



AUSTRALIAN CURRICULUM FRAMEWORK FOR JUNIOR DOCTORS

version2.2

Confederation of Postgraduate Medical Education Councils

Clinical Management

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	Infection control Practices correct hand-washing and aseptic techniques Uses methods to minimise transmission of infection between patients Rationally prescribes antibiotic/antiviral therapy for common conditions
Risk & prevention Identifies the main sources of error & risk in the workplace Recognises and acts on personal factors which may contribute to patient and staff risk Explains and reports potential risks to patients & staff	Radiation safety Minimise the risk to patient or self associated with exposure to radiological investigations or procedures Rationally requests radiological investigations and procedures Regularly evaluates his/her ordering of radiological investigations and procedures (ADV)
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 & manages adverse events & near misses (ADV)	Medication safety Identifies the medications most commonly involved in prescribing & administration errors Prescribes & administers medications safely Routinely reports medication errors & near misses in accordance with local requirements
Public health Informs authorities of each case of a 'notifiable disease' Acts in accordance with the management plan for a disease outbreak Identifies the determinants of the key health issues and opportunities for disease prevention in the community (ADV)	

EMERGENCIES

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	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
Prioritisation Describes the principles of triage Identifies patients requiring immediate resuscitation & when to call for help e.g. Code Blue / MET Provides clinical care in order of medical priority	Acute patient transfer Identifies factors that need to be addressed for patient transfer Identifies and manages risks prior to and during patient transfer (ADV)
Basic Life Support Implements basic airway management, ventilatory & circulatory support Effectively uses semi-automatic and automatic defibrillators	

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 others the correct identification of a patient	Investigations Selects, requests and can justify investigations in the context of particular patient presentation Follows up and interprets investigation results appropriately to guide patient management Identifies and provides relevant and succinct information when ordering investigations
History & Examination Recognises how patients present with common acute and chronic problems and conditions Elicits symptoms & signs relevant to the presenting problem or condition Undertakes and can justify clinically relevant patient assessments	Referral & consultation Identifies & provides relevant & succinct information Applies the criteria for referral or consultation relevant to a particular problem or condition Collaborate with other health professionals in patient assessment
Problem formulation Synthesises clinical information to generate a ranked problem list containing appropriate provisional diagnoses Discriminates between the possible differential diagnoses relevant to a patient's presenting problems or conditions Regularly re-evaluates the patient problem list as part of the clinical reasoning process	

Clinical Management

PATIENT MANAGEMENT

Management Options Identifies and can justify the patient management options for common problems and conditions Implements and evaluates a management plan relevant to the patient following discussion with a senior clinician	Subacute care Identifies appropriate subacute care services for a patient Identifies patients suitable for aged care, rehabilitation or palliative care programs
Therapeutics When prescribing, takes account of the actions and 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 (ADV)	Ambulatory & community care Identifies and arranges ambulatory and community care services appropriate for each patient
Pain management Specifies and can justify the hierarchy of therapies and options for pain control Prescribes pain therapies to match the patient's analgesia requirements (ADV) Evaluates the pain management plan to ensure it is clinically relevant (ADV)	Discharge planning Identifies the elements of effective discharge planning e.g. early, continuous, multidisciplinary Follows organisational guidelines to ensure smooth discharge Identifies and refers patients to residential care consistent with clinical indications and regulatory requirements (ADV)
Fluid, electrolyte & blood product management Identifies the indications for and risks of fluid & electrolyte therapy and use of blood products Recognises and manages the clinical consequences of fluid & electrolyte imbalance in a patient Develops, implements, evaluates and maintains an individualised patient management plan for fluid, electrolyte and blood product use Maintains a clinically relevant patient management plan of fluid, electrolyte and blood product use with relevant pathology testing (ADV)	End of Life Care Arranges appropriate support for dying patients

