



**Bond University Medical Program**

**General Practice Placement  
Student/Clinician Guide**

## Introduction

The capstone, elective, flexible and selective placements provide students' a choice of interest area, or specialty placement, to gain additional clinical experience on top of specified clinical curriculum placements.

The learning priorities for all clinical specialties are to gain insight and understanding of the most common presentations and conditions encountered. It is anticipated that all students will have opportunities to enhance their skills in history taking and clinical examination. Students should also be encouraged to translate the information from patient interactions into commonly used formats by interns, such as *ISOBAR (Introduction, Observation, Situation, Background, Assessment, Recommendation)*

Additional specific procedural skills development is welcomed.

## Timetable and Contacts

**For final year core GP placements, students are expected to be present at least 28 sessions (each a half day of at least 3 hours) during their rotation, and this includes signing off for each episode of attendance, on the day, so that you will receive PIP payments. For Elective GP placements students are required to attend 56 sessions over 7 weeks (without additional Bond based teaching).** If students are unable to attend for any reason, they are required to advise the GP, the GCPHN placement officer, and the Placements Team at Bond University. Generally, attendance requirements include a minimum of 4 sessions a week for the core GP rotation plus extra time to complete the additional mandatory activities. For Elective placements this is 8 sessions a week.

Student involvement in the day-to-day care and management of patients provides the best opportunity for learning. Students will be able to learn the most through interviewing and examining patients and being involved in clinical decision making. Following patients to nursing or allied health professional care visits, will enhance the student learning about multidisciplinary care and is encouraged.

As well as clinical knowledge, students must display other professional skills such as working well within the multidisciplinary team, considering the psychological and social impact of the illness on the patient and the family, being honest, empathetic, and respectful with regard to the patient's choices and decisions.

It is also important for students to recognise their own limitations, competencies, and scope of practice associated with their stage of training.

## General Practice (GP) Placement

It is expected that the student will contact the GP or their Practice Manager 2 weeks before their GP placement is to start, to enquire about the allocated sessions/ times to attend.

### GP Core Placement University Teaching

The first Monday of each core GP Block is a **mandatory Introduction day** for all Students. Most of the Wednesdays are **mandatory** teaching days at Bond University or for “on-line” activities such as such as completion of dermatology and NPC modules.

### What is General Practice?

In Australia, the RACGP definition of General Practice states: *“General practice is the provision of patient centered, continuing, comprehensive, coordinated primary care to individuals, families and communities.”*

It is the first (and often the only) point of contact with the health care system, where patients present with a wide range of undifferentiated problems.

During the placement in General Practice students will be able to experience many aspects of primary care. Students can build upon these experiences to expand their communication, clinical, and procedural skills.

### General Practice Learning Outcomes (aligned to GP activities, teaching, and assessment)

	To demonstrate, evaluate, and practice:	Bond graduate outcomes
1	Patient centeredness, advocacy, empowerment, and support	CP1, PL1, PL4, HS1
2	Provision of care in the home and the community	CPs7,8, 9,10, & 11, PLs4 &5, HSs1,2, 3, &4 , SSs1&2.
3	General practice clinical management (chronic disease, multimorbidity, and polypharmacy)	CPs7,8, 9,10, & 11, PLs4 & 5, HSs1,2,3,& 4, SS1&2.
4	Rational prescribing & Quality use of medicines	CPs 7, 9, & 11, PL5.
5	Health promotion & disease prevention	CP 8, 9,10,&11. HSs 4 & 5, SS 2& 4.
6	Clear communications: With patients, health professionals and medical records	CPs1,2,10, PLs2, 3, 4, HS1.
7	Evidence based medicine/practice (underpins ALL these activities)	CPs7,8,9,&10, HSs 4&5

*These learning outcomes relate strongly to the Core competencies or RACGP Curriculum.*

*Ethical, medicolegal, and professional responsibilities are expected during all clinical placements. They are listed in the clinical years' learning outcomes and are an expected competency of all medical graduates.*

