is not the same as treating everyone equitably.

Demonstrates cultural awareness and sensitivity

Demonstrates understanding of the impact of culture, ethnicity and spirituality on clinical care.

Examples of good behaviours	Examples of poor behaviours
Includes families/whānau (with patient consent) and uses a strength-based approach in clinical decision-making.	Dismisses the impact of colonisation and systemic racism on the health of Māori, Aboriginal and/or Torres Strait Islander peoples.
Accommodates for cultural practices and traditions that have been identified as important to the patient's healthcare	Makes culturally insensitive, sexist or racist remarks.
Shows sensitivity towards patients' varying backgrounds, cultural beliefs and attitudes.	Disregards cultural competency as an issue for all members of the healthcare team.
Actively encourages diversity and inclusion in teams.	Discriminates on the basis of culture, ethnicity, gender, gender identity, sexual orientation, religion, disability or age.

Scholar

Demonstrates a lifelong, active commitment to reflective learning, to the creation, dissemination, application and translation of medical knowledge, and to the education of their patients, students, colleagues and the wider community.

Shows commitment to lifelong learning

Engages in lifelong reflective learning, assimilating knowledge and imparting it to others.

Examples of good behaviours

- Engages with other staff and encourages their learning and professional development.
- Demonstrates awareness of recent literature and considers implications for own clinical practice.
- Participates in regular continuing professional development activities relevant to scope of practice.
- Encourages questioning by colleagues, junior staff, students and patients.

Examples of poor behaviours

- Fails to adjust practice according to current evidence.
- Demonstrates critical errors in the understanding of available evidence.
- Does not invite feedback on own performance.
- Shows lack of insight into own limitations when adopting new practices.

Facilitates the learning of others

Facilitates education of their students, patients, trainees, colleagues, other health professionals and the community.

Examples of good behaviours	Examples of poor behaviours
Takes the learning of others seriously, allocating sufficient time for teaching and learning activities including preparation, delivery and follow-up.	Demonstrates arrogance, rudeness or lack of interest in the training and development of other staff or students.
Uses clinical and other workplace encounters as an opportunity for teaching others.	Fails to delegate responsibility to junior staff and support their progressive autonomy and help-seeking.
Provides regular individualised supportive feedback, as required.	Avoids being involved in identifying and remediating other staff who require additional support for personal or professional difficulties.
Encourages and responds to feedback on own teaching from learners.	Has unrealistic expectations of learners, is openly critical of them or belittles them if they are unable to answer questions.

Critically evaluates and applies information

Critically appraises evidence and audits practice, identifies opportunities for improvement and implements change at individual, organisational and health system levels.

Examples of good behaviours	Examples of poor behaviours
Participates in the development of policies and guidelines designed to protect patients and enhance healthcare.	Reacts to information or inducements provided by the healthcare industry rather than objectively assessing the evidence.
Contributes to government, regulatory policy-making and other submissions and reports that impact on patient outcomes or the working environment.	Only selects information that confirms current approach rather than critically evaluating all relevant information when assessing own practice.
Actively encourages and promotes benchmarking against like services or clinicians to improve quality of care.	Deliberately ignores the evidence-base when a treatment or intervention is new or experimental.
Seeks and promotes systematic processes for gathering meaningful feedback from patients and families/whānau.	Uses one technique or approach in a variety of patients and procedures despite evidence that alternative techniques or approaches are more appropriate.

Fosters scientific inquiry

Evaluates or researches practice, identifies opportunities for improvement and implements change at individual, organisational and health system levels.

Examples of good behaviours	Examples of poor behaviours
Strives to improve practice through research, innovation and audit of outcomes.	Promotes an 'it works for me, therefore it is still right' approach, despite current evidence suggesting patient harm.
Actively promotes best practice and evidence-based principles.	Ignores research and ethics approval requirements and data sovereignty when conducting clinical trials or evaluating new techniques.
Is prepared to alter clinical practice when audit and peer review suggests there are opportunities to improve.	Deliberately ignores the evidence base regarding emerging therapies and techniques.
Actively promotes research into evidence gaps in practice.	Fails to inform patient when a treatment or intervention is new, experimental and lacking a strong evidence base.