SKILLS & PROCEDURES

Decision-making Explains the indications and contraindications for common procedures Selects appropriate procedures with involvement of senior clinicians and the patient	Procedures Provides appropriate analgesia and/or premedication Arranges appropriate support staff & defines their roles
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	Post-procedure Monitors the patient & provides appropriate aftercare Identifies & manages common complications Interprets results & evaluates outcomes of treatment
Preparation & anaesthesia Prepares & positions the patient appropriately Recognises the indications for local, regional or general anaesthesia (ADV) Arranges appropriate equipment & describes its use	

The prevocational phase of medical training and development encompasses the period between graduation and vocational training. The Australian Curriculum Framework for Junior Doctors (ACF) 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. The ACF is built around three learning areas: Clinical Management, Communication, and Professionalism. These areas are divided into categories each of which is further subdivided into learning topics. These topics have been identified in the literature and from supervisors' experiences as being critical to both safe prevocational practice and a basis for future training. The principles that underpin the ACF include:

- Adult Learning theory, including: respect for prior learning and experience, revision of clear learning outcomes, 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.

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 funded by the Australian Government 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.cpmecc.org.au

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Communication

PATIENT INTERACTION

Context Arranges an appropriate environment for communication, e.g. private, no interruptions Uses principles of good communication to ensure effective healthcare relationships Uses effective strategies to deal with the difficult or vulnerable patient	Breaking bad news Identifies symptoms and signs of loss and bereavement Participates in breaking bad news to patients & carers Shows empathy & compassion
Respect Treats patients courteously & respectfully, showing awareness & sensitivity to different backgrounds Maintains privacy & confidentiality Provides clear & honest information to patients & respects their treatment choices	Open disclosure Explains and participates in implementing the principles of open disclosure Ensures patients and carers are supported & cared for after an adverse event
Providing information Applies the principles of good communication (e.g. verbal and non verbal) and communicates with patients and carers in ways they understand Uses interpreters for non English speaking backgrounds when appropriate Involves patients in discussions and decisions about their care	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
Meetings with families or carers Identifies the impact of family dynamics on effective communication Ensures relevant family/carers are included appropriately in meetings and decision-making Respects the role of families in patient health care	

MANAGING INFORMATION

Written Complies with organisational policies regarding timely and accurate documentation Demonstrates high quality written skills e.g. writes legible, concise & informative discharge summaries Uses appropriate structure & content for specific correspondence e.g. referrals, investigation requests, GP letters Accurately documents drug prescription and administration	Evidence-based practice Describes the principles of evidence-based practice & hierarchy of evidence Uses best available evidence in clinical decision-making (ADV) Critically appraises evidence & information (ADV)
Electronic Uses electronic patient information & decision-support systems recognising his/her strengths and limitations Uses electronic resources in patient care e.g. to obtain results, discharge summaries, pharmacopoeia Complies with policies regarding information technology e.g. passwords, e-mail & internet	Handover Describe the importance and features of handover that ensure patient safety and continuity of care Performs effective handover e.g. team member to team member, hospital to GP, to ensure patient safety and continuity of care
Health Records Complies with legal/institutional requirements for health records Uses the health record to ensure continuity of care Facilitates appropriate coding & classification by accurate documentation	

WORKING IN TEAMS

Team structure Identifies the healthcare team (e.g. medical team, multidisciplinary stroke team) most appropriate for a patient Includes the patient & carers in the team decision making process where possible Identifies that team leaders can be from different health professions and respects their roles Uses graded assertiveness when appropriate Respects the roles & responsibilities of team members	Teams in action Identifies and adopts a variety of roles within a team (ADV)
Team dynamics Contributes to teamwork by behaving in ways that maximises the teams' effectiveness including teams which extend outside the hospital Demonstrates an ability to work with others and resolve conflicts when they arise Demonstrates flexibility & ability to adapt to change	Case Presentation Presents cases effectively, to senior medical staff & other health professionals

Skills & Procedures

Doctors should be able to provide safe treatment to patients through competently performing certain procedural and/or assessment skills (ADV = ADVANCED i.e. more likely to be learnt in PGY2 or above).