### Additional secondary Learning Outcomes

	To demonstrate, evaluate, and practice:	Bond graduate outcomes
1	<i>Develop an overview of the health issues that affect patients in the community;</i>	CPs1-4,&7-10HSs 1-7, SS2.
2	<i>Develop a balanced view of management and prevention of illness in the community;</i>	HSs 1-7, SS2
3	<i>Develop an insight into the harms and benefits of interventions;</i>	CPs 7-10, HSs 4-7, SSs 1,2, & 4.
4	<i>Develop an understanding of the use of “watchful waiting”;</i>	CPs7-11, HS 1,5,& 6, SSs 1&2.
5	<i>Develop an understanding of the importance of continuous quality improvement and of clinical audit;</i>	CP 11,PL 5, SS2.
6	<i>Demonstrate understanding of medico-legal implications of certificates in General Practice;</i>	CPs10-11,PLs 1, 4, & 5
7	<i>Describe the role of the GP in the end of life setting and within a multidisciplinary framework to provide palliative care to patients from a holistic, psychosocial and spiritual perspective;</i>	CPs 1-5, 7-11, PLs 1-2, SS 1.
8	<i>Develop an awareness of the health services available to patients in the community;</i>	CPs 7-10, HSs 1, 4-5, SS 2.
9	<i>Demonstrate knowledge of the use of electronic health records in primary care and the classification systems used- e.g. (ICPC, SNOMED)</i>	CPs 9 &11, SS1.
10	<i>Demonstrate understanding of the specific health related issues of Aboriginal and Torres Strait Islander communities and the delivery of primary health care for these communities</i>	CPs1, 8-11, PLs 4-5, HSs 1-7, SSs 1-2.

## Clinical Activities

**ALL Students will need to complete these mandatory activities during the “core” GP placement: *These activities are for the Students to do mostly by themselves, trying to avoid creating extra work for the GP teacher.***

1. One Patient centered case report with POEM (patient orientated evidence that matters)
2. One Carer Interview in the home or GP Clinic (with a carer of someone disabled)
3. One Medication Review in the home or GP Clinic (By the student with assistance from HMR trained pharmacist and/or GP)
4. Two “Brief behavior change interviews” with 2 different patients regarding smoking, nutrition, alcohol/drugs, physical activity or weight. (for discussion at Bond)
5. Complete at least one Health assessment or Health check, or Chronic Disease Management Plan. (To improve understanding of enhanced/ multidisciplinary care)
6. Identify example cases for “common cases and “prevention” group presentations
7. Attend Teaching seminars at Bond

Supervising GPs are expected to be informed by students about the above listed activities as their assistance and advice may be needed, also to help them complete GP “In Training Assessment” (ITA)

The students are to share all information about the patients with the GP.

- Case presentations and or case discussions should happen throughout the clinical rotation to reinforce and enhance student learning. These may vary throughout the placement.
- During the clinical placement, in addition to the main GP supervisor, students may be supervised by other GPs, GP registrars, nurses and allied health professionals active in the GP team.

