

Australian Curriculum Framework for Junior Doctors (ACF) Guidelines For using National Assessment Tools



ACF

Australian Curriculum Framework for Junior Doctors



The Australian Curriculum Framework for Junior Doctors (ACF) outlines the knowledge, skills and behaviours required by Prevocational Doctors (PGY1 and PGY2) to work safely in the Australian Healthcare Environment.

The ACF can help Junior Doctors, Supervisors, Educators and Administrators to plan relevant learning opportunities for any term.

**STRATEGIES FOR RAISING AWARENESS OF THE AUSTRALIAN CURRICULUM
FRAMEWORK FOR JUNIOR DOCTORS**

The following strategies are suggested ways in which to raise awareness of the Australian Curriculum Framework for Junior Doctors (ACF). These strategies can be used by anyone involved in Prevocational Medical Education.

AUDIENCE – JUNIOR DOCTORS

1. Use the 10 minute PowerPoint Presentation at:
 - Orientation Programs
 - Beginning of a JMO Education Session
2. Provide copy of ACF in each JMO orientation material
3. Put copies of the A4 Poster in:
 - JMO Common rooms
 - Education/Tutorial rooms
 - Skills Laboratories
 - Noticeboards in clinical areas
4. JMO Activities
 - Familiarisation Activity – break JMOs into small groups and get them to discuss one aspect of the ACF . The small groups could then report back to the larger group
 - Self Assessment Activity – provide the JMOs with a copy of the ACF and ask them to place a mark next to the capabilities that they feel they need to learn more about
 - Learning Objective setting – encourage JMOs to use the ACF to set learning objectives specific to a Term for use in their Term Orientation with their Supervisor
5. JMO Education Sessions
 - Describe each JMO session according to the ACF area the topic relates to
 - Use the ACF Self Assessment Activity to plan Education activities to address commonly self identified gaps

AUDIENCE – CLINICAL SUPERVISORS (REGISTRARS AND SENIOR MEDICAL STAFF)

1. Use the 10 minute PowerPoint Presentation at:
 - Beginning of a Grand Round Session
 - At a departmental/unit meeting
2. Provide copy of ACF to each Term Supervisor
3. Meet with individual Term Supervisors to discuss the ACF and
 - Start a mapping process for their specific Term
 - Develop Term Specific learning objectives related to the ACF
 - Develop Term specific education activities related to the ACF
 - Incorporation of the ACF into the Assessment processes for the Term
4. Put copies of the A4 Poster in:
 - Unit Common rooms
 - Education/Tutorial rooms
 - Noticeboards in clinical areas

AUDIENCE – ADMINISTRATORS

1. Use the 10 minute PowerPoint Presentation at:
 - Beginning of an Executive Meeting
 - Beginning of a Quality Committee Meeting
2. Provide copy of ACF to each Medical Administrator
3. Meet with Medical Administrators to discuss the ACF and strategies your Facility are using to implement the ACF
4. Put copies of the A4 Poster in:
 - Medical Administration Areas
 - Noticeboards in Administration Areas



BACKGROUND INFORMATION ON THE AUSTRALIAN CURRICULUM FRAMEWORK FOR JUNIOR DOCTORS

INTRODUCTION

The Australian Curriculum Framework for Junior Doctors (ACF) outlines the knowledge, skills and behaviours required of Prevocational Doctors (PGY1, PGY2 and above) in order to work safely in Australian hospitals and other health care settings. As such, it provides a bridge between undergraduate curricula and the curricula that underpin college training programs. The ACF provides junior doctors with an educational template that clearly identifies the core competencies and capabilities that are required to provide quality health care.

The development of the ACF is an initiative of the Postgraduate Medical Education Councils of Australia. Under the leadership of the Confederation of Postgraduate Medical Education Councils (CPMEC), a writing group was established to develop a blueprint for a nationally coordinated and collaborative approach to the education and training of Prevocational trainees. A rigorous process was undertaken to develop this framework including review of curricula from the United Kingdom¹ and Canada². Work undertaken by Australian Postgraduate Medical Education Councils^{3,4,5} provided a foundation for the identification of core competencies. Other sources included the National Patient Safety Education Framework⁶ and the CDAMS Indigenous Health Care Curriculum⁷.