GENERAL Measurement Blood pressure Pulse oximetry Interpretation of results Pathology Radiology Nuclear Medicine Intravenous Venepuncture Intravenous cannulation Intravenous infusion set up Intravenous drug administration Intravenous fluid & electrolyte therapy Diagnostic Blood Sugar Testing Blood culture Wound swab Respiratory Oxygen therapy Nebuliser/inhaler therapy Bag & Mask ventilation LMA and ETT placement (ADV) Therapeutics/Prophylaxis Anticoagulant Antibiotic Insulin Analgesia Bronchodilators Steroids Injections Intramuscular injections Subcutaneous injections Joint aspiration or injection (ADV)	WOMEN'S HEALTH Palpation of the pregnant abdomen Foetal heart sound detection Urine pregnancy testing Speculum examination Diagnosis of pregnancy Endocervical swab / PAP smear Gynaecological pelvic examination CHILD HEALTH Infant respiratory distress assessment Infant/child dehydration assessment Apgar score estimation (ADV) Newborn examination Neonatal and Paediatric Resuscitation (ADV) SURGICAL Scrub, gown & glove Assisting in the operating theatre Surgical knots & simple wound suturing Local anaesthesia Simple skin lesion excision Suture removal Complex wound suturing (ADV) EAR, NOSE & THROAT Throat swab Anterior rhinoscopy Anterior nasal pack insertion Auroscopy/otoscopy External auditory canal irrigation External auditory canal ear wax insertion (ADV)	CARDIOPULMONARY 12 lead electrocardiogram recording and interpretation Arterial blood gas sampling and interpretation Peak flow measurement Spirometry Pleural effusion/pneumothorax aspiration Central venous line insertion (ADV) GASTROINTESTINAL Nasogastric tube insertion Rectal examination Anoscopy/proctoscopy (ADV) Abdominal paracentesis (ADV) NEUROLOGICAL Glasgow Coma Scale (GCS) scoring Assessment of Neck stiffness Focal neurological sign identification Papilloedema identification (ADV) Lumbar puncture (ADV) MENTAL HEALTH Mini-mental state examination Psychiatric Mental State Examination Suicide risk assessment Alcohol withdrawal scale use Application of Mental Health Schedule	OPHTHALMIC Visual field assessment Visual acuity assessment Direct ophthalmoscopy Eye drop administration Eye bandage application Eye irrigation Eyelid eversion Corneal foreign body removal Intraocular pressure estimation (ADV) Slit lamp examination (ADV) UROGENITAL Bladder catheterisation (M&F) Urine dipstick interpretation Bladder Scan Urethral swab TRAUMA Primary trauma survey In-line immobilisation of cervical spine Cervical collar application Pressure haemostasis Seizure disorders Syncope Delirium Falls, especially in the elderly Headache Stroke / TIA Subarachnoid haemorrhage Spinal disease Dianrhoea Secondary trauma survey (ADV) Intercostal catheter insertion (ADV)
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Introduction

Using the ACF

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

For Prevocational Doctors

- The ACF can be used to guide your journey through the prevocational years. It outlines the desired learning outcomes, however it is recognised that proficiency in achievement of the capabilities will occur at different stages in your training but should ideally be achieved prior to vocational training.
- The ACF is designed to be used 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 your progress during the prevocational years.
- When commencing new rotations, the ACF provides a useful guide for discussing the learning opportunities that may be available from a given term. It may help to identify particular skills and procedures that may be learnt during the term and to plan in advance to receive such training.

For Supervisors, educators, employers and managers:

- The ACF can be used to review the learning opportunities offered by existing rotations or to plan the development of innovative positions in new and expanded settings. For example, clinical staff can use the ACF as a starting point for discussions about what doctors in vocational training should learn and how best to teach it.
- 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 discussions about innovative approaches to clinical teaching and professional development.
- The ACF provides a structure for mid and end of term feedback and assessment.

