

AUSTRALIAN CURRICULUM FRAMEWORK FOR JUNIOR DOCTORS

version 3.1

Introduction

Clinical Management

Professionalism

Communication

Clinical Symptoms, Problems and Conditions

Skills & Procedures



CPMEC

**Confederation of Postgraduate
Medical Education Councils**

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The time and effort of the ACF Revision Working Group members including:

Dr Greg Keogh,
Ms Debbie Paltridge
Dr Jag Singh
Dr Susannah Ahern
Dr Paul Baynes
Professor Ben Canny
Professor Kevin Forsyth
Dr Will Milford
Professor Richard Tarala
Dr Stephen Walker
Professor Simon Willcock



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DEVELOPMENT AND USE OF THE AUSTRALIAN CURRICULUM FRAMEWORK FOR JUNIOR DOCTORS (ACF)

Development of the ACF

The prevocational phase of medical training and development encompasses the period between graduation and vocational training. This training period is an essential part of the development of a mature medical practitioner. During this period it is expected that the doctor will become an increasingly competent practitioner who is able to use the skills of history-taking, examination, and interpretation of investigations, to synthesise patient information and to formulate a patient management plan. These skills will be mastered during the assessment and management of patients in a variety of settings including inpatient admissions, ambulatory settings, emergency care and appropriate simulated environments, whilst acting as part of a multidisciplinary team. At the successful completion of this phase of training, the prevocational doctor will have acquired the knowledge, skills and experience necessary to proceed to vocational training.

The Australian Curriculum Framework for Junior Doctors (ACF) guides the development of prevocational doctors in their first two postgraduate years. It is an educational template outlining the learning outcomes required of prevocational doctors, to be achieved through their clinical rotations, education programs and individual learning, in order to promote safe, quality health care.

Introduction

The three core learning areas of the ACF - Clinical Management, Communication, and Professionalism - have categories which are further subdivided into learning topics. These topics have been identified in the literature, from supervisors' experiences and extensive stakeholder feedback, as being critical to both safe prevocational practice and a basis for future training, and have undergone several revisions since 2006.

The 2012 Writing Group, set up to review the ACF, discussed a wide range of issues and suggestions and agreed on the following:

- Retention of the three core learning areas such that patient safety continues to be integrated throughout the document. Strong stakeholder feedback endorsed the writing group's view that safety issues are paramount and relevant in all three areas and that separating it would put it at risk of being undervalued.
- Reaffirmation that the ACF needs to remain a two year framework to guide the learning throughout PGY 1 and PGY2, and that separating the capabilities into one or the other year would not recognise that junior doctors acquire these capabilities at different stages throughout the prevocational period of training and beyond.
- Refinement of the "skills and procedures" and "common symptoms & signs, problems and conditions" to produce a more concise list expected by the end of PGY2, regardless of the rotations undertaken. As a result, 'ADV' has been removed from specific capabilities as it was considered that all capabilities should be achieved by the end of PGY2 within the generic curriculum.

Introduction

The principles that underpin the ACF include:

- Adult Learning theory, including: recognition of prior learning and experience, provision of clear learning outcomes, encouraging self directed learning, regular feedback on performance and provision of opportunities for reflection,
- A focus on translating learning from university into performance in the workplace,
- Vertical integration of medical education across the continuum,
- Clear expectations of outcomes for all involved in prevocational medical education and training,
- Safety and quality in healthcare,
- Maintaining a generalist focus in the prevocational years including exposure to appropriate terms to achieve capabilities, and
- Acknowledging the need to address the health needs of disadvantaged groups including indigenous people and those with disabilities

The ACF is a continuing collaborative project between Postgraduate Medical Councils (PMCs) and a broad range of stakeholders under the leadership of the Confederation of Postgraduate Medical Education Councils (CPMEC) and is funded by the Australian Government's Department of Health and Ageing. The history of the development of the ACF, references and useful downloads and links are available on the CPMEC website: www.cpmec.org.au

Introduction

Using the ACF

The ACF can be used in a variety of ways to support prevocational training and development:

Prevocational Doctors

- The ACF can be used to guide your journey through the prevocational years. It outlines the desired learning outcomes for all prevocational doctors by the end of their PGY2 year. It is recognised that learning and skill development is a continuous process throughout the prevocational period, and that different skills may develop at different rates throughout this time.
- The ACF is designed as a self-assessment tool to identify strengths, weaknesses and opportunities for learning and professional development. It can then be used as a basis for monitoring progress during the prevocational years.
- When commencing new rotations, the ACF provides a useful checklist and a source for discussing the generic learning opportunities that may be available from a given term. In addition, individual terms may have specific skills and procedures that may be learnt during the term as per term position descriptions and other educational resources.

Supervisors, educators, employers and managers:

- The ACF can be used to review the learning opportunities offered by core and non-core rotations, or to plan the development of innovative positions in new and expanded settings.
- The ACF can be mapped to undergraduate and vocational training curricula, prevocational education programs, position descriptions and rosters in order to identify gaps or duplication across the continuum of medical education.
- Clinical unit staff can use the ACF as a starting point for clinical teaching and professional development.
- The ACF provides a structure for mid and end of term feedback and assessment.

Clinical Management

PATIENT ASSESSMENT

Patient identification

- Follows the stages of a verification process to ensure the correct identification of a patient
- Complies with the organisation's procedures for avoiding patient misidentification
- Confirms with relevant others the correct identification of a patient

History & Examination

- Recognises how patients present with common acute & chronic problems & conditions
- Undertakes a comprehensive & focussed history
- Performs a comprehensive examination of all systems
- Elicits symptoms & signs relevant to the presenting problem or condition

Problem formulation

- Synthesises clinical information to generate a ranked problem list containing appropriate provisional diagnoses as part of the clinical reasoning process
- Discriminates between the possible differential diagnoses relevant to a patient's presenting problems or conditions
- Regularly re-evaluates the patient problem list

Clinical Management

PATIENT ASSESSMENT

Investigations

- Judiciously selects, requests & is able to justify investigations in the context of particular patient presentation
- Follows up & interprets investigation results appropriately to guide patient management
- Identifies & provides relevant & succinct information when ordering investigations

Referral & consultation

- Identifies & provides relevant & succinct information
- Applies the criteria for referral or consultation relevant to a particular problem or condition
- Collaborates with other health professionals in patient assessment

SAFE PATIENT CARE

Systems

- Works in ways which acknowledge the complex interaction between the healthcare environment, doctor & patient
- Uses mechanisms that minimise error e.g. checklists, clinical pathways
- Participates in continuous quality improvement e.g. clinical audit

Clinical Management

SAFE PATIENT CARE

Risk & prevention

- Identifies the main sources of error & risk in the workplace
- Recognises & acts on personal factors which may contribute to patient & staff risk
- Explains & reports potential risks to patients & staff

Adverse events & near misses

- Describes examples of the harm caused by errors & system failures
- Documents & reports adverse events in accordance with local incident reporting systems
- Recognises & uses existing systems to manage adverse events & near misses

Public health

- Knows pathways for reporting notifiable diseases & which conditions are notifiable
- Acts in accordance with the management plan for a disease outbreak
- Identifies the key health issues & opportunities for disease & injury prevention in the community

Clinical Management

SAFE PATIENT CARE

Infection control

- Practices correct hand-washing & aseptic techniques
- Uses methods to minimise transmission of infection between patients
- Rationally prescribes antimicrobial/antiviral therapy for common conditions

Radiation safety

- Minimise the risk associated with exposure to radiological investigations or procedures to patient or self
- Rationally requests radiological investigations & procedures
- Regularly evaluates his/her ordering of radiological investigations & procedures

Medication safety

- Identifies the medications most commonly involved in prescribing & administration errors
- Prescribes, calculates & administers all medications safely mindful of their risk profile
- Routinely reports medication errors & near misses in accordance with local requirements

Clinical Management

ACUTE & EMERGENCY CARE

Assessment

- Recognises the abnormal physiology & clinical manifestations of critical illness
- Recognises & effectively assesses acutely ill, deteriorating or dying patients
- Initiates resuscitation when clinically indicated whilst continuing full assessment of the patient

Prioritisation

- Applies the principles of triage & medical prioritisation
- Identifies patients requiring immediate resuscitation & when to call for help e.g. Code Blue / MET

Basic Life Support

- Implements basic airway management, ventilatory & circulatory support
- Effectively uses semi-automatic & automatic defibrillators

Advanced Life Support

- Identifies the indications for advanced airway management
- Recognises malignant arrhythmias, uses resuscitation/drug protocols & manual defibrillation
- Participates in decision-making about & debriefing after cessation of resuscitation

Clinical Management

ACUTE & EMERGENCY CARE

Acute patient transfer

- Identifies when patient transfer is required
- Identifies & manages risks prior to & during patient transfer

Management Options

- Identifies & is able to justify the patient management options for common problems & conditions
- Implements & evaluates a management plan relevant to the patient following discussion with a senior clinician

Inpatient Management

- Reviews the patient & their response to treatment on a regular basis

Therapeutics

- Takes account of the actions & interactions, indications, monitoring requirements, contraindications & potential adverse effects of each medication used
- Involves nurses, pharmacists & allied health professionals appropriately in medication management
- Evaluates the outcomes of medication therapy

Pain management

- Specifies & can justify the hierarchy of therapies & options for pain control
- Prescribes pain therapies to match the patient's analgesia requirements

Clinical Management

PATIENT MANAGEMENT

Fluid, electrolyte & blood product management

- Identifies the indications for, & risks of, fluid & electrolyte therapy & blood products
- Recognises & manages the clinical consequences of fluid electrolyte imbalance in a patient
- Develops, implements, evaluates & maintains an individualised patient management plan for fluid, electrolyte or blood product use
- Maintains a clinically relevant patient management plan of fluid, electrolyte & blood product use

Subacute care

- Identifies patients suitable for & refers to aged care, rehabilitation or palliative care programs
- Identifies common risks in older & complex patients e.g. falls risk & cognitive decline

Ambulatory & community care

- Identifies & arranges ambulatory & community care services appropriate for each patient

Discharge planning

- Recognises when patients are ready for discharge
- Facilitates timely & effective discharge planning

Clinical Management

PATIENT MANAGEMENT

End of Life Care

- Arranges appropriate support for dying patients
- Takes account of legislation regarding Enduring Power of Attorney & Advanced Care Planning

SKILLS & PROCEDURES

Decision-making

- Explains the indications, contraindications & risks for common procedures
- Selects appropriate procedures with involvement of senior clinicians & the patient
- Considers personal limitations & ensures appropriate supervision

Informed consent

- Applies the principles of informed consent in day to day clinical practice
- Identifies the circumstances that require informed consent to be obtained by a more senior clinician
- Provides a full explanation of procedures to patients considering factors affecting the capacity to give informed consent such as language, age & mental state

Clinical Management

SKILLS & PROCEDURES

Performance of procedures

- Ensures appropriate supervision is available
- Identifies the patient appropriately
- Prepares & positions the patient appropriately
- Recognises the indications for local, regional or general anaesthesia
- Arranges appropriate equipment
- Arranges appropriate support staff & defines their roles
- Provides appropriate analgesia &/or premedication
- Performs procedure in a safe & competent manner using aseptic technique
- Identifies & manages common complications
- Interprets results & evaluates outcomes of treatment
- Provides appropriate aftercare & arranges follow-up

Professionalism

DOCTOR & SOCIETY

Access to healthcare

- Identifies how physical or cognitive disability can limit patients' access to healthcare services
- Provides access to culturally appropriate healthcare
- Demonstrates & advocates a non-discriminatory patient-centred approach to care

Culture, society healthcare

- Behaves in ways which acknowledge the social, economic political factors in patient illness
- Behaves in ways which acknowledge the impact of culture, ethnicity, sexuality, disability & spirituality on health
- Identifies his/her own cultural values that may impact on his/her role as a doctor

Indigenous patients

- Behaves in ways which acknowledge the impact of history & the experience of Indigenous Australians
- Behaves in ways which acknowledge Indigenous Australians' spirituality & relationship to the land
- Behaves in ways which acknowledge the diversity of indigenous cultures, experiences & communities

Professionalism

DOCTOR & SOCIETY

Professional standards

- Complies with the legal requirements of being a doctor e.g. maintaining registration
- Adheres to professional standards
- Respects patient privacy & confidentiality

Medicine & the law

- Complies with the legal requirements in patient care e.g. Mental Health Act, death certification
- Completes appropriate medico-legal documentation
- Liaises with legal & statutory authorities, including mandatory reporting where applicable

Health promotion

- Advocates for healthy lifestyles & explains environmental lifestyle risks to health
- Uses a non-judgemental approach to patients & his/her lifestyle choices (e.g. discusses options; offers choice)
- Evaluates the positive & negative aspects of health screening & prevention when making healthcare decisions

Professionalism

DOCTOR & SOCIETY

Healthcare resources

- Identifies the potential impact of resource constraint on patient care
- Uses finite healthcare resources wisely to achieve the best outcomes
- Works in ways that acknowledge the complexities & competing demands of the healthcare system

PROFESSIONAL BEHAVIOUR

Professional responsibility

- Behaves in ways which acknowledge the professional responsibilities relevant to his/her health care role
- Maintains an appropriate standard of professional practice & works within personal capabilities
- Reflects on personal experiences, actions & decision-making
- Acts as a role model of professional behaviour

Time management

- Prioritises workload to maximise patient outcomes & health service function
- Demonstrates punctuality

Professionalism

PROFESSIONAL BEHAVIOUR

Personal well-being

- Is aware of, & optimises personal health & well-being
- Behaves in ways to mitigate the personal health risks of medical practice e.g. fatigue, stress
- Behaves in ways which mitigate the potential risk to others from your own health status e.g. infection

Ethical practice

- Behaves in ways that acknowledge the ethical complexity of practice & follows professional & ethical codes
- Consults colleagues about ethical concerns
- Accepts responsibility for ethical decisions

Practitioner in difficulty

- Identifies the support services available
- Recognises the signs of a colleague in difficulty & responds with empathy
- Refers appropriately

Doctors as leaders

- Shows an ability to work well with & lead others
- Exhibits leadership qualities & takes leadership role when required.

Professionalism

PROFESSIONAL BEHAVIOUR

Professional Development

- Reflects on own skills & personal attributes in actively investigating a range of career options.
- Participates in a variety of continuing education opportunities
- Accepts opportunities for increased autonomy & patient responsibility under their supervisor's direction

TEACHING, LEARNING & SUPERVISION

Self-directed learning

- Identifies & addresses personal learning objectives
- Establishes & uses current evidence based resources to support patient care & own learning
- Seeks opportunities to reflect on & learn from clinical practice
- Seeks & responds to feedback on learning
- Participates in research & quality improvement activities where possible

Professionalism

TEACHING, LEARNING & SUPERVISION

Teaching

- Plans, develops & conducts teaching sessions for peers & juniors
- Uses varied approaches to teaching small & large groups
- Incorporates teaching into clinical work
- Evaluates & responds to feedback on own teaching

Supervision, Assessment & Feedback

- Seeks out personal supervision & is responsive to feedback
- Seeks out & participates in personal feedback & assessment processes
- Provides effective supervision by using recognised techniques & skills (availability, orientation, learning opportunities, role modelling, delegation)
- Adapts level of supervision to the learner's competence & confidence
- Provides constructive, timely & specific feedback based on observation of performance
- Escalates performance issues where appropriate

Context

- Arranges an appropriate environment for communication, e.g. privacy, no interruptions & uses effective strategies to deal with busy or difficult environments
- Uses principles of good communication to ensure effective healthcare relationships
- Uses effective strategies to deal with the difficult or vulnerable patient

Respect

- Treats patients courteously & respectfully, showing awareness & sensitivity to different backgrounds
- Maintains privacy & confidentiality
- Provides clear & honest information to patients & respects their treatment choices

Providing information

- Applies the principles of good communication (e.g. verbal & non verbal) & communicates with patients & carers in ways they understand
- Uses interpreters for non English-speaking backgrounds when appropriate
- Involves patients in discussions to ensure their participation in decisions about their care

Communication

PATIENT INTERACTION

Meetings with families or carers

- Identifies the impact of family dynamics on effective communication
- Ensures relevant family/carers are included appropriately in meetings & decision-making
- Respects the role of families in patient health care

Breaking bad news

- Recognises the manifestations of, & responses to, loss & bereavement
- Participates in breaking bad news to patients & carers
- Shows empathy & compassion

Open disclosure

- Explains & participates in implementation of the principles of open disclosure
- Ensures patients & carers are supported & cared for after an adverse event

Complaints

- Acts to minimise or prevent the factors that would otherwise lead to complaints
- Uses local protocols to respond to complaints
- Adopts behaviours such as good communication designed to prevent complaints

Communication

MANAGING INFORMATION

Written

- Complies with organisational policies regarding timely & accurate documentation
- Demonstrates high quality written skills e.g. writes legible, concise & informative discharge summaries
- Uses appropriate clarity, structure & content for specific correspondence e.g. referrals, investigation requests, GP letters
- Accurately documents drug prescription, calculations & administration

Electronic

- Uses electronic resources in patient care e.g. to obtain results, populate discharge summaries, access medicines information
- Complies with policies regarding information technology privacy e.g. passwords, e-mail & internet, social media

Health Records

- Complies with legal/institutional requirements for health records
- Uses the health record to ensure continuity of care
- Provides accurate documentation for patient care

Communication

MANAGING INFORMATION

Evidence-based practice

- Applies the principles of evidence-based practice & hierarchy of evidence
- Uses best available evidence in clinical decision-making
- Critically appraises evidence & information

Handover

- Demonstrates features of clinical handover that ensure patient safety & continuity of care
- Performs effective handover in a structured format e.g. team member to team member, hospital to GP, in order to ensure patient safety & continuity of care