Professional

Demonstrates commitment to patients, the community and the profession through ethical clinical practice.

Has awareness and insight

Reflects on own practice and has insight into its implications for patients, colleagues, junior doctors and the community.

Examples of good behaviours

- Adopts a courteous and culturally safe approach to other staff and patients.
- Responds constructively to questioning, suggestions and constructive criticism.
- Modifies clinical practice in response to ageing, illness, impairment or limitation of cognitive function, decision-making abilities or manual dexterity.
- Seeks out, identifies and explores errors and uses this as a basis for improvement.

Examples of poor behaviours

- Refuses help when it is clearly required.
- Blames junior doctors or other staff for poor outcomes.
- Overlooks the impact of personal value judgements within the context of ethical decision-making.
- Berates, humiliates or harasses colleagues, junior doctors, students or other staff.

Observes ethics and probity

Maintains standards of ethics, probity and confidentiality and respects the rights of patients, families/whānau and carers.

Examples of good behaviours	Examples of poor behaviours
Provides ethical role modelling for other staff.	Seeks to shift blame onto others for one's own professional transgressions.
Maintains appropriate personal and sexual boundaries with patients, their families/whānau, students and staff at all times.	Exhibits bullying, harassing, racist or sexist attitudes towards others.
Respects the dignity and privacy of patients, including confidentiality of health records, at all times.	Breaches confidentiality by discussing patient details in public areas or through social media.
Carefully explains examinations or treatments to the patient and obtains informed consent before proceeding.	Engages with the healthcare industry and other sponsorship without adequate recognition of influence and declarations.

Maintains health and wellbeing

Maintains personal health and wellbeing and considers the health and safety needs of colleagues, staff and team members.

Examples of good behaviours	Examples of poor behaviours
Has a personal general practitioner and attends regularly and appropriately.	Consumes alcohol during working hours, including when on call.
Develops and enjoys leisure activities and interests outside medical practice.	Abuses prescription medications or uses illegal drugs.
Has regular rest and holidays and does not allow annual leave to accumulate excessively.	Fails to recognise and address persistent moodiness, dispirited behaviour and signs of poor mental health.
Inquires after the welfare of others in the workplace and offers support as appropriate.	"Battles on" even when unwell or fatigued without recognising the impact on own and others' performance.

Adheres to regulatory framework of practice

Fulfils regulatory, legal and moral obligations regarding confidentiality, informed consent and all other aspects of clinical practice.

Examples of good behaviours	Examples of poor behaviours
Acts to protect patients when there are concerns regarding colleagues' fitness to practice or competence, including notification to regulatory authorities.	Works outside own defined scope of practice.
Recognises and manages actual or potential conflicts of interest.	Ignores regulatory and legal requirements when prescribing and using restricted or controlled medications.
Reviews and addresses patient complaints to improve patient care.	Ignores unprofessional behaviour in the workplace, such as confidentiality breaches, bullying, discrimination, racism and harassment.
Identifies work health and safety concerns to prevent self and others from harm in the workplace.	Does not comply with continuing professional development requirements.

Appendix 1

Membership – Professionalism Working Group

The ANZCA Professionalism Working Group comprised the following members during the course of this project:

Dr Scott Ma, Councillor, PAEC Chair (SA)

Dr Lindy Roberts, ANZCA DPA Education (WA)

Associate Professor Michael Vagg, FPM DPA Professional Affairs (Vic)

Dr Benn Lancman, PAEC member (Vic)

Dr David Kibblewhite, PAEC member (NZ)

Dr Peter Roessler, ANZCA DPA Professional Documents (Vic)

Dr Debra Devonshire, Councillor, ANZCA and FPM CPD Committee Chair (Vic)

Dr Leona Wilson, ANZCA Executive DPA (NZ)