## Core Topics General Practice Placement

Symptom Based Approach	Description/examples
<b>Common presentations</b>	
Cough	Bronchitis
Diarrhoea and/or vomiting	Gastroenteritis
Sexually transmitted diseases	Tests are rarely positive
Feeling agitated and nervous	Anxiety & Panic
Fever	URTI
Indigestion	Oesophageal reflux
Insomnia	Depression, anxiety
Itch	Eczema, insect bites.
Low mood	Depression
Musculoskeletal pain	Rotator cuff injuries
Rash	Eczema
Red eye	Conjunctivitis
Skin sores	Impetigo
Sore throat and/or earache	Tonsillitis, Otitis media/externa
Sports injuries	Knee injuries- e.g. meniscal tears
Swollen ankles	Heart failure
Upper abdominal pain	Gastritis
Vertigo/dizziness	Postural hypotension
Weakness/tiredness	Post viral fatigue
Wheezing	Asthma
<b>Chronic Health Problems (Management options including non-drug)</b>	
Asthma and COPD	
Chronic low back pain	
Diabetes	
Heart failure	
Hypertension	
Ischemic heart disease	
Mental Health conditions	
Obesity	
Osteoarthritis	
<b>Preventive Medicine / Health Promotion</b>	
Domestic violence and other abuse	<ul style="list-style-type: none"> <li>• <b>Physical</b></li> <li>• <b>Psychological</b></li> <li>• <b>Sexual</b></li> </ul>
Cancer screening	<ul style="list-style-type: none"> <li>• HPV/cervical screening program</li> </ul>
Chronic disease prevention	<ul style="list-style-type: none"> <li>• Cardiovascular</li> </ul>
Deprescribing	<ul style="list-style-type: none"> <li>• Less medication related admissions</li> </ul>
Developmental assessment	<ul style="list-style-type: none"> <li>• Delayed development</li> </ul>
Contraception and sexual health	<ul style="list-style-type: none"> <li>• Including STI &amp; LGBTIQ issues</li> </ul>

Immunisation	
Pre-pregnancy and antenatal care	
Social problems	
<b>Acute</b>	<b>Description/examples</b>
Acute abdominal pain	Appendicitis
Acute breathing difficulties	Respiratory failure from: <ul style="list-style-type: none"> <li>• <b>Asthma</b></li> <li>• <b>COPD</b></li> <li>• <b>Pneumonia</b></li> </ul>
Acute confusion	Psychosis Delerium
Acute paralysis	Stroke or TIA
Anaphylaxis and /or angioedema	Insect bites Food reactions
Chest pain	Acute coronary syndrome
Collapse	Vaso-vagal or arrhythmia
Fitting/seizure	Febrile convulsions
	Epilepsy
Haemorrhage	Miscarriage Gastrointestinal bleed
Lacerations and fractures	Fracture of neck of femur or radius Dog bite
Painful red eye and/or visual loss	Herpes simplex Keratitis Glaucoma
Racing or irregular heart beats	Supra Ventricular Tachycardia (SVT) Atrial fibrillation
Severe skin rashes	Cellulitis, erysipelas, Herpes simplex, or Zoster

Students should also be aware of the **Australian National Health Priorities (NHPAs)** for improving on the health of Australians in these five areas:

- Cardiovascular health
- Cancer control
- Injury prevention and control
- Mental Health
- Diabetes mellitus

More recently NHMRC have named these additional health priorities for 2024-2027

- Aboriginal and Torres Strait Islander health
- Artificial intelligence in health
- Emerging health threats and emergencies
- Multiple long-term conditions

## Procedural Skills for General Practice (to observe or do)

Skill	Description
<b>History and Communication</b>	
History taking	Take a focused history about any body system
Clinical Reasoning	Application of clinical reasoning in primary care for joint decision making with the patient to develop a management plan
Documentation/Information Management	Demonstrate clear concise clinical notes
Explain to a patient	<ul style="list-style-type: none"> <li>• Common conditions</li> <li>• Investigations and how they are performed</li> <li>• How the results of investigations will influence management</li> <li>• Common treatments</li> <li>• Risks and benefits</li> </ul>
<b>Physical Examination (to observe or perform)</b>	
General physical examination	Examine all body parts across all ages
Breast examination	Examine the breast
Vital signs	<ul style="list-style-type: none"> <li>• Temperature</li> <li>• Pulse</li> <li>• Blood pressure</li> <li>• Respiratory rate</li> <li>• Weight</li> <li>• Waist and BMI</li> </ul>