The ACF was developed using a collaborative, evidence-based and inclusive approach, recognising the educational needs of all interns and junior medical officers, irrespective of their planned specialisation or training location. The ACF will assist medical education providers, clinical teachers and employers to provide a structured and planned program of education for Prevocational doctors. It will also enable the individual doctor to assess their own education and training needs and plan their own professional development activities.

The ACF is built around three learning areas: Clinical Management, Communication, and Professionalism. These areas have been divided into a total of 11 categories each of which is further subdivided into 4 – 7 learning topics. These learning topics have been identified in the literature and from supervisors' experience as being critical to safe prevocational practice.

The ACF has the potential to streamline medical education by explicitly stating the competencies expected of a junior medical officer. Many of these will have already been achieved at an undergraduate level but may be further developed during internship. While it is expected that most of the competencies will be mastered by the end of internship it is anticipated that a trainee will become more proficient and skillful in these competencies in subsequent postgraduate years. While the ACF supports education and training in all environments it does not rely solely on the traditional professional groups or teaching methods for implementation. Rather, its success is dependant upon different health occupations and professions working and learning together using local and innovative teaching methods.

PRINCIPLES UNDERPINNING THE ACF

The ACF identifies the educational and training needs of interns and junior medical officers. The following guiding principles have underpinned its development:

- The widely accepted principles of Adult Learning form a basis for the ACF. Inherent in these is the need for respect for prior learning and experience, a requirement for the provision of clear learning outcomes, regular feedback on performance and the need to provide opportunities for reflection;
- The contents of the ACF reflect the classical learning domains of knowledge, skills and behaviours and identify the required learning within each learning topic;
- Safety and quality healthcare underpin all education and training and forms a core part of the training of interns and junior medical officers;
- Interns and junior medical officers will know what learning outcomes they are expected to achieve and what education they can expect, irrespective of where the prevocational doctor is training;
- Supervisors, health services and educators will have a clear picture of what interns and junior medical officers need to know for safe and effective practice;
- The ACF supports continuous and complimentary learning from undergraduate training through to prevocational and vocational education and training.

IMPLEMENTATION AND USE OF THE ACF

The following guidelines will support the effective implementation and use of the ACF at the National level, across states and territories and in individual health services, hospitals or practices:

PROGRESSIVE DEVELOPMENT OF KNOWLEDGE, SKILLS AND BEHAVIOURS

The ACF recognises that junior doctors have varying levels of knowledge, skills and behaviours when they commence their internship. Much of their knowledge and skills will depend on their level of clinical or managerial responsibility for patients. The ACF will enable an individual learner to manage their own progression. Some interns may have mastered all the competencies by the end of their internship while others will require a longer period.

SUPPORTING THE DESIGN OF PRACTICE-BASED IMPLEMENTATION

The ACF focuses on practice-based learning, taking place as far as possible in the context of the learner's current work or professional environment. Learning activities, including assessment, need to be as authentic as possible and based on the requirements and practicalities of their work role.

AN INTEGRATED APPROACH

The ACF aims to integrate learning at every opportunity. No single part of the ACF is taught in isolation from other related or relevant pieces of learning. This will enable educational managers to support and positively reinforce the integration of prevocational training throughout the whole organisation, particularly with critical strategies such as team learning.

OPPORTUNISTIC LEARNING

The ACF is intended to exploit the rich opportunistic learning environment that the workplace provides. The list of Problems & Conditions and Skills & Procedures that prevocational doctors should be exposed to are intended as a guide for the prevocational years and should not preclude the acquisition of knowledge and skills outside these lists.

SPECIFYING 'PERFORMANCE'

The ACF describes required learning in terms of performance elements. This provides a useful starting point for practice-based training that relies on performance or competency-based assessment. The ACF performance elements will provide both learners and educators with a clear starting point to describe how successful learning might be demonstrated.