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 a non-discriminatory approach to patient 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 & 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	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 (ADV) Health promotions Advocates for healthy lifestyles and 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 and negative aspects of health screening and prevention when making healthcare decisions (ADV) Healthcare resources Identifies the potential impact of resource constraint on patient care Uses finite healthcare resources wisely to achieve the best outcomes Behaves in ways that acknowledge the complexities and competing demands of the healthcare system (ADV)
Professional standards Complies with the legal requirements of being a doctor e.g. maintaining registration Adheres to professional standards Respects patient privacy & confidentiality	

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 and health service function Demonstrates punctuality Personal well-being Is aware of and 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 which 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 Refers appropriately & responds with empathy Doctors as leaders Shows an ability to work well with and lead others Exhibits the qualities of a good leader and takes the leadership role when required (ADV) Professional Development Explores and is open to a variety of career options Participates in a variety of continuing education opportunities
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TEACHING, LEARNING & SUPERVISION

Self-directed learning Identifies and addresses personal learning objectives Establishes and uses current evidence based resources to support own learning Seeks opportunities to reflect on and learn from clinical practice Seeks and responds to feedback on learning Participates in research and quality improvement activities where possible Teaching Plans, develops and conducts teaching sessions for peers and juniors Uses varied approaches to teaching small and large groups Incorporates teaching into clinical work Evaluates and responds to feedback on own teaching	Supervision Provides effective supervision e.g. by being available, offering an orientation, learning opportunities, and by being a role model Adapts level of supervision to the learner's competence and confidence Assessment and Feedback Provides constructive, timely and specific feedback based on observation of performance Participates in feedback and assessment processes Provides constructive guidance or refers to an appropriate support to address problems (ADV)
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Clinical Problems and Conditions

Doctors should be able to appropriately assess patients presenting with common, important conditions, including the accurate identification of symptoms, signs and/or problems and their differential diagnosis and then use that information to further manage the patient, consistent with their level of responsibility. The assessment and management of these common conditions will vary depending on the setting in which they are seen.

GENERAL Genetically determined conditions Functional decline or impairment Cognitive or physical disability DERMATOLOGICAL Skin conditions Skin malignancies NEUROLOGICAL Loss of consciousness Seizure disorders Syncope Delirium Falls, especially in the elderly Headache Stroke / TIA Subarachnoid haemorrhage Spinal disease MUSCULOSKELETAL Joint disorders CIRCULATORY Hypertension Heart failure Chest pain Cardiac arrhythmias Electrolyte disturbances Ischaemic heart disease Leg ulcers Limb ischaemia Thromboembolytic disease	RESPIRATORY Breathlessness Asthma Cough Chronic Obstructive Pulmonary Disease Pneumonia / respiratory infection Upper airway obstruction Obstructive sleep apnoea Pleural diseases ORAL DISEASE Toothache Oral Infections GASTROINTESTINAL Nausea and Vomiting Abdominal pain Gastrointestinal bleeding Constipation Dianrhoea Jaundice Liver disease RENAL / UROGYNAECOLOGICAL Dysuria &/or frequent micturition Pyelonephritis and UTIs Reduced urinary output Renal failure Urinary incontinence Abnormal menstruation Contraception	OBSTETRIC PainPain and bleeding in pregnancy ENDOCRINE Diabetes: new cases & complications HAEMOPHOETIC Anaemia NUTRITION / METABOLIC Toothache Weight gain Weight loss MENTAL STATE Disturbed or aggressive patient PSYCHIATRIC / DRUG & ALCOHOL Psychosis Depression Anxiety Deliberate self-harm Dementia Addiction (smoking, alcohol, drug) Substance abuse INFECTIOUS DISEASES Non-specific febrile illness Septicaemia Sexually Transmitted Infections ONCOLOGY Neoplasia	IMMUNOLOGY Anaphylaxis PHARMACOLOGY / TOXICOLOGY Poisoning Envenomation CRITICAL CARE / EMERGENCY Injury prevention Non-accidental injury Minor trauma Multiple trauma Child abuse Domestic violence Elder abuse Postoperative care Shock
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