Vaginal examination and/or HPV/cervical test	<ul style="list-style-type: none"> <li>Inspect external genitalia (vulva),</li> <li>perform a vaginal examination,</li> <li>perform a bimanual and speculum examination</li> <li>Take HPV / cervical screening sample</li> </ul>
Pregnant abdomen	Examine the pregnant abdomen
Male reproductive organs	Examine male reproductive organs- <ul style="list-style-type: none"> <li>testes</li> <li>penis</li> <li>prostate</li> </ul>
Health Assessment	Perform a health assessment/GP management plan
Mental Health Assessment	Use and interpret tools in a GP mental health plan or assessment (K10/DAS, EPNDS, MOCA or MMSE)
Urine analysis	Perform and interpret a urine dipstick analysis
Urine pregnancy test	Perform and interpret a urine pregnancy test
<b>Procedures (to observe/assist/perform )</b>	
Ankle Brachial index	Perform or assist GP and nurses
Injections	Give injections/vaccinations
Wound management	Swab, clean, debride, manage a wound and apply sutures
Minor operations	Assist GP with minor operations
Spirometry	Perform and interpret results of spirometry
Ultrasound examination	Use to assist GP in diagnosis/care
Inhaler/spacer/nebuliser	Teach a patient how to use these devices
Investigations	Order and interpret GP relevant blood tests
ECG	Perform and interpret an ECG for common conditions: <ul style="list-style-type: none"> <li>Cardiac ischemia</li> <li>Arrhythmias</li> </ul>

## Clinical Supervision and Assessment

Students have a variety of workplace-based assessments (WBA) to successfully complete during this Clinical Placement. All WBA are completed in Osler ePortfolio, a cloud-based mobile assessment technology, giving students, supervisors and faculty immediate access to WBA feedback and evaluation. WBA are not only the students' richest source of personal feedback on performance but are also evidence of their clinical skills development and safety to practice.

At the end of each semester, the Board of Examiners (BOE) will review all required WBA to decide whether the student has passed the Clinical Placement. If all WBA are not submitted by the due date, the BOE may not have sufficient evidence to make an Ungraded Pass decision and the student progression in the Medical Program may be delayed. Students can be failed for not meeting attendance requirements on Clinical Placement.

GP Assessments and WBAs and attendance records are to be submitted in Osler at times and days as specified in the **GP Placement Summary of Student Activities & Assessments** and or **GP yr5 teaching timetable**.

- Patient Oriented Evidence that Matters (POEM) - **Due 5pm Friday Week 5**
- Home Medication Review (HMR) - **Due 5pm Friday Week 5**
- Brief Intervention and Carer Interview – **Due end of Wk6**
- Dermatology modules –**Due by week7**
- NPC online modules - **Due by week7**
- Student Attendance form – Due end of placement or **5pm Friday Wk7 at the latest**
- In Training Assessment (ITA) – Due end of Wk7 except during the final Clinical Placement 12 in MEDI72-503) when ITA is due end of Wk5.
  - For assistance with Osler contact: [osler@bond.edu.au](mailto:osler@bond.edu.au)
  - For assistance with WBA contact: [Med-assessment@bond.edu.au](mailto:Med-assessment@bond.edu.au)
  - Full details of all WBA requirements are located on iLearn

### The In-Training Assessment (ITA)

The ITA is designed for the clinical supervisor to evaluate and provide feedback on the students' overall clinical performance on that placement to date. It is a summary evaluation of whether students have met the requirements of that placement *at the expected level* for their clinical learning exposure for:

- Clinical knowledge
- Procedural skills
- Clinical History taking and physical examination skills
- Communication
  - o Communication with children and families
  - o Appropriate clinical handover using ISBAR
- Personal and professional behaviour
- Attendance on placement

The ITA can be completed by the supervising Consultant GP or their delegate, about the student performance.

### Mini-Clinical Examination (Mini-CEX)

Students are encouraged to participate in active learning by interacting with patients by conducting a history or physical examination and then engage in discussions with clinician supervisors, known as Mini-Clinical Examinations (Mini-CEX). Mini-CEX are not *required* in core final year GP Rotations but are highly recommended for feedback on clinical performance. Students on elective GP placements must do Mini-CEX. All students will be supervised by their consultant GP supervisor or their delegate.