Dr Alec Beresford, ANZCA Trainee Committee Co-chair (NZ)

Dr Anthony Notaras, ANZCA Trainee Committee Co-chair (NSW)

Dr Michelle Mulligan, ANZCA DPA Policy (NSW)

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Appendix 2

Resources

Roles in practice

These resources provide overarching information on the roles in practice for:

Anaesthesia

Pain medicine

Rural generalist anaesthesia

Medical expert

Medical expert library guide

ANZCA CPD emergency response categories

Professional development hub library guide

ANZCA CPD

ANZCA professional documents

Safety and quality hub library guide

Communicator

Communicator library guide

Providing patients with culturally safe care

ANZCA CPD handbook

ANZCA position statement on cultural competency

ANZCA position statement on cultural competency – background paper

Indigenous health library guide

College Reconciliation Action Plan (RAP)

Australian Indigenous Doctors Association (AIDA)

MANA

Gender equity library guide

Library guide. gender equity

ANZCA inclusion and diversity

Communication in anaesthesia SIG library guide

Collaborator

Collaborator library guide

Research library guide

Professional practice research (PPR) library guide

Medical education library guide

Leader and manager

Leader and manager library guide

RACMA

Leadership & management SIG library guide

Supervisors of training support hub

ANZCA perioperative medicine

Health advocate

Health advocate library guide

Indigenous health library guide

ANZCA PG12(POM) Guideline on smoking as related to the perioperative period 2014.

ANZCA patient information

PS62(G) Position statement on cultural competence and cultural safety 2023 (PILOT)

PS62(G)BP Position statement on cultural competence and cultural safety Background Paper 2023 (PILOT)

Scholar

Scholar library guide

Research support hub library guide

Australian and New Zealand College of Anaesthetists Academic Integrity Policy 2015

Australian and New Zealand College of Anaesthetists Survey Research Policy 2020

Professional

Professional library guide

PS40(G) Position statement on the relationship between fellows, trainees and the healthcare industry 2012

CP01(G) 2020. Policy on bullying, discrimination and harassment for fellows, trainees and specialist international medical graduates acting on behalf of the college

ANZCA Social media policy

Professional development hub library guide

Pain medicine

Pain medicine library guide

Appendix 3

Support for anaesthetists and pain medicine physicians

We encourage all anaesthetists and pain medicine physicians to recognise and discuss the challenges they face and to ensure that self-care is part of managing professional life. To protect the personal and psychological wellbeing of its fellows, trainees and SIMGs, ANZCA offers a range of resources through the Wellbeing Special Interest Group and the ANZCA Doctor's Support Program.

Self-care

Self-care involves taking care of your physical, mental, and emotional health. It also involves eating, sleeping, and living well. To ensure fellows enjoy their work and leisure, priorities and boundaries need to be set.

Specialist doctors are at risk of stress, burnout, and a range of illnesses. We have a responsibility to be alert to our symptoms and to seek appropriate professional care as patients.

Some relatively straightforward strategies can assist in maintaining your physical and mental health, as well as developing resilience and personal strength. These strategies can assist you in achieving a balance between work and all other aspects of your life. These can be found in the Wellbeing SIG Library Guide.

Consult your general practitioner

We encourage fellows, trainees and SIMGs to regularly visit a general practitioner they trust to manage your health care. Encourage your colleagues to do the same. By allowing another doctor to objectively manage your health, you will be free to do what you do best – concentrate on the health of your patients.

Support networks and friends

Maintaining an effective support network is recognised by many specialties in many countries as being the single most important means by which medical practitioners can maintain balance and health in their lives. Support networks can include department heads and peers, colleagues, structured support networks and personal support from family and friends.

Many anaesthetists and pain medicine physicians find it invaluable to select one or two colleagues who are available to help and support in stressful times. This arrangement is best made proactively before specific incidents or trouble occurs.

Welfare advocates and peer support networks

The college encourages hospital departments to establish welfare advocates and structured peer network programs to support you, including support after an adverse event.

