



RANZCO

The Royal Australian
and New Zealand
College of Ophthalmologists

Social and Professional Responsibilities Curriculum Standard

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Table of Contents

Purpose	1
Structure	2
References	2
Teaching and Learning	3
Assessment Methods	4
Learning outcomes and performance criteria	5
SPR1 COMMUNICATOR	5
SPR2 COLLABORATOR	8
SPR3 MANAGER	9
SPS4 HEALTH ADVOCATE	12
SPR5 SCHOLAR	14
SPR6 PROFESSIONAL	16
Acknowledgements	18

Purpose

The work of an ophthalmologist requires the mastery of a complex body of knowledge and skills. An integral part of being a good ophthalmologist is the acknowledgment that it involves more than clinical competence in the diagnosis and treatment of eye disease. Central to the work of an ophthalmologist are attributes beyond those of a medical expert i.e. those of a communicator, a collaborator, a manager, a health advocate, a scholar, and a professional. The attitudes and behaviours that each of these roles entail form the basis of the social contract between the medical practitioner and society. Society, in return, grants professional regulation with the understanding that its members are accountable to those it serves.

The purpose of this Curriculum Standard is to describe these six roles that extend beyond that of medical expertise. It documents the skills, knowledge and behaviours that Trainees must master in each of these six roles by the end of the Vocational Training Program (VTP). The learning outcomes and performance criteria are intended to inform reflection on and assessment of performance in the work-based training experiences that Trainees encounter throughout the VTP.

Underpinning the *Social and Professional Responsibilities Standard* are the values encapsulated in the College Oath:

In acknowledging the privilege of practising medicine and ophthalmology, and in accepting Fellowship of this College, I make this declaration sincerely in the presence of my family, friends, colleagues and teachers.

Patients are my first concern and in caring for them I undertake to use my knowledge and skill to the best of my ability.

I will seek actively to maintain my skills and abilities throughout my professional life, to practise within those abilities and to contribute wherever possible to the science of ophthalmology.

I will seek to enhance the quality of patients' lives, maintain their dignity, support their carers, and treat all people equitably.

I will strive at all times to be worthy of my patients' respect and never to abuse their trust or confidence. My clinical decisions will not be influenced by personal gain.

I extend these commitments beyond individuals to the health and wellbeing of the community.

I will treat with courtesy my colleagues and all who contribute to the wellbeing of my patients.

May these affirmations guide and inspire me in practising the art and science of medicine as an ophthalmologist.

Structure

This Curriculum Standard describes the six roles of an ophthalmologist that extend beyond that of medical expert (communicator, collaborator, manager, health advocate, scholar and professional) and their associated learning outcomes and performance criteria.

References¹

Core Reading

The Royal Australian and New Zealand College of Ophthalmologists 2014, *RANZCO Professional code of conduct*, Sydney, viewed 1 July 2015, <http://www.ranzco.edu/images/NEW_SITE/Policy_and_Advocacy/Policies/RANZCO_code_of_conduct.pdf>.

The Royal Australian and New Zealand College of Ophthalmologists policies, viewed 7 August 2105, <<http://www.ranzco.edu/index.php/policy-and-advocacy/policy>>, including those addressing:

- Development
- Discrimination, harassment and bullying
- Ophthalmologists' and Trainees' interactions with the medical industry
- Privacy
- Professional and clinical guidelines

American Academy of Ophthalmology 2010, *The profession of ophthalmology: practice management, ethics and advocacy*, 2nd edn, electronic book, American Academy of Ophthalmology, San Francisco, CA.

Additional Resources

Open disclosure

Medical Board of Australia 2014, *Good medical practice: a code of conduct for doctors in Australia*, viewed 16 September 2015, <<http://www.medicalboard.gov.au/Codes-Guidelines-Policies/Code-of-conduct.aspx>>.

New Zealand Office of the Health and Disability Commissioner, Te Toihau Hauora, Hauātanga 2009, *Guidance on open disclosures policies*, viewed 16 September 2015, <<http://www.hdc.org.nz/decisions--case-notes/open-disclosure>>.