It is *recommended* students complete four (4) Mini-CEX in the form of Patient Management Plans, where students take the patient history, conduct the examination, review their investigations – then integrate this information and share their recommended patient management plan with a clinical member of the GP team. This integrated clinical task reflects the higher level of clinical reasoning and synthesis required as students approach internship. Feedback provided in the WBA should align to that given to students at the time of the interaction. The Global score given relates to the students' ability to conduct this clinical skill relevant to their current level of learning:

### Procedural Skills and Clinical Tasks: Some may be possible in GP Rotation

Bond Medical Students are required to complete the following Procedural Skills and Clinical Tasks on patients by the completion of their MD to graduate. A wide range of health professionals can evaluate skills competency, including doctors, nurses, technicians (e.g. phlebotomists) and allied health professionals.

Students drive the achievement of these WBA, choosing the location and timing of when they are ready to conduct this skill for assessment. They are encouraged to conduct the skill for learning multiple times prior to being assessed for evidence of their competency

#	Required Procedural Skills	Best opportunity	Additional Advice
1	In-dwelling Catheter insertion	WH, ED, Surgery	<ul style="list-style-type: none"> <li>• <b>These procedures must be observed <u>conducted on patients</u> or being performed in the clinical setting at a L3 Entrustment rating</b></li> <li>• Skills 1 – 9 require you to: (p.20)               <ol style="list-style-type: none"> <li>1. Watch the Osler learning module</li> <li>2. Pass a Quiz to generate the WBA</li> <li>3. This WBA must be assigned to the observing clinical team member</li> </ol> </li> </ul> <p>*L2 a pass for Airway Mx only</p>
2	Intravenous Cannulation	MED, ED, CCO, Ward Call	
3	Suturing – basic wound closure	Surgery, ED	
4	Intramuscular injection	GP, MED, ED	
5	Subcutaneous injection	GP, MED, ED	
6	Electrocardiograph acquisition	MED, ED, GP, MH, Surgery	
7	Venesection	MH, Surgery, ED	
8	Blood Culture Sampling	ED, ICU, Ward Call	
9	Sterile handwash, gown, and glove	Surgery	
10	*Airway Management: Bag/Mask technique – no Osler learning module	ED, Surgery, anaesthetics	
11	Glasgow Coma Scale Interpretation	ED, MED, ICU, Ward Call	
<b>Required Theory Modules</b>			
12	Personal Protective Equipment		<i>Theory Module in Osler ePortfolio</i>
13	Assessment of the ICU patient		<i>Theory Module in Osler ePortfolio</i>
14	Pulse Oximetry		<i>Theory Module in Osler ePortfolio</i>
<b>Required Clinical Tasks</b>			
15	Deteriorating Patient	CC/CCO, ED, Ward Call	Refer to WBA booklet for details
16	Discharge Summary (conducted in ieMR)	MED, Surgery, WH, CH, MH	Refer to WBA booklet for details

**In addition, to WBA, MD students will conduct the following other assessments:**

**Clinical Skills:** Students will sit an MD OSCE at end of year following CP6 as a check on clinical skills competency and safety to progress to the final year of the program

**Clinical Knowledge:** to promote continuous development in clinical knowledge, students will conduct five (5) written knowledge Progress Tests, one at the end of each subject

**Competency:** Advanced Life Support, Ultrasound, Women’s Intimate Examinations, MD Project and Conference presentation

**Prescribing:** Students conduct the National ‘Prescribing Skills Assessment’ (PSA)

**Elective GP Placement:**

Follow WBA booklet requirements for Electives: End placement ITA which includes equivalence of 4 x Mini-CEX and a Critical Reflection assigned to your placement supervisor.

