



MEDICAL BOARD OF THE NORTHERN TERRITORY

TITLE: ATTRIBUTES OF NEW GRADUATE MEDICAL PRACTITIONERS

EFFECTIVE DATE: 15 SEPT 2004

REVIEW DATE: 15 SEPT 2006

BACKGROUND

To ensure assessments conducted on behalf of the Board are conducted in an objective and consistent manner the Board has endorsed its Performance Assessment Policy. The Board identifies medical practitioners with relevant skill, qualifications and knowledge to conduct assessments according to the Performance Assessment Policy and resources on its behalf. Ensuring assessors have access the Board's 'Performance Assessment Policy' and resources and the relevant recognised professional standards of practice further ensures objectivity and consistency when conducting assessments.

The Medical Board of the Northern Territory has endorsed the AMC 'Attributes of Medical Graduates' as the minimum standard of practise for medical graduates.

AMC – ATTRIBUTES OF MEDICAL GRADUATES

The Australian Medical Council states that the goal of medical education is to develop junior doctors who possess attributes that will ensure they are initially competent to practise safely and effectively as interns in Australia or New Zealand, and that they have an appropriate foundation for further training in any branch of medicine and for lifelong learning. Attributes should be developed to an appropriate level for the graduates' stage of training.

Included below is the list of knowledge and understanding, skills and attitudes required of graduates completing basic medical education that is included in the AMC's Assessment and Accreditation of Medical Schools: Standards and Procedures.

Knowledge And Understanding

Graduates completing basic medical education should have knowledge and understanding of:

- 1 Scientific method relevant to biological, behavioural and social sciences at a level adequate to provide a rational basis for present medical practice, and to acquire and incorporate the advances in knowledge that will occur over their working life.
- 2 The normal structure, function and development of the human body and mind at all stages of life, the factors that may disturb these, and the interactions between body and mind.
- 3 The aetiology, pathology, symptoms and signs, natural history, and prognosis of common mental and physical ailments in children, adolescents, adults and the aged.

A more detailed knowledge is required of those conditions that require urgent assessment and treatment.

- 4 Common diagnostic procedures, their uses and limitations.
- 5 Management of common conditions including pharmacological, physical, nutritional and psychological therapies.
- 6 Normal pregnancy and childbirth, the more common obstetrical emergencies, the principles of antenatal and postnatal care, and medical aspects of family planning.
- 7 The principles of health education, disease prevention and screening.
- 8 The principles of amelioration of suffering and disability, rehabilitation, and the care of the dying.
- 9 Factors affecting human relationships, the psychological well-being of patients and their families, and the interactions between humans and their social and physical environment.
- 10 Systems of provision of health care including their advantages and limitations, the principles of efficient and equitable allocation and use of finite resources.
- 11 The principles of ethics related to health care and the legal responsibilities of the medical profession.

Skills

Graduates completing basic medical education should have developed the following skills:

- 12 The ability to take a tactful, accurate, organised and problem-focused medical history.
- 13 The ability to perform an accurate physical and mental state examination.
- 14 The ability to choose from the repertoire of clinical skills, those that are appropriate and practical to apply in a given situation.
- 15 The ability to interpret and integrate the history and physical examination findings to arrive at an appropriate diagnosis or differential diagnosis.
- 16 The ability to select the most appropriate and cost effective diagnostic procedures.
- 17 The ability to interpret common diagnostic procedures.
- 18 The ability to formulate a management plan, and to plan management in concert with the patient.
- 19 The ability to communicate clearly, considerately and sensitively with patients and their families, doctors, nurses, other health professionals and the general public.
- 20 The ability to counsel patients sensitively and effectively, and to provide information in a manner that ensures patients and families can be fully informed when consenting to any procedure.
- 21 The ability to recognise serious illness and to perform common emergency and life-saving procedures such as caring for the unconscious patient and cardiopulmonary resuscitation.
- 22 The ability to interpret medical evidence in a critical and scientific manner, and to use libraries and other information resources to pursue independent inquiry relating to medical problems.
- 23 The ability to use information technology appropriately as an essential resource for modern medical practice.

Attitudes As They Affect Professional Behaviour

At the end of basic medical education, students should demonstrate the following professional attitudes that are fundamental to medical practice:

- 24 Recognition that the doctor's primary professional responsibilities are the health interests of the patient and the community.
- 25 Recognition that the doctor should have the necessary professional support, including a primary care physician, to ensure his or her own well-being.
- 26 Respect for every human being, including respect of sexual boundaries.
- 27 Respect for community values, including an appreciation of the diversity of human background and cultural values.
- 28 A commitment to ease pain and suffering.
- 29 A realisation that it is not always in the interests of patients or their families to do everything that is technically possible to make a precise diagnosis or to attempt to modify the course of an illness.
- 30 An appreciation of the complexity of ethical issues related to human life and death, including the allocation of scarce resources.
- 31 An appreciation of the need to recognise when a clinical problem exceeds their capacity to deal with it safely and efficiently and of the need to refer the patient for help from others when this occurs.
- 32 An appreciation of the responsibility to maintain standards of medical practice at the highest possible level throughout a professional career.
- 33 An appreciation of the responsibility to contribute towards the generation of knowledge and the professional education of junior colleagues.
- 34 An appreciation of the systems approach to health care safety, and the need to adopt and practise health care that maximises patient safety.
- 35 An awareness of the need to communicate with patients and their families, and to involve them fully in planning management.
- 36 A desire to achieve the optimal patient care for the least cost, with an awareness of the need for cost-effectiveness to allow maximum benefit from the available resources.
- 37 A willingness to work effectively in a team with other health care professionals.
- 38 A realisation that one's personal or religious beliefs should not prevent the provision of adequate and appropriate information to the patient and/or the patient's family, or the provision of appropriate management including referral to another practitioner.