

The Australian Curriculum Framework for Junior Doctors: Global Competencies

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Background

- The Australian Curriculum Framework for Junior Doctors (ACFJD) launched 2006
- Part of the unprecedented change
- Report from JMO forum 2006: emphasis should be to guide resource allocation and ensure availability of educational opportunities
- Intern education and training opportunities in South Australia have been mapped against the ACFJD

Aim

- To determine which ACFJD competencies are considered to be “Global” or available on every Intern rotation

Methods

- ACFJD brochures distributed to JMOs, DCTs, MEOs, term supervisors, and Educational Subcommittee members at regular meetings
- Participants were asked which competencies they felt to be “Global” or available to Interns on every rotation
- Participants were given 10 minutes to complete their choices

ACFJD Version 2.1

➤ Clinical Management

- Includes Safe Patient Care, Patient Assessment, Emergencies, Patient Management, Common Problems and Conditions, and Skills and Procedures

➤ Communication

- Includes Patient Interaction, Managing Information, and Working in Teams

➤ Professionalism

- Includes Doctor and Society, Professional Behaviour, and Teaching and Learning


Results

- Non-global competencies
- Global competencies
- Competencies eliciting varied responses

Non-global competencies

- All in the domain of “Clinical Management”
- Common problems and conditions
- Skills and procedures
 - Except Informed Consent
- Emergencies
 - Advanced Life Support
 - Acute patient transfer


Global competencies 1

- Professionalism (Doctor and Society, Professional Behaviour, and Teaching and Learning)
 - Communication (Patient Interaction, Managing Information, and Working in Teams)
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Global competencies 2

- Safe Patient Care
 - Except Radiation safety
- Patient Assessment
- Patient Management
 - Only Therapeutics, Ambulatory and community care, and Discharge Planning

Competencies eliciting variable responses

- Radiation safety
 - Assessment in Emergencies
 - Management Options
 - Pain Management
 - Fluid and electrolyte management
 - Subacute care
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Competencies eliciting variable responses

- More JMOs thought Assessment in Emergencies was global
- More JMOs thought Fluid and electrolyte management was NOT global

Discussion 1

- Variability in perceptions of global competencies in this small study
- Somewhat more optimism about what might be global among non-JMOs
- Easier to identify non-global competencies
- Need for all stakeholders in junior doctor education to be in conversation about expectations for teaching and learning

Discussion 2

- Limitations to asking if competencies are available - no indication of competent v expert
- Once competencies are identified as global we run the risk of ignoring them
- Some global competencies could form part of a separate intern year description and be appraised at multiple points in the intern year, complementing existing term descriptions and term appraisals

Questions?