**If you have any assessment queries, please contact:** [Med-assessment@bond.edu.au](mailto:Med-assessment@bond.edu.au)

**If you have any concerns regarding any aspect of student behaviour and/or performance**

**Please contact ASAP:**

**Head of General Practice: A/Prof Jane Smith (07 5595 4499) [jsmith@bond.edu.au](mailto:jsmith@bond.edu.au)**

**or**

**GCPHN Clinical Placements (07 5612 5402) [clinicalplacements@gcphn.com.au](mailto:clinicalplacements@gcphn.com.au)**

**or**

**MED Placement Team (0420 928 125) [MED-Placements@bond.edu.au](mailto:MED-Placements@bond.edu.au)**

## MD Program Outcomes AKA YEAR 4 and 5

### MEDI71-401, 402 and 403 Core Clinical Practice A, B and C

### MEDI72-501, 502 and 503 Extended Clinical Practice and Research, A, B and C

The [Australian Medical Council's Graduate Outcome Statements](#) are organised into four domains. Within this Subject, the framework mapped to the learning outcomes (LOs) are

Clinical Practice: The medical graduate as practitioner (CP) (LOs 1-11),

Professionalism and Leadership: The medical graduate as a professional and leader (PL) (LOs 12-18),

Health and Society: The medical graduate as a health and wellbeing advocate (HS) (LOs 19-25)

Science and Scholarship: The medical graduate as scientist and scholar (SS) (LOs 33-40).

2025 PLO	2025 Domain#	2025 Program Learning Outcomes On successful completion of this Program, the learner will be able to:	AMC Outcomes 2023 *
01	CP 1	Adapt communication skills to engage safely, effectively and ethically with patients, families, carers, and other healthcare professionals, including fostering rapport, eliciting, and responding to needs or concerns whilst supporting health literacy. <b>[Communication]</b>	1.1, 1.3, 1.4, 1.6, 2.4
02	CP 2	Elicit an accurate, structured medical history from the patient and, when relevant, from families and carers or other sources, including eco-biopsychosocial features. <b>[Medical History]</b>	1.8, 1.5
03	CP 3	Demonstrate competence in relevant and accurate physical and mental state examinations. <b>[Physical Examination]</b>	1.9
04	CP 4	Integrate and interpret findings from the history and examination of a patient to make an initial assessment, including a relevant differential diagnosis and a summary of the patient's mental and physical health. <b>[Clinical Reasoning]</b>	1.10
05	CP 5	Demonstrate proficiency in recognising and managing acutely unwell and deteriorating patients, including in emergency situations. <b>[Emergency Care]</b>	1.20, 1.21
06	CP 6	Demonstrate competence in the procedural skills required for internship. <b>[Procedural Skills]</b>	1.14
07	CP 7	Prescribe and, when relevant, administer medications and therapeutic agents (including fluid, electrolytes, blood products and inhalational agents) safely, effectively, sustainably and in line with quality and safety frameworks and clinical guidelines. <b>[Therapeutics]</b>	1.17, 1.18
08	CP 8	Select, justify, request and interpret common investigations, with due regard to the pathological basis of disease and the efficacy, safety and sustainability of these investigations. <b>[Investigations]</b>	1.15
09	CP 9	Demonstrate responsible use of health technologies in the management and use of patient data and incorporate their use to inform, support and improve patient health care and digital health literacy, especially among groups who experience health inequities. <b>[Digital Technologies]</b>	1.19, 1.24, 2.15, 3.8
10	CP 10	Formulate an evidence-based management plan in consultation with the interprofessional team, including patients and families across a variety of clinical settings with consideration of eco-biopsychosocial aspects that may influence management at all stages of life. <b>[Patient Management]</b>	1.1, 1.2, 1.5, 1.11, 1.12, 1.16, 1.22, 1.23
11	CP11	Record, transmit and manage patient data accurately and confidentially. <b>[Documentation]</b>	1.19, 2.3, 2.15
12	PL 1	Display ethical and professional behaviours including integrity, compassion, self-awareness, empathy, discretion, and respect for all in all contexts. <b>[Professional Behaviour]</b>	2.1, 2.18
13	PL 2	Demonstrate effective interprofessional teamwork to optimise patient outcomes whilst respecting boundaries that define professional and therapeutic relationships. <b>[Teamwork]</b>	2.2, 2.6, 2.9, 2.11, 2.12, 2.17
14	PL 3	Apply principles of professional leadership, followership, teamwork, and mentoring by contributing to support, assessment, feedback and supervision of colleagues, doctors in training and students. <b>[Leadership]</b>	2.2, 2.16
15	PL 4	Integrate the principles and concepts of medical ethics and ethical frameworks in clinical decision-making and patient referral, including through appropriate use of digital technologies and handling of patient information. <b>[Ethical Behaviour]</b>	2.3, 2.10
16	PL 5	Critically apply understanding of the legal responsibilities and boundaries of a medical practitioner across a range of professional and personal contexts. <b>[Legal Responsibilities]</b>	1.19, 2.15
17	PL 6	Actively seek feedback and demonstrate critical reflection and lifelong learning behaviours to improve and enhance professionalism and clinical practice recognising complexity and uncertainty of the health service and limits of own expertise to ensure safe patient outcomes and healthcare environment. <b>[Critical Self-reflection]</b>	2.5, 2.8, 2.13, 2.14, 2.17, 2.18
18	PL 7	Actively monitor and implement strategies to manage self-care and personal wellbeing in the context of professional, training, and personal demands. <b>[Self-care]</b>	2.7, 2.8, 2.9