Communication

WORKING IN TEAMS

Team structure

- Identifies & works effectively as part of the healthcare team, to ensure best patient care
- Includes the patient & carers in the team decision making process where appropriate
- Uses graded assertiveness when appropriate
- Respects the roles & responsibilities of multidisciplinary team members

Team dynamics

- Demonstrates an ability to work harmoniously within a team, & resolve conflicts when they arise
- Demonstrates flexibility & ability to adapt to change
- Identifies & adopts a variety of roles within different teams

Case Presentation

- Presents cases effectively, to senior medical staff & other health professionals

Clinical Symptoms, Problems & Conditions

Doctors should be able to appropriately assess patients presenting with common, important conditions, including the accurate identification of symptoms, signs &/or problems & their differential diagnosis & then use that information to further manage the patient, consistent with their level of responsibility. The assessment & management of these common conditions will vary depending on the setting in which they are seen. These are separated into two lists: common symptoms & signs, & common clinical problems & conditions. These lists should be used as a guide for educational purposes; & are not intended as an exhaustive list, syllabus or checklist.

Common Symptoms & Signs

- Fever
- Dehydration
- Loss of consciousness
- Syncope
- Headache
- Toothache
- Upper airway obstruction
- Chest pain
- Breathlessness
- Cough
- Back pain
- Nausea & Vomiting
- Jaundice
- Abdominal pain
- Gastrointestinal bleeding
- Constipation
- Diarrhoea
- Dysuria /or frequent micturition
- Oliguria & anuria
- Pain & bleeding in early pregnancy
- Agitation
- Depression

Clinical Symptoms, Problems & Conditions

Common Clinical Problems & Conditions ... *continued*

- Non-specific febrile illness
- Sepsis
- Shock
- Anaphylaxis

- Envenomation

- Diabetes mellitus & direct complications
- Thyroid disorders
- Electrolyte disturbances
- Malnutrition
- Obesity

- Red painful eye
- Cerebrovascular disorders
- Meningitis
- Seizure disorders
- Delirium

- Common skin rashes & infections
- Burns

- Fractures
- Minor Trauma
- Multiple Trauma
- Osteoarthritis
- Rheumatoid arthritis
- Gout
- Septic arthritis

Clinical Symptoms, Problems & Conditions

Common Clinical Problems & Conditions ... *continued*

- Hypertension
- Heart failure
- Ischaemic heart disease
- Cardiac arrhythmias

- Thromboembolic disease
- Limb ischaemia
- Leg ulcers

- Oral Infections
- Periodontal disease

- Asthma
- Respiratory infection
- Chronic Obstructive Pulmonary Disease
- Obstructive sleep apnoea

- Liver disease
- Acute abdomen

- Renal failure
- Pyelonephritis & UTIs
- Urinary incontinence & retention

- Menstrual disorders
- Sexually Transmitted Infections

- Anaemia
- Bruising & bleeding
- Management of anticoagulation

Clinical Symptoms, Problems & Conditions

Common Clinical Problems & Conditions ... *continued*

- Cognitive or physical disability
- Substance abuse & dependence
- Psychosis
- Depression
- Anxiety
- Deliberate self-harm & suicidal behaviours
- Paracetamol overdose
- Benzodiazepine & opioid overdose

- Common malignancies
- Chemotherapy & radiotherapy side effects

- The sick child
- Child abuse
- Domestic violence

- Dementia
- Functional decline or impairment
- Falls, especially in the elderly
- Elder abuse

- Poisoning/overdose

Skills & Procedures

Doctors should be able to provide safe treatment to patients through competently performing certain procedures. This list has been developed from the UK Foundation Program Curriculum 2012, to indicate those skills that should be obtained during the prevocational period regardless of the rotations undertaken by the prevocational doctor. It does not highlight skills & procedures that prevocational doctors may have an opportunity to learn/experience on specific rotations. Prevocational doctors should be encouraged to seek out opportunities to perform procedures linked to a specialty attachment (under appropriate supervision), when & if attached to that specialty.

- Venepuncture
- IV cannulation
- Preparation & administration of IV medication, injections & fluids
- Arterial puncture in an adult
- Blood culture (peripheral)
- IV infusion including the prescription of fluids
- IV infusion of blood & blood products
- Injection of local anaesthetic to skin
- Subcutaneous injection
- Intramuscular injection
- Perform & interpret an ECG
- Perform & interpret peak flow
- Urethral catheterisation in adult females & males
- Airway care including bag mask ventilation with simple adjuncts such as pharyngeal airway
- NG & feeding tube insertion
- Gynaecological speculum & pelvic examination
- Surgical knots & simple suture insertion
- Corneal & other superficial foreign body removal
- Plaster cast/splint limb immobilisation

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