Safe handover

Australian Medical Association 2006, *Safe handover: safe patients*, viewed 16 September 2015, <https://ama.com.au/sites/default/files/documents/Clinical_Handover_0.pdf>.

Working with Aboriginal and Torres Strait Islander peoples

Australian Indigenous Doctors' Association 2013, *Cultural Safety for Aboriginal and Torres Strait Islander Doctors, Medical Students and Patients*, viewed 19 March 2015, <<http://www.aida.org.au/policypapers.aspx>>.

¹ Electronic copies of PDF resources can be found on the College learning management system (Moodle), or via links on the College website.

Working with interpreters

Queensland Department of Health 2007, *Working with interpreters: guidelines*, viewed 16 September 2015, <https://www.health.qld.gov.au/multicultural/interpreters/guidelines_int.pdf>.

Working with Māori people

Medical Council of New Zealand 2006, *Statement on cultural competence*, Medical Council of New Zealand, Wellington.

Medical Council of New Zealand 2006, *Best health outcomes for Māori: practice implications*, Medical Council of New Zealand, Wellington.

Working with Pacific Island peoples

Medical Council of New Zealand 2010, *Best health outcomes for Pacific Peoples: practice implications*, Medical Council of New Zealand, Wellington.

Working with new technologies

Australian Medical Association, *Clinical images and the use of personal mobile devices*, viewed 5 March 2015, <https://ama.com.au/sites/default/files/documents/FINAL_AMA_Clinical_Images_Guide.pdf>.

Australian Medical Association, *Social media and the medical profession*, viewed 5 March 2015, <https://ama.com.au/sites/default/files/documents/Social_Media_and_the_Medical_Profession_FINAL_with_links_0.pdf>.

Teaching and Learning

The six roles of an ophthalmologist (communicator, collaborator, manager, health advocate, scholar and professional) that extend beyond those of a medical expert are embedded in all curriculum standards, particularly those that address clinical performance, and assessed as part of the Trainee's work-based assessment. The Trainee should refer to the *Evidence-based ophthalmic practice curriculum standard* for complementary guidance on the roles of 'health advocate' and 'scholar'.

The learning outcomes and performance criteria for each of the roles are itemised in considerable detail to assist the Trainee and his or her Term Supervisors in identifying areas where the Trainee's competence has been demonstrated, and to specify areas that require further development through study, practise, reflection and supervision.

Assessment Methods

Note: As of mid-2015, the College's work-based assessment process is under review. Details of the features and requirements of these assessments may change as a result of this review (e.g. form names, grade names and descriptors, etc.). Updated information will be added following Qualification and Education Committee (QEC) approval and RANZCO Board endorsement of any changes to the assessment process. Notification of any changes to assessment will be provided to Trainees, Clinical Tutors and Term Supervisors, and posted on the RANZCO website, and this document updated accordingly.

Term Supervisors complete the *End of Term Supervisor's Assessment of Trainee* form at the conclusion of each rotation. The Trainee submits the completed form to the College along with theatre reports (a minimum of one per month) and an electronic copy of the Clinical Curriculum Performance Standards (CCPS) spreadsheet.

Learning outcomes and performance criteria

SPR1 COMMUNICATOR

Effective written and oral communication is critical for optimal patient outcomes.

Written communication involves the maintenance of clear, legible, accurate and appropriate written or electronic records of clinical encounters and plans, as well as correspondence with or on behalf of patients, healthcare professionals and others involved.

Oral communication, in addition to speaking, involves active listening and the appreciation of non-verbal cues. Given our multicultural communities, the development of cultural competence is essential in engaging in effective communication with patients and other health care professionals.

The competencies related to this role are essential for establishing rapport and trust, formulating a diagnosis, gaining and delivering information, striving for mutual understanding and facilitating a shared plan of care.