19	HS 1	Demonstrate culturally safe practice with ongoing critical reflection on their own knowledge, skills, attitudes, bias, practice behaviours and power differentials to deliver safe, accessible and responsive health care, free of racism and discrimination. <b>[Culturally safe practice]</b>	1.5, 2.18, 3.2, 3.4, 3.5
20	HS 2	Describe Aboriginal and/or Torres Strait Islander knowledges of social and emotional wellbeing and models of healthcare, including community and eco-sociocultural strengths. <b>[Striving for Aboriginal and Torres Strait Islander Health and wellbeing equity]</b>	1.7, 3.11, 4.3
21	HS 3	Recognise and critically reflect on historical, individual, and systemic challenges to Aboriginal and Torres Strait Islander peoples. <b>[Barriers to Aboriginal and Torres Strait Islander Health and well-being equity]</b>	3.2, 3.3, 3.4, 3.5
22	HS 4	Apply health advocacy skills by partnering with communities, patients and their families and carers to define, highlight, and address healthcare issues, particularly health inequities and sustainability. <b>[Health and well-being advocacy]</b>	3.6
23	HS 5	Critically apply evidence from behavioural science and population health research to protect and improve the health of all people. This includes health promotion, illness prevention, early detection, health maintenance and chronic disease management. <b>[Public Health]</b>	1.22, 3.6, 3.7, 4.2 (4.1)
24	HS 6	Describe ecologically sustainable and equitable healthcare in the context of complex and diverse healthcare systems and settings. <b>[Environmentally sustainable healthcare]</b>	3.1, 3.10
25	HS 7	Describe global and planetary issues and determinants of health and disease, including their relevance to healthcare delivery in Australia and Aotearoa New Zealand, the broader Western Pacific region and in a globalised world. <b>[Global and Planetary Health]</b>	3.2, 3.12, 4.1, 4.2
26	SS 1	Apply and integrate knowledge of the foundational science, aetiology, pathology, clinical features, natural history, prognosis and management of common and important conditions at all stages of life. <b>[Foundational science]</b>	1.13, 4.1, 4.4
27	SS 2	Apply core medical and scientific knowledge to populations and health systems, including understanding how clinical decisions for individuals influence health equity and system sustainability in the context of diverse models and perspectives on health, wellbeing and illness. <b>[Population and health systems]</b>	4.1, 4.2, 4.3, 3.9
28	SS 3	Critically appraise and apply evidence from medical and scientific literature in scholarly projects, formulate research questions and select appropriate study designs or scientific methods. <b>[Research and scientific methods]</b>	4.5, 4.6
29	SS 4	Comply with relevant quality and safety frameworks, legislation and clinical guidelines, including health professionals' responsibilities for quality assurance and quality improvement. <b>[Quality and safety]</b>	1.1, 3.9, 4.7