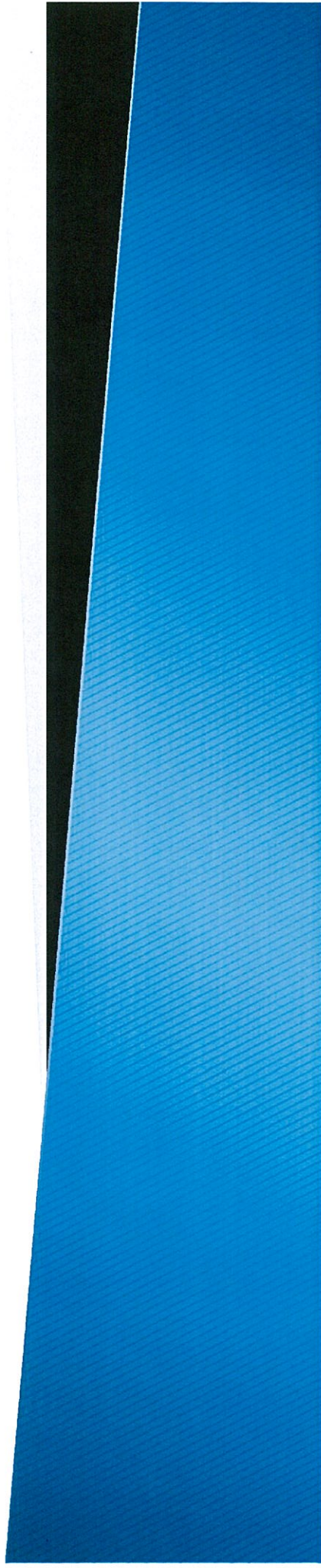
SUPERVISION

Prevocational doctors are expected to be actively supervised in the workplace. Supervision is a crucial element to achieving many of the competencies within the ACF. It is expected that, over the two to three years of prevocational training, there will be a progressive increase in the level of individual clinical responsibility and a corresponding reduction in the level of supervision that is required.

REFERENCES

1. UK Foundation Programme (2004) *Curriculum for the foundation years in postgraduate education and training*, The Foundation Programme Committee of the Academy of Medical Royal Colleges, in co-operation with Modernising Medical Careers in the UK Departments of Health.
2. CanMEDS (2005) *Report on the CanMEDS Phase IV Working Groups*, The Royal College of Physicians and Surgeons of Canada, Ottawa.
3. PMCNSW (2004) *Core Curriculum for PGY1s and PGY2s*, MTRP Project, Postgraduate Medical Council of New South Wales.
4. PMCSA (2005) *Intern Curriculum Framework*, Education Committee, Postgraduate Medical Council of South Australia.
5. PMCWA (2006) *Western Australia Junior Doctor Curriculum – Guidelines for teaching and learning: Postgraduate years 1 and 2*, Postgraduate Medical Council of Western Australia.
6. Safety & Quality Council (2005) *National Patient Safety Education Framework*, The Australian Council for Safety and Quality in Health Care, Commonwealth of Australia.
7. CDAMS (2004) *CDAMS Indigenous Health Curriculum Framework*, Project Steering Committee, Committee of Deans of Australian Medical Schools.

Implementing the Australian Curriculum Framework for Junior Doctors in the Workplace



Who should be using the ACF?

- ▶ Everyone involved in Prevocational Medical Education regardless of a junior doctor's planned specialisation or training location

Prevocational Medical Education

Prevocational Phase



What is the purpose of the Prevocational Phase of Medical Education?

- ▶ Application of undergraduate knowledge and skills to the real world
- ▶ Attainment of new knowledge, skills and behaviours
- ▶ Interaction in the workplace with other health professionals
- ▶ Progressive increase in levels of autonomy and responsibility
- ▶ Requirement for Accountability for own practice
- ▶ Undertake further career choices

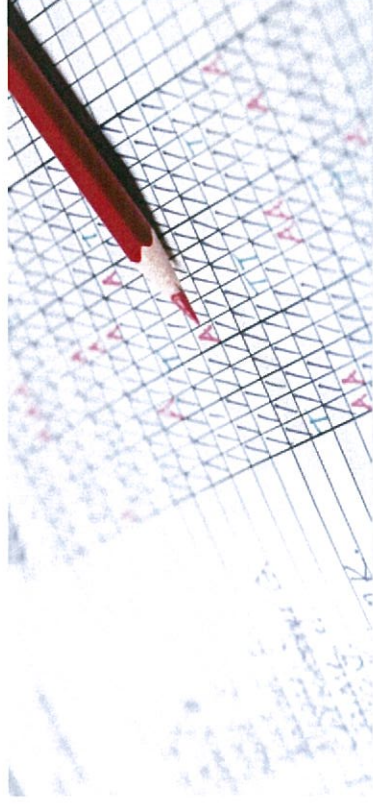
What is the ACF?