LEARNING OUTCOMES	PERFORMANCE CRITERIA
<p>1.1 Develop rapport, trust and ethical therapeutic relationships with patients, carers and families</p>	<p>1.1.1 Address the patient, carer or family member in a polite and professional manner</p> <p>1.1.2 Demonstrate respect for patient confidentiality, privacy and autonomy</p> <p>1.1.3 Respect diversity and difference including, but not limited to, the impact of gender, religion, and cultural beliefs on decision making</p> <p>1.1.4 Demonstrate active listening, respond appropriately to questions, and make notes of verbal interactions with the patient, carer or family member</p> <p>1.1.5 Demonstrate awareness of and responsiveness to nonverbal cues, and an understanding that these may differ culturally</p> <p>1.1.6 Recognise how your own cultural values may influence your interactions with patients, carers or family members</p> <p>1.1.7 Elicit a patient's cultural values that may have an impact on the doctor-patient relationship</p> <p>1.1.8 Demonstrate an awareness that cultural information may not apply to specific patients and that individual patients should not be thought of as stereotypes</p> <p>...</p>

LEARNING OUTCOMES	PERFORMANCE CRITERIA
<p>1.1 Develop rapport, trust and ethical therapeutic relationships with patients, carers and families (continued)</p>	<p>1.1.9 Maintain composure and focus on achieving best clinical outcomes when communicating with patients, carers and families, or colleagues, in difficult circumstances</p> <p>1.1.10 Use effective doctor - patient communication to foster patient satisfaction, and improve clinical outcomes</p>
<p>1.2 Accurately elicit and synthesise relevant information and perspectives of patients, carers and families, colleagues, the patient's general practitioner and other relevant health professionals</p>	<p>1.2.1 Gather information about a disease in a manner which respects a patient's beliefs, culture, concerns, expectations and illness experience</p> <p>1.2.2 With the patient's full knowledge and consent, seek out and synthesise relevant information from other sources, such as a patient's carer or family, or other professionals</p> <p>1.2.3 Practice the collection, use, disclosure and storage of clinical records (including images) in compliance with legal and regulatory requirements</p>
<p>1.3 Accurately convey relevant information and explanations to patients, carers and families, colleagues and other professionals and develop a shared plan of care</p>	<p>1.3.1 Clearly outline the options available to patients and carers</p> <p>1.3.2 Deliver information to a patient, carers and family, colleagues and other professionals in a humane manner and in such a way that it is understandable, and encourages discussion and participation in decision-making</p> <p>1.3.3 Work effectively with interpreters where appropriate when treating patients who are of Non-English Speaking Background (NESB), or who have other communication needs and require similar professional services, particularly when gaining consent for a diagnostic test or surgical procedure</p> <p style="text-align: right;">...</p>

LEARNING OUTCOMES	PERFORMANCE CRITERIA
<p>1.3 Accurately convey relevant information and explanations to patients, carers and families, colleagues and other professionals and develop a shared plan of care (continued)</p>	<p>1.3.4 Involve support persons (e.g. Indigenous liaison officers' patient advocates) where appropriate, particularly when gaining consent</p> <p>1.3.5 Demonstrate effective and culturally-safe communication with Indigenous patients and their families, and with patients from diverse cultural groups</p> <p>1.3.6 Acknowledge and respect a patient's right to seek a second opinion or to refuse a service</p> <p>1.3.7 Communicate honestly with patients and relevant professionals following an adverse event</p>

SPR2 COLLABORATOR

Ophthalmologists work in partnership with members of other professions and occupations who are involved in the care of patients. Healthcare teams may include not only a group of professionals working closely together at one site, but also extended teams with a variety of perspectives and skills in multiple locations. It is essential for ophthalmologists to be able to collaborate effectively with patients, carers, families and the interprofessional team for the provision of optimal eye healthcare, education and scholarship.

