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PLAN FOR THE WORKPLACE IMPLEMENTATION PILOT PROCESS

This document outlines the areas for consideration when determining the pilot process for the workplace implementation of the ACFJD. Linkages with current work and other ACFJD working parties are highlighted, along with specific areas that will need to be determined prior to commencement of the pilot process.

1. Purpose

   The WIWP will need to determine why they are recommending a pilot process. The following potential benefits of the pilot process are suggested:

   a. Evaluation of how the ACFJD can be implemented.

   b. Identifying methods for successfully implementing the ACFJD in the workplace.

   c. Exploration of clinical training opportunities outside traditional inpatient setting e.g. speciality practices, ambulatory/outpatient, general practice and community, etc. Some of these could be offered as "mixed" rotations.

   d. Determination of whether single facilities can implement the entire ACFJD or if partnerships are needed.

   e. Identification of gaps in the ACFJD for recommendation to the NSG for development

   f. Identification of links with undergraduate through to prevocational and then vocational training programs within the workplace

Workplace implementation of the ACFJD will have the following potential outcomes:

   a. Promotion of high quality patient care and safety by the provision of quality clinical education and training across the nation. In effect there will be the development of a national footprint.

   b. Strengthening of training partnerships – in particular with General Practice.

   c. Promotion of additional training opportunities for the expanding junior doctor workforce.

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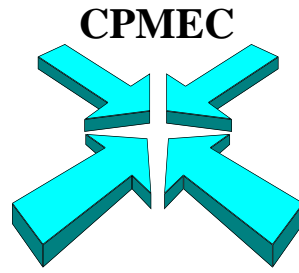
2. Pilot Plan

Prior to piloting the ACFJD in the workplace, the WIWP need to determine what exactly will be piloted at each pilot site, and determine a plan for each pilot including evaluation. The following areas for consideration are suggested:

   a. What will be piloted?

      i. Part or whole of the curriculum framework

      ii. Are there core and are there rotation specific capabilities in ACFJD – what is the required depth and breadth?

   b. How will the ACFJD be piloted?

      i. Review and update of term descriptions relevant to the ACFJD

      ii. Revision of the facilities education program to reflect the ACFJD

      iii. Education of the term supervisors about the use of the ACFJD

      iv. Self Assessment of JMOs against ACFJD

      v. Assessment piloting (Link with AWP)

      vi. Specific rotation pilots eg ED – in different locations - comparison

   c. Selection of Pilot sites

      i. How many pilot sites will there be (to get statistical relevance with evaluation data), individual facility vs. partnerships; how many sites are already implementing the ACF.

      ii. Ensure linkage with current work already being undertaken implementing the ACFJD.

      iii. Expressions of interest

      iv. Location

         1. Geographic – metro, rural, regional

         2. Spread across the States

         3. Sizes of facility - smaller hospitals etc

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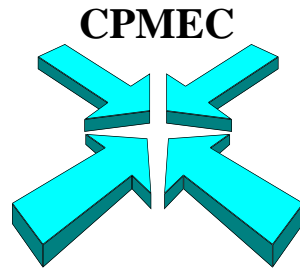
4. Settings/Specialty areas – Gp, hospital, community

5. Infrastructure to enable participation in the pilot

6. Specialty – surgery, medicine, emerg, paediatric, O & G, etc

    v. Level of Training

1. PGY1

2. PGY2

3. IMG

4. Link to Undergraduate

5. Link to Vocational Training

d. Design of the pilot process

    i. Consideration of the outcomes expected or the objectives of the specific pilot

    ii. Timeframe (six months, twelve months?)

    iii. Evaluation methodology

e. Resource Requirements

    i. What are the IT facilities that would be required across a network (a group of facilities providing JMO Training) to ensure equitable access to the ACFJD across the network

    ii. What are the training requirements for the pilot process

    iii. Admin requirements for the pilot process

    iv. Budget requirements

3. Pilot Evaluation

a. JMOs perspective

b. Educators perspective

c. Jurisdiction/institutional perspective

d. Link with assessment working party piloting tools to determine competence

e. Cost-effectiveness/financial viability of the implementation methodology

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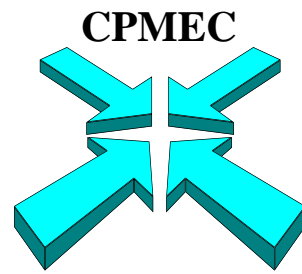
Additionally, the WIWP will need to consider the plan for post pilot national implementation. Consideration should be given to:

        a.   What should be the KPIs for introducing the ACFJD in a facility e.g. attendance, certification etc

        b.   Resource implications