- ▶ Provides an educational template that clearly identifies the core capabilities that are required to provide quality health care



How was the ACF developed?

- ▶ A Writing Group (of Clinicians, Junior Doctors and Educators) under the auspices of CPMEC, developed the initial blueprint, which was then released for extensive national consultation
- ▶ Launched November 2006



How is the ACF constructed?

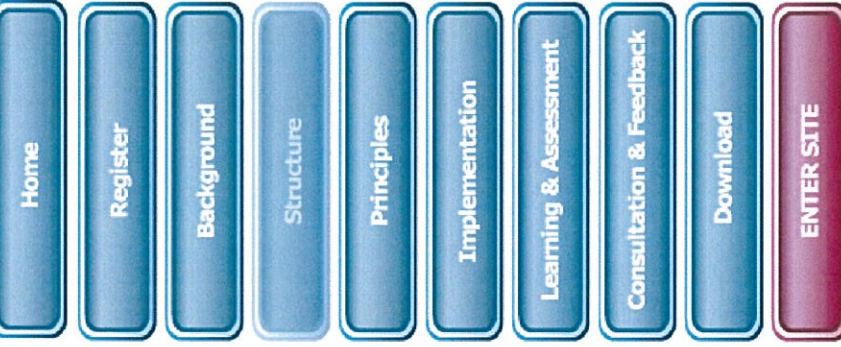
- ▶ 3 Core Areas
 - Clinical Management
 - Communication
 - Professionalism
- ▶ Each Area divided into Topics
- ▶ Each Topic divided into Categories
- ▶ Each Category divided into Capabilities (knowledge, skills and behaviours)



Australian Curriculum Framework for Junior Doctors



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Structure of the Australian Curriculum Framework for Junior Doctors

The Curriculum framework is built around three learning areas: Clinical Management, Communication and Professionalism.

These areas have been divided into a total of eleven categories.

Each category is further subdivided into four to seven learning topics. These learning topics have been identified in the literature and from supervisors' experience as being critical to safe prevocational practice.



CLINICAL MANAGEMENT

Safe Patient Care	Systems	Risk & prevention	Adverse events & near misses
Patient Assessment	Patient identification	History & examination	Investigations
Patient Management	Management options	Therapeutics	Pain management
Emergencies	Assessment	Prioritisation	Basic Life Support
Skills & Procedures	Decision-making	Informed consent	Preparation & analgesia

Each topic includes three competencies or capabilities.

While it is expected that most of the competencies will be mastered by the end of internship, it is anticipated that a trainee will become more proficient and skilful in these competencies in subsequent postgraduate years.

Some competencies and capabilities have been labelled as 'advanced', suggesting that they are more likely to be achieved in the second post-graduate year.

Clinical Management: Safe Patient Care : Systems

Use feedback on this topic

Capabilities:

- Understand the uses & limitations of electronic patient information & decision-support systems
- Use electronic resources in patient care e.g. obtain results, discharge summaries, pharmacopoeia
- Understand & comply with policies regarding IT e.g. passwords, e-mail & internet

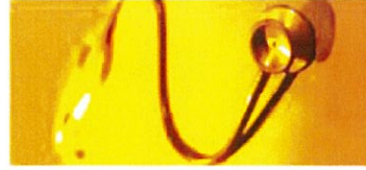
Useful links to learning & assessment resources:

Description or web address This feature will be activated once the curriculum is finalised

Australian Curriculum Framework for Junior Doctors

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CLINICAL MANAGEMENT

Safe Patient Care	Systems	Risk & prevention	Adverse events & near misses	Public health	Infection control	Radiation safety	Medication safety
Patient Assessment	Patient identification	History & examination	Problem formulation	Investigations	Referral & consultation		
Emergencies	Assessment	Prioritisation	Basic Life Support	Advanced Life Support	Acute patient transfer		
Patient Management	Management options	Therapeutics	Pain management	Fluid & electrolyte management	Subacute care	Ambulatory & community care	Discharge planning
Skills & Procedures	Decision-making	Informed consent	Preparation & anaesthesia	Procedures	Post-procedure		