For further information please refer to the Wellbeing SIG Resource Document 16.

Strengthening your skills

There are many professional development opportunities and tools available that promote and strengthen skills for managing the challenges and pressures of professional practice. These include time and practice management skills, coping with stress and burnout, conflict resolution and self-care strategies for the healthy doctor.

Need more help?

Crisis Lines

Lifeline Australia: +61 13 11 14

Lifeline Aotearoa: 0800 543 354 (from New Zealand)

Bush Crisis Line and Support Services (Australia): +61 1800 805 391 (24hr)

A confidential telephone support and debriefing service for health professionals and their families.

ANZCA Doctor's Support Program: 1300 687 327 (Australia) or 0800 666 367 (New Zealand)

Bullying, discrimination and sexual harassment

If you have experienced or observed inappropriate behaviour by a college representative please bring it to our attention by calling the ANZCA CEO on +61 3 9510 6299 or emailing ceo@anzca.edu.au. Complaints in New Zealand can be directed to the Executive Director, New Zealand, on +64 4 499 1213. Both will ensure they are dealt with appropriately.

For more information about help with these issues, please refer to our website.

Doctors' health advisory services

Doctors' health advisory services provide independent, confidential support and medical advice to doctors.

ACT
Doctors' Health Advisory Service (24hr) Helpline: +61 02 9437 6552

NSW
Doctors' Health Advisory Service (24hr) Helpline: +61 2 9437 6552

NT
Doctors' Health (24hr) Helpline: +61 8 8366 0250

SA
Doctors' Health (24hr) Helpline: +61 8 8366 0250

QLD
Doctors' Health Advisory Service (24hr) Helpline: +61 7 3833 4352

TAS
Victorian Doctors Health Program (24hr) +61 3 9495 6011

VIC
Victorian Doctors Health Program (24hr) +1300 330543

WA
Doctors' Health Advisory Service (24hr) Helpline: +61 8 9321 3098

NZ
Doctors' Health Advisory Service (24hr) Helpline: 0800 471 2654

ANZCA and FPM directors of professional affairs

The ANZCA and FPM directors of professional affairs are fellows of the college and play an important role in assisting anaesthetists and pain medicine specialists with a range of issues including advice on re-entry to practice and re-skilling, and are also a contact point to discuss concerns.

Regional/national committees

The ANZCA regional and national committees, consisting of fellows and trainees, are available to assist with local support and advice.

ACT Regional Committee:
+61 262216003 | act@anzca.edu.au

SA Regional Committee:
+61 8 8239 2822 | sa@anzca.edu.au

NSW Regional Committee:
+61 2 9966 9085 | nsw@anzca.edu.au

QLD Regional Committee:
+61 7 3846 1233 | qld@anzca.edu.au

NT Regional Committee:
+61 8 8239 2822 | sa@anzca.edu.au

TAS Regional Committee:
+61 3 6231 5471 | tas@anzca.edu.au

VIC Regional committee:
+61 3 8517 5313 | vic@anzca.edu.au

WA Regional Committee:
+61 8 6188 4555 | wa@anzca.edu.au

NZ National Committee:
+64 4 499 1213 | anzca@anzca.org.nz

Other support services

Alcoholics Anonymous Australia:
+61 2 9599 8866 | www.aa.org.au

New Zealand:
+64 800 229 675 | www.alcoholics-anonymous.org.nz

Alcohol and Drug Information Service Australia:
1800 422 599 (24hrs)

Alcohol Drug Helpline New Zealand:
+64 800 787 797 | www.adanz.org.nz

Narcotics Anonymous Australia:
+61 1300 652 820 | www.naoz.org.au

New Zealand:
www.nanz.org

Australian Hearing:
+ 61 2 9412 6800 | www.hearing.com.au

Hearing Association New Zealand:
+ 64 800 233 445 | www.hearing.org.nz

Vision Australia:
+61 1300 84 74 66 | www.visionaustralia.org.au

Appendix 4

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