LEARNING OUTCOMES	PERFORMANCE CRITERIA
<p>2.1 Participate effectively and appropriately in an interprofessional healthcare team</p>	<p>2.1.1 Recognise and respect the skills, training, roles and responsibilities of other professionals within the healthcare team</p> <p>2.1.2 Work with others to assess, plan and integrate care for patients</p> <p>2.1.3 Arrange timely and appropriate referral where necessary</p> <p>2.1.4 Manage the handover of patient care effectively</p> <p>2.1.5 Participate appropriately in interprofessional team meetings</p> <p>2.1.6 Respect team ethics, including confidentiality, resource allocation and professionalism</p> <p>2.1.7 Where appropriate, work with others to assess, plan, provide and review other tasks, such as research problems, educational work, program review or administrative responsibilities</p> <p>2.1.8 Do not accept, solicit or provide financial or other inducements, which may influence interprofessional relationships and professional decision-making and distort genuine medical services need</p>

SPR3 MANAGER

Ophthalmologists are required to prioritise and execute tasks collaboratively with colleagues, and make systematic choices when allocating finite healthcare resources. The managerial role describes the active engagement of all ophthalmologists in decision-making in the operation of the healthcare system.

In addition to managing their careers, ophthalmologists are also responsible for managing their health and wellbeing, as this affects not only themselves, but also their families and their work. This can often be overlooked in the desire to provide better care for patients. The College (through the *RANZCO Employee Assistance Program*), employers and doctors' associations provide support programs that are available to Trainees. The Trainee's Term Supervisor and Mentor may also be valuable sources of assistance.

LEARNING OUTCOMES	PERFORMANCE CRITERIA
<p>3.1 Manage your work practices and participate in activities that contribute to the effectiveness of healthcare organisations and systems</p>	<p>3.1.1 Set priorities and manage time to balance patient care, practice requirements, outside activities and personal life</p> <p>3.1.2 Understand the structure and function of the healthcare system as it relates to ophthalmology</p> <p>3.1.3 Participate in systematic process evaluation and implement improvements, such as patient safety initiatives</p> <p>3.1.4 Employ information technology appropriately for patient care</p>
<p>3.2 Manage personal health to ensure patient safety is not compromised</p>	<p>3.2.1 Identify the hazards associated with shift work, and comply with safe working hours regulations</p> <p>3.2.2 Recognise signs of stress or fatigue in yourself, and how this can affect your care of patients and interactions with other staff</p> <p>3.2.3 Balance personal and professional priorities to ensure personal health and sustainable practice</p> <p>3.2.4 Recognise one's own limitations and seek support when required</p>

LEARNING OUTCOMES	PERFORMANCE CRITERIA
<p>3.3 Manage risk</p>	<p>3.3.1 Report known hazards and risks in the workplace</p> <p>3.3.2 Keep accurate and complete patient records, including recording any adverse event</p> <p>3.3.3 Ensure that written or electronic records are secure</p> <p>3.3.4 Participate in meetings that discuss risk management and patient safety</p> <p>3.3.5 Use hospital incident reporting systems to report significant adverse events</p> <p>3.3.6 Participate in hospital analysis of adverse incidents up to and including open disclosure processes</p> <p>3.3.7 Recognise other professionals in need and respond appropriately</p>
<p>3.4 Serve in leadership roles, as appropriate</p>	<p>3.4.1 Chair or participate effectively in committee meetings</p> <p>3.4.2 Display appropriate leadership skills, including delegating duties or tasks to others where they have the appropriate skills</p>
<p>3.5 Allocate finite healthcare resources appropriately</p>	<p>3.5.1 Recognise the importance of the equitable allocation of healthcare resources, balancing effectiveness, efficiency and access with optimal patient care</p> <p>3.5.2 Recognise the role of the clinician in directing health care resources</p> <p>3.5.3 Apply evidence and management processes for cost-appropriate care</p>

LEARNING OUTCOMES	PERFORMANCE CRITERIA
<p>3.6 Respond to complaints</p>	<p>3.6.1 Advise a patient or carer about how to make a complaint about a service</p> <p>3.6.2 Respond to a complaint in a timely and appropriate manner</p> <p>3.6.3 Give information about a complaint when asked</p> <p>3.6.4 Show respect and respond sensitively to patients or carers who make a complaint about a service</p> <p>3.6.5 Support appropriately and non-judgmentally colleagues who have had a complaint made about them</p> <p>3.6.6 Maintain confidentiality at all times</p>