COMMUNICATION

Patient Interaction	Context	Respect	Providing information	Meetings with families or carers	Breaking bad news	Open disclosure	Complaints
Managing Information	Written	Electronic	Prescribing	Health records	Evidence-based practice	Handover	
Working in Teams	Team structure	Team dynamics	Teams in action	Case presentation			



PROFESSIONALISM

Doctor & Society	Access to healthcare	Culture, society & healthcare	Indigenous patients	Professional standards	Medicine & the law	Health promotion	Healthcare resources
Professional Behaviour	Professional responsibility	Time management	Personal well-being	Ethical practice	Practitioner in difficulty	Doctors as leaders	
Teaching & Learning	Self-directed learning	Teaching	Supervision	Career development			



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How does the ACF assist JMOs?

- ▶ JMOs can:
 - Self assess their confidence with the ACF capabilities
 - Identify their individual learning needs
 - Monitor progress in achieving the ACF capabilities
 - Engage in discussion with their supervisors as to their specific learning needs and how best to address these

How does the ACF assist Clinical Teachers?

- ▶ The ACF clarifies for ALL clinical teachers what needs to be taught, and what learning opportunities should be provided across the prevocational years
- ▶ Clinical teachers can:
 - Map the learning opportunities specific to their terms to the ACF
 - Identify resources to assist JMOs to meet their learning needs
 - Liaise with their Medical Education Unit to ensure achievement of capabilities across the Framework

Want to know more ...

- ▶ Contact your Medical Education Unit on ...

CPMEC would like to thank Queensland Health for assistance in developing this presentation

<http://www.cpmec.org.au>

Mapping

What is mapping?

- Identification of learning/training opportunities within rotations/terms that match learning capabilities considered necessary for independent practice or more advanced training.

How do you map?

- Compare Term Descriptions to own portfolio to confirm that learning expectations for rotations are achieved.
- Use a self-reflective Portfolio to document progression of achievement of ACF capabilities during progressive rotations.

What can you map?

- Recording the skills, procedures and capabilities you have achieved in each term enables a "map" of learning opportunities to be developed. These opportunities can include; formal education programs, on-line modules, unit audit meetings, CME meetings and grand rounds.
- Cross-referencing Term Descriptions to JMO portfolios can also determine which skills, procedures and capabilities are not achieved in different rotations.

What can you do with the information?

- Identification of individual JMO's learning needs/ gaps in experience gained compared with ACF capabilities and methods to address gaps
- JMOs can link the information gained from mapping to:
 - Requirements for unconditional registration by PMCs/Medical Boards.
 - Learning required for career paths.
 - Incorporate the information in CVs for applications to post-graduate College training/other positions and provide this information to nominated referees.
 - Self-reflect on learning areas/skills requiring remediation/up-skilling.
 - Respond to identified gaps by:
 - Feedback to Educators/Term Supervisors.
 - Self-directed learning (web-based/course/interactive learning modules).

Resources

What is required in terms of resources?

- JMOs can reflect on their use of current learning resources and provide feedback on the value and if/how they might be improved to assist in achieving ACF capabilities.
- A compendium of resources that have been used to achieve ACF capabilities in a particular facility (e.g. website, skills laboratories, formal programs, on-line modules can be compiled with reference to the Term Descriptions and JMO Portfolios).

NATIONAL WORKPLACE IMPLEMENTATION GUIDELINES FOR THE AUSTRALIAN CURRICULUM FRAMEWORK FOR JUNIOR DOCTORS

JMO VERSION

INTRODUCTION

Junior doctors in their first and second years of training (PGY1 and PGY2) provide a valuable service to the community in their role as service providers in healthcare. In addition they seek training, both to fulfill their healthcare roles and to become accredited with medical colleges as medical specialists and GPs of the future. The provision of service and the undertaking of clinical training are therefore interwoven.

The Australian Curriculum Framework (ACF) was developed through an MTRP-funded project in 2006. It was launched at the prevocational forum in Adelaide 2006, and since then has been implemented to varying degrees throughout Australia. The ACF has been developed to identify essential knowledge, skills and behaviours at this early level of post graduate training and to assist the junior doctors, their medical educators/supervisors and the institutions responsible for their education and training.

PURPOSE OF THE NATIONAL IMPLEMENTATION GUIDELINES

The purpose of the National Implementation Guidelines is to raise awareness of the ACF, promote its value to stakeholders and to provide background guidelines and practical examples as to how the ACF may be implemented in your institution. The guidelines have been developed to assist junior doctors, supervisors and institutions in the implementation of the ACF. The document includes a general description of activities along with suggested examples for individual audiences. These have been identified as:

1. Junior Medical Officers (e.g. PGY1/PGY2/IMG)
2. Medical Educators (e.g. MEO/DCT/Deans of Medical Schools/Colleges)
3. Supervisors (e.g. Registrars and Senior Medical Staff)
4. Administrators (e.g. Managers/CEOs/Departments of Health)

The ACF will have different applications for the various audiences using the document. The four audiences can and should play a role in actively raising awareness of the ACF both within their own organisations and at a state and national level.

The activities suggested in the following are examples of ways in which JMOs could promote the ACF at their institution.

Purpose

What is the purpose of the ACF?

- To provide JMOs with a roadmap of capabilities expected of them by the end of prevocational training as the basis for safe independent practice and further progression through College programs.

How can you raise awareness of the ACF?

- Encourage and support involvement of JMO peers in the ACF implementation process.
- Participate in regular review of ACF outcomes at local sites.
- Encourage medical students under JMO supervision to use the ACF to help guide their clinical terms.
- Use the ACF to discuss learning needs with Term Supervisors at the start of terms.
- Request that Term Supervisors refer to the ACF when providing mid-term appraisal and end of term assessments.
- Discuss and review self reflective Portfolios at the start of each term to identify ACF capabilities achieved to date, and those hoped to be achieved in the coming term.

How do you integrate Service and Training?

- JMOs to develop skills to balance service delivery and participation in ongoing learning opportunities (formal, experiential and self-directed).
- Identify clashes in timetables that effect the ability to participate in educational opportunities and discuss these with Term Supervisors.

Use in Terms

What is the appropriate focus for specific Terms?

- JMOs to identify their learning needs from the ACF for each specific term, including means by which these needs can be met, eg, formal programs, experiential or self-directed.
- Compare JMO-identified learning needs for a specific term with those identified in the Term Descriptions.

How can you incorporate the ACF into Term Descriptions?

- Use the Term Description as a guide to identify how ACF capabilities may be acquired.
- Use the Term Descriptions as the basis for discussion with Supervisors about ACF capabilities met by mid/end of terms.
- Assist Term Supervisors by identifying areas of the ACF achieved during a term which are not specifically mentioned in Term Descriptions.

Use in Teaching & Learning

How can the ACF be used to promote the principles of Teaching and Learning?

- Participate in Teaching on the Run modules and other courses promoting teaching and learning skills during the two year prevocational training period.

How can the ACF be used to facilitate Self Directed Learning?

- Demonstrate a commitment to self-directed learning by maintaining a Portfolio that identifies **where and how** ACF-recommended capabilities have been progressively met.
- Refer to Portfolios when seeking feedback from Educationalist/Clinical Supervisors.

How can the ACF be used to facilitate Electronic Learning?

- Maximise learning by utilising all resources available at a Facility/Facilities, including electronic resources (e.g. JMOs may choose to maintain their portfolios online).

How can the ACF be used to facilitate Formal Learning Opportunities?

- Discuss with Educators the ACF capabilities that a formal education session relates to i.e. encourage the link to the ACF.
- Identify topics for Formal Education sessions in order to cover topics from the ACF that are not easily experienced within the workplace e.g. population health, tropical medicine.
- Ensure attendance at formal learning sessions.
- Provide feedback on formal education sessions including content, topics etc.

How can the ACF be used to facilitate skill acquisition?

- At the start of each term, identify areas/procedures from the ACF skills and procedures list that are likely to be acquired.
- Identify any skills or procedures that require further training or remediation Record ACF and other skills obtained/achieved during terms in portfolios.

Assessment

How can the ACF be implemented in regards to Assessment?

- Upon commencing a new term, JMOs can use the ACF and term descriptions to determine which capabilities are likely to be achieved.
- JMOs can use Portfolios and Term Descriptions to document achievement of ACF capabilities and competency progression in relevant areas/procedures for each of the terms.
- JMOs can use the ACF to discuss with the Term Supervisor performance/learning at mid and end of term meetings.
- JMOs can expect that Term Supervisors will refer to the ACF when completing an end of term assessment.