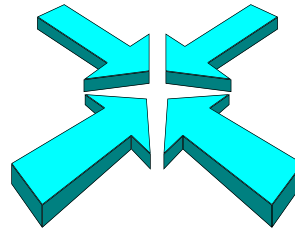


CPMEC



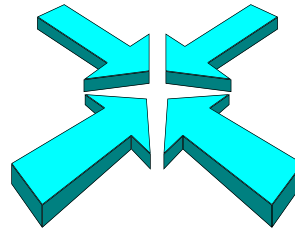
SUMMARY OF CURRENT PROJECTS REGARDING IMPLEMENTATION OF ACF

The following summary is provided from the information received following a mail out of a “request for information on current ACF projects” proforma in November 2007. The NPC coded the responses to determine the breadth of projects being undertaken. Projects can be summarised as:

1. Eleven projects involving a mapping and then a gap analysis of what is currently being taught either within individual rotations and/or the formal education programs.
2. Four projects involving self assessment by the JMOs against the ACF Capabilities and then the ability for this information to be used to develop their own individual learning plans.
3. Six projects involving changes to education programs to meet the needs of addressing ACF capabilities.
4. Three projects involving a change to a roster to meet the requirements of the ACF capabilities.
5. Two project involving development of resources.
6. One project involving education of supervisors on ACF (DCTs in this instance).
7. One project to develop an education program support system for Medical Educators and JMOs.
8. One project to look at Capacity for implementation.

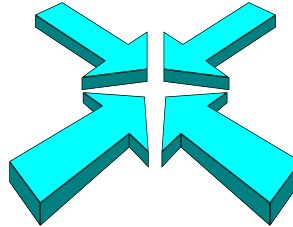
A more detailed summary is provided in the following table. Additional information was provided within the original submissions and can be made available on the CPMEC Website.

CPMEC



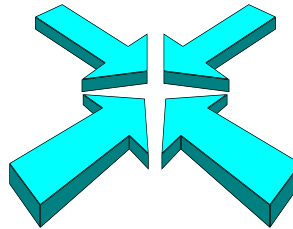
Project Location	State	Project Aims	Project Descriptor Code	PGY1 or PGY2	Additional Information
Dubbo Base Hospital	NSW	Dubbo is a regional hospital with general physicians, general surgeons and general paediatricians. We have endeavoured to cover most of the topics discussed in the ACFJD syllabus over a 1-2 year time frame, commencing January 2008	Gap analysis	Both and Final Year Medical Students	
Ryde Hospital NSW	NSW	Project designed to improve attendance at JMO education sessions via the development of a quicklinks webpage for most common paging numbers are listed. Clicking on the name of the person's title (eg Medicine Team A intern) opens the text paging webpage with the pager number already in the line for the number.	Education Programs	Both and Registrars	
Hunter New England Health	NSW	Implementation of the ACFJD across a Network the size of HNE Health will pose many challenges and it has been recognised that regular liaison with DPETs at each site regarding educational activities, videoconferencing opportunities and assurances to the HNE Health JMO Unit that skills and competencies are being achieved will be required. In 2008, DPET meetings will be held each term. The outcomes of the ACFJD focussed DPET meetings will be reported at HNE Health Network meetings. These ACFJD focussed DPET meetings will be in addition to DPET participation at HNE Health Network meetings.	Educational Supervisor Education		

CPMEC



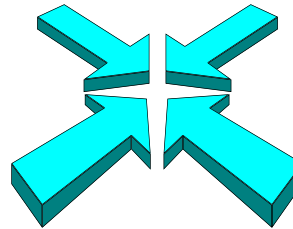
Project Location	State	Project Aims	Project Descriptor Code	PGY1 or PGY2	Additional Information
Hunter New England Health	NSW	Given the challenges of effective clinical handover, and the inclusion of this important topic in the ACFJD, during 2007 a Quality Skills Program Working Group was formed to ensure effective clinical handover across professional groups including JMOs. This led to the establishment of a JMO clinical handover project whereby Interns in 2008 will be introduced to the ISBAR clinical handover tool. Evaluation of changes in clinical handover will be undertaken at the end of each rotation via structured feedback (short email/questionnaire) from JMOs, Registrars and Consultants.	Education Program	Both	
Hunter New England Health	NSW	During 2007, undertook a mapping exercise to review common conditions and skills/competencies and where it would be expected exposure to these would occur across the accredited terms and allocations. Analysis commenced with the Emergency, General Surgery and General Medicine terms. This group also made recommendations about which of the skills/procedures and common condition exposures would require formal "education sessions".	Gap Analysis	Both	
Hunter New England Health	NSW	Project to upgrade the videoconferencing facilities to allow implementation of the ACFJD. HNE Health JMO Unit is in the process of trialing the recording of sessions and creation of a resource library that can be accessed across the HNE Network via the HNE Health Intranet site.	Education Program	Both	

CPMEC



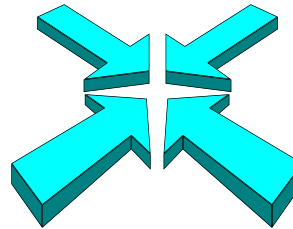
Project Location	State	Project Aims	Project Descriptor Code	PGY1 or PGY2	Additional Information
Hunter New England Health	NSW	<p>All existing Term Descriptions within HNE Health were analysed against the topic capabilities, in order to gauge what parts of the ACFJD HNE Health JMOs had exposure to, under supervision on a regular basis. Those topic capabilities which were not mentioned were highlighted initially as “gaps” – to be further investigated and analysed. One important feature of this project was that no assumptions were made about what teaching and learning occurred during a specific rotation – if it was not listed in the term description, it was concluded that the topic capabilities were not covered.</p> <p>Likewise exposure to common conditions and specific skills/ competencies was also analysed against information contained in the Term Description, and those not listed were also identified as “gaps”. A “model” Term Description template was developed, which incorporated specific capabilities, skills and exposure to common conditions, as well as associated medical co-morbidities. This “model” Term Description, and information about the analysis process and data capture, was used to undertake a revision of Term Descriptions with Term Supervisors within the John Hunter Hospital in the first instance, with a view to undertaking a Network wide review in 2008.</p>	Gap analysis and Term Description	Both	
Hunter New England Health	NSW	Teaching on the run modules being implemented to address the Capabilities in the ACF under Professionalism – Teaching and Learning	Education Program	Both	
Mater Hospital Brisbane	QLD	Promoted the framework as a basis from which the interns can set their learning objectives for each term, by identifying the particular competencies/skills etc which can be accessed during each particular rotation. We've also encouraged its use as a training program for their years as a resident ie by using it to identify individual training and educational needs.	Self Assessment	Both	

CPMEC



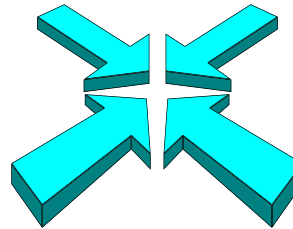
Project Location	State	Project Aims	Project Descriptor Code	PGY1 or PGY2	Additional Information
Queensland Health	QLD	<p>Project to develop resources to support the effective implementation of the ACF. To ensure a minimum, consistent standard across Queensland Health that is also highly accessible for RMOs based in non-metropolitan locations, standard templates will be developed for face-to-face, on-line and blended learning modules of various durations. Online modules, when developed, will be made available via the Online Clinical Development Support Tool for Interns to be piloted in 2008. The modules will enable the delivery of similar quality education sessions across locations and support clinical content experts in the development of education packages.</p> <p>The development of templates will allow the teacher to clearly identify the objective of the training session and some specific required outcomes. The template will enable the experienced teaching clinician to adapt the requirements to their own style in a flexible manner. However, for the less experienced clinical teacher, there will also be additional support resources to assist them to deliver the module in an educationally appropriate manner. A bank of available, developed modules will also reduce the burden of training preparation upon busy clinicians, but will still allow individual facilities/clinicians to develop some education sessions that are specifically tailored to the needs of their facility. Care will be taken to ensure that the project does not duplicate existing, high quality resources.</p> <p>Consultation with a group of key stakeholder representatives in Queensland has identified that there is a general level of comfort with the theoretical approach to this alternate training program, but further project work is required to:</p> <ol style="list-style-type: none"> 1. Validate the map of PGY1 2. Populate any missing learning capabilities identified for core terms 3. Determine which capabilities should be time-based, which should be experience-based and which could be attained through other means, i.e. simulation or immersion in task based teams 	Resource Development	Both	

CPMEC



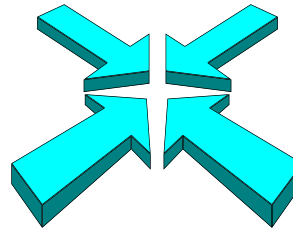
Project Location	State	Project Aims	Project Descriptor Code	PGY1 or PGY2	Additional Information
		<p>4. Understand the contextual implications of medical education, i.e. why it might be better to learn something in a particular context rather than another</p> <p>5. Determine how to practically capture the learning capabilities gained in individual terms. In 2008 Queensland Health is piloting an on-line clinical development support tool which should assist in capturing this information. It is also intended to pursue a new project to address the issues listed above.</p>			
Queensland Health	QLD	<p>Under the existing Intern training model in Queensland, an Intern can only achieve unconditional registration once they have completed ten weeks in each of emergency medicine, medicine and surgery as part of an Intern training program accredited by the Medical Board of Queensland (MBQ).</p> <p>The PMCQ received Medical Training Review Panel (MTRP) funding to undertake a project titled "Researching Flexible Models of Education and Training for PGY1 Doctors". This resulted in the identification of key learnings from each of the core terms, particularly for the emergency medicine term. Key internal and external stakeholder workshops were hosted in Queensland in May and June 2006. Dr Ian Graham, Chair of the ACF Writing Group was then engaged to map the learning objectives identified through these workshops and the key learning's from the PMCQ/MTRP project against the ACFJD. The outcome was a draft map of PGY1 (from a Queensland perspective) against the ACFJD. In theory, if the capabilities learned in each term are mapped against the ACFJD, it may be possible to identify combinations of terms (existing core and existing/new electives) that in totality equate to a map of PGY1 core term requirements. This could lead to accreditation of an entire alternate Intern training program rather than the existing individual terms.</p>	Gap analysis and innovative terms	PGY1	

CPMEC



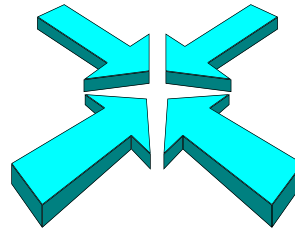
Project Location	State	Project Aims	Project Descriptor Code	PGY1 or PGY2	Additional Information
Queensland Health	QLD	<p>At present, many individual Medical Education Units (MEUs) develop their own learning materials. An electronic system would enable MEUs to share these learning resources after they have been through a quality control process.</p> <p>An electronic PGY1 Clinical Development Support Tool is being piloted in Queensland in 2008. The aim is to develop an online medical education management tool that will facilitate both workplace and online learning. The Australian College of Rural and Remote Medicine's (ACRRM's) Rural and Remote Medical Education Online (RRMEO) system will be used to provide learning support and assist with the implementation of the Australian Curriculum Framework for junior Doctors (ACFJD). It is expected that RRMEO will support the educational environment by creating a single system for learning management, records management (including assessments) and electronic learning resources. With increasing demands and competition for resources, it is essential to provide additional support to teachers and managers and alternative methods of educational support to the learners.</p> <p>All PGY1 doctors, clinical supervisors, mentors and medical education support staff (with appropriate levels of security and tole-defined access) will be able to access RRMEO in 2008 at the discretion of their Medical Education Unit. PGY1s at RBWH, PAH, Toowoomba and Townsville Hospitals and all medical administrators will participate in a supported pilot.</p> <p>This will enable people in the above positions at these sites to track Intern progress, add secure feedback, include personalised learning requirements into learning plans or add term assessment results. Learning material will be able to be developed at the local, area or corporate level and be loaded onto RRMEO to be accessed by all users.</p> <p>The doctor, supervisor or mentor will be able to access the portfolio when and where it is convenient for them to do so. This will become increasingly important as Interns are increasingly based in locations away from primary Intern allocation hospitals.</p>	Education Program Support System	PGY1	

CPMEC



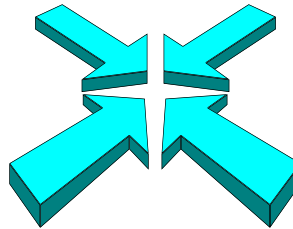
Project Location	State	Project Aims	Project Descriptor Code	PGY1 or PGY2	Additional Information
Queensland Health	QLD	<p>MoLiE is a collaborative initiative between the Medical Workforce Advice and Coordination Unit (MWAC) (workforce perspective) and the RBWH Emergency Department (education perspective). MoLiE harnesses and strengthens education provision while catering to increased numbers of interns within DEM rotations. MoLiE is about providing junior doctors with quality case-based learning grounded in clinical practice.</p> <p>MoLiE is a prototype for clinical education that incorporates dedicated, structured teaching time with clinical educators. This scheduling will allow an increase of Interns within each DEM rotation - estimated to be between 20 to 40% in medium to large Emergency Departments. So far the pilot has proven so successful in the creation of capacity for Interns that network partners will not be able to be accommodated in 2008. This is because there are still insufficient numbers of medical graduates in Queensland to fill the estimated additional 30 posts across 3 sites to enable this to occur.</p> <p>The purpose of the pilot is to develop a program for delivery within the RBWH initially, but with a view to moving towards networked delivery throughout the Area Health Service, and potentially delivery of standardised training courseware throughout Queensland.</p>	Rostering	PGY1	
Queensland University	QLD	<p>This project aims to produce an online catalogue that can be searched to locate quality training programmes for post-graduate year 1 and 2 doctors, as characterised by the Australian Curriculum Framework for Junior Doctors.</p> <p>The University of Queensland will collaborate with CPMEC and relevant stakeholders to gain agreement of a consistent national standard for the categorisation of educational assets. A set of standards for minimum requirements to be used in the catalogue will be agreed. This project will undertake a stocktake of current educational resources / assets that are consistent with the ACFJD.</p>	Resources	Both	MTRP Project
PMCSA	SA	To map current education and training opportunities for Interns in South Australia against	Gap analysis	PGY1	Also rewriting term

CPMEC



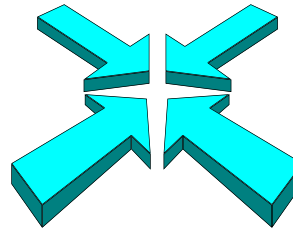
Project Location	State	Project Aims	Project Descriptor Code	PGY1 or PGY2	Additional Information
		<p>the Australian Curriculum Framework for Junior Doctors (ACFJD). The project will gather important information via intern term descriptions, survey of PGY1 group, interviews with term supervisors & other medical education staff as well as focus groups of PGY 1 and PGY2 Junior Medical Officers (JMOs). This information can then be used to enhance current medical education and training programs within PGY1 training sites, in line with the ACFJD recommended competencies.</p> <p>The finished project will provide a clear picture of the perceived “gaps” in training opportunities in this state from various viewpoints. These gaps can then be addressed by PMCSA in conjunction with training sites at the local level.</p>			descriptions congruent with language used in ACF
Centre for Education and Training Children, Youth and Women's Health Service	SA	<p>This project aims to design, develop and evaluate a web-based tool based upon ACFJD to enable junior doctors to map their competencies and identify gaps and their consequent training needs. The key outcome of the project would be a web-based tool accessible to any junior doctors throughout their PGY1, PGY2 and PGY3 years allowing them to judge their skill development against the national framework. This will ultimately lead to a clearer articulation of learning and more targeted education and training. A web-based self reflective tool would allow:</p> <ul style="list-style-type: none"> • Junior doctors to easily self assess against the ACFJD. They could monitor their own progress and compare their rate of progress against their peers. • The Director of Clinical Training (DCT), Medical Education Officers (MEO) and Supervisors to map job/term descriptions and other educational activities against the ACFJD. This could be used to guide the education and assessment of a junior doctor and allow the progression of a junior doctor from undergraduate program, prevocational training and vocational training to be monitored both by the student and staff. • A web-based ACFJD assessment tool to be created to determine the accuracy of the junior doctor’s reflective self assessment. This would lead to the identification of 	Self Assessment	Both	

CPMEC



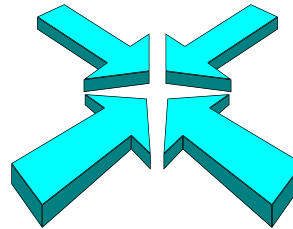
Project Location	State	Project Aims	Project Descriptor Code	PGY1 or PGY2	Additional Information
		gaps in learning and the development of resources to support further education and training.			
North West Regional Hospital Burnie	TAS	To assist senior medical students and JMOs to self assess their confidence in performing procedural skills listed in the ACF. Attached you will find the form that we use. We also use this to develop simulation sessions for the medical students and JMOs.	Self Assessment	Medical Students and PGY1	
Barwon Health and Greater Green Triangle GPET	VIC	Provide rural GP exposure for PGY1 and PGY2s through roster rotation restructure, thereby meeting the ambulatory and community care elements of the ACFJD. The model places the JMO within a rural GP and uses the wave model of consulting/supervision. It also showcases the role of a rural GP with the practice and rural hospital setting. As the attachment is linked to a specific GP which has both AGPT and PMCV teaching accreditation, levels of supervision exceed those currently provided in the rural hospital setting alone. The fund holding model is linked to the GPET RTP.	Rostering	Both	
St Vincent's Health Melbourne	VIC	Utilising the ACFJD as a benchmarking tool, the Medical Education Unit at St Vincent's, Melbourne is auditing its current curriculum for Junior Doctors to identify any existing gaps and value add to the ACFJD.	Gap Analysis	Both	
PMCV	VIC	The aim of the project is to ascertain how junior doctors self-assess their knowledge, skills, and behaviours at the commencement and conclusion of their intern year. The survey collects information regarding junior doctors' self-assessment of the knowledge,	Self Assessment	Both	MTRP Project

CPMEC



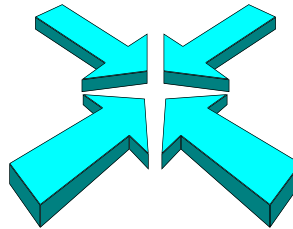
Project Location	State	Project Aims	Project Descriptor Code	PGY1 or PGY2	Additional Information
		skills and behaviours that are outlined in the Australian Curriculum Framework for Junior Doctors (ACFJD). The initial assessment at the beginning of the intern year will provide a basis for junior doctors to plan their learning and clinical experiences over the 12 month period, and also provide data upon which to develop specific improvements to medical education programs in hospitals and practices. More generally, the project will provide a state-wide perspective of the perceived 'gaps' in intern training which will then be addressed by the Postgraduate Medical Council of Victoria as the body in Victoria concerned with the education, training and accreditation of intern posts in Victorian hospitals. The assessment at the end of the intern year will help to evaluate progress made and planning for the following year.			
PMCV	VIC	A Teaching on the Run program for JMOs has been introduced in Victoria to address: -Aspects of the ACFJD (Teaching and Learning), -The perception among junior medical officers that such education will address a 'gap' in their education.	Education Program	Both	
PMCV	VIC	This project seeks to build on the work that has already commenced under the auspices of Confederation of Postgraduate Medical Education Councils (CPMEC) in developing an accreditation framework for prevocational trainees. The accreditation instruments currently used by the Postgraduate Medical Council of Victoria (PMCV) are used at both PGY1 and PGY2 levels and initial work has been undertaken to adapt the Victorian accreditation instruments for general practice terms; some limited piloting of these modified standards for general practice settings has occurred in Victoria in 2007. In conjunction with relevant stakeholders, PMCV wishes to inform the development of national standards and accreditation criteria which can apply in general practice and community settings. The project will also involve a review of the accreditation standards and the training curricula offered by both the Royal Australian College of General Practice and the	Gap Analysis	Both	MTRP Project

CPMEC



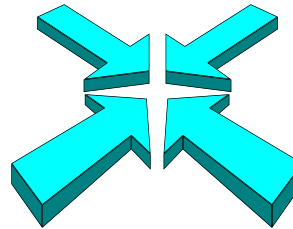
Project Location	State	Project Aims	Project Descriptor Code	PGY1 or PGY2	Additional Information
		<p>Australian College of Rural and Remote Medicine, in order to ensure consistency between general practice and hospital accreditation standards and requirements for education and supervision.</p> <p>The project also complements the CPMEC Australian Curriculum Framework for Junior Doctors. This project will also map the learning opportunities offered by General Practice rotations to the ACFJD and report on the findