

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.