SPS4 HEALTH ADVOCATE	
Health advocacy involves the responsible use of expertise and influence to advance the health and well-being of individual patients, communities and populations. Efforts may focus on changing specific practices or policies both by individual and collective action. RANZCO's policies, position statements and guidelines inform the work of Trainees and Fellows.	
LEARNING OUTCOMES	PERFORMANCE CRITERIA
4.1 Respond to individual patient health needs and issues as part of patient care	<p>4.1.1 Identify and respond appropriately to the health needs of an individual patient</p> <p>4.1.2 Work with patients to increase opportunities to adopt healthy behaviours in relation to disease prevention, health promotion and health surveillance</p>
4.2 Respond to health needs of communities	<p>4.2.1 Identify the practice communities that you serve, and the determinants of health within these communities</p> <p>4.2.2 Identify opportunities for advocacy, health promotion and disease prevention in communities to which you provide care</p> <p>4.2.3 Be able to distinguish between the potentially competing health interests of individuals and communities</p> <p>4.2.4 Participate in activities or processes to improve health in the community e.g. patient support groups, rural and remote community visits</p>
4.3 Inform yourself of the determinants of health for populations of eye healthcare consumers in Australia or New Zealand	<p>4.3.1 Identify the determinants of health of the populations, including barriers to access to care and resources</p> <p>4.3.2 Identify vulnerable or marginalised populations within those served, and how to respond appropriately</p> <p>4.3.3 Demonstrate an awareness that cultural factors influence health and illness, including disease prevalence and response to treatment</p> <p style="text-align: right;">...</p>

LEARNING OUTCOMES	PERFORMANCE CRITERIA
<p>4.3 Inform yourself of the determinants of health for populations of eye healthcare consumers in Australia or New Zealand (continued)</p>	<p>4.3.4 Understand the unique place of Aboriginal and Torres Strait Islander peoples in Australian society and understand issues relevant to their health</p> <p>4.3.5 Be familiar with the principles of the Treaty of Waitangi, and understand the unique place of Māori in New Zealand society and understand issues relevant to Māori health</p>
<p>4.4 Promote the health of individual patients, communities and populations</p>	<p>4.4.1 Understand the impact of public policy on the health of the populations served</p> <p>4.4.2 Understand the structure of the healthcare system, and use this to identify entities and office-holders it may be appropriate to approach as an advocate</p> <p>4.4.3 Understand the ethical and professional issues inherent in health advocacy, and be aware of College guidance in particular areas e.g. international outreach</p> <p>4.4.4 Appreciate the possibility of conflict inherent in your role as a health advocate for a patient or community, with that of a manager of finite resources</p> <p>4.4.5 Identify features of discrimination in interactions between patients and health professionals and systems, identify ways to address such occurrences and acquire skills to advocate for their resolution</p> <p>4.4.6 Be familiar with the role of the medical profession in advocating collectively for health and patient safety</p>

SPR5 SCHOLAR	
<p>Ophthalmologists engage in a lifelong pursuit of mastery of their domain of expertise. They recognise the need to be lifelong learners and model this for others. Through their scholarly activities, they contribute to the creation, dissemination, application and translation of medical knowledge. As teachers, they facilitate the education of patients, colleagues and others.</p>	
LEARNING OUTCOMES	PERFORMANCE CRITERIA
<p>5.1 Maintain and enhance professional activities through ongoing learning</p>	<p>5.1.1 Identify learning needs and strategies</p> <p>5.1.2 Integrate new learning into practice</p> <p>5.1.3 Evaluate the impact of any change in practice</p> <p>5.1.4 Document the learning process</p>
<p>5.2 Critically evaluate medical information and its sources and apply this appropriately to practice decisions</p>	<p>5.2.1 Critically appraise evidence, in qualitative and quantitative terms, in order to address a clinical question</p> <p>5.2.2 Integrate this evidence into clinical care</p> <p>5.2.3 Critically evaluate the legitimacy of claims made regarding therapeutic substances or modalities by those with vested interests</p>
<p>5.3 Facilitate the education of patients, carers, families, other health professionals and the public</p>	<p>5.3.1 Identify the learning needs and desired learning outcomes of others</p> <p>5.3.2 Select effective teaching strategies and content to facilitate others' learning</p> <p>5.3.3 Teach identified learning needs using appropriate teaching strategies</p> <p>5.3.4 Evaluate and reflect on a teaching encounter to improve practice</p> <p>5.3.5 Demonstrate the skills required, including in the use of technology, to present information in various modes (e.g. public speaking, lectures using audio-visual support materials, social media, written articles)</p>

LEARNING OUTCOMES	PERFORMANCE CRITERIA
<p>5.4 Contribute to the creation, dissemination, application and translation of new knowledge and practices</p>	<p>5.4.1 Pose a scholarly question</p> <p>5.4.2 Conduct a systematic search for evidence</p> <p>5.4.3 Where appropriate and possible, facilitate the enrolment of patients in clinical trials, registries and databases</p> <p>5.4.4 Select and apply appropriate methods to address the question</p> <p>5.4.5 Summarise the evidential findings</p> <p>5.4.6 Disseminate the findings of the study</p>

SPR6 PROFESSIONAL	
Ophthalmologists are committed to the eye health and well-being of individuals and society through ethical practice, profession-led regulation, and high personal standards of behaviour.	
LEARNING OUTCOMES	PERFORMANCE CRITERIA
6.1 Adhere to principles of ethical practice in interactions with patients, the profession and society	<p>6.1.1 Exhibit appropriate professional behaviours in practice, including honesty, integrity, commitment, compassion, respect and altruism, as encapsulated by the RANZCO College Oath</p> <p>6.1.2 Demonstrate a commitment to delivering the highest quality care and the maintenance of competence</p> <p>6.1.3 Recognise and respond appropriately to ethical issues encountered in practice, as guided by the RANZCO Code of Conduct</p> <p>6.1.4 Identify and manage conflicts of interest appropriately</p> <p>6.1.5 Maintain appropriate relationships with pharmaceutical, medical equipment and professional services companies and their representatives, including an awareness of the influence that reciprocal obligations may have on clinical decision making</p> <p>6.1.6 Recognise and acknowledge all funding received from outside sources for any research, educational or other professional activity</p> <p>6.1.7 Recognise the principles and limits of patient confidentiality as defined by professional practice standards and the law</p> <p>6.1.8 Maintain appropriate personal and sexual boundaries with patients, and in professional relationships</p> <p>6.1.9 Abide by College and workplace policies with respect to discrimination, harassment and bullying</p>

LEARNING OUTCOMES	PERFORMANCE CRITERIA
<p>6.2 Demonstrate a commitment to patients, the profession and society through participation in profession-led regulation</p>	<p>6.2.1 Appreciate the responsibilities inherent in the professional, legal and ethical codes of practice</p> <p>6.2.2 Fulfil the regulatory and legal obligations required of current practice</p> <p>6.2.3 Demonstrate accountability to professional regulatory bodies</p> <p>6.2.4 Recognise and respond to the unprofessional behaviour of others in an appropriate manner (including being familiar with current mandatory reporting requirements of regulatory bodies)</p> <p>6.2.5 Participate in peer review and practice audit</p>
<p>6.3 Exhibit self-awareness and insight</p>	<p>6.3.1 Listen to feedback, and use it to reconsider and review decisions</p> <p>6.3.2 Admit to errors and respond positively to questioning, suggestion and objective criticism</p> <p>6.3.3 Take opportunities to reflect and improve on performance</p> <p>6.3.4 Demonstrate awareness of personal limitations and a willingness to seek the help of others</p>

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Frank, J.R., Snell, L. & Sherbino, J. (eds) 2015, *The draft CanMEDS 2015 physician's competency framework – series IV*, The Royal College of Physicians and Surgeons of Canada, Ottawa, accessed 4 March 2015,
<<http://www.royalcollege.ca/portal/page/portal/rc/canmeds/canmeds2015>>.

(Series IV, published in March 2015, is the penultimate version of the revised framework, the final version of which is expected to be released in October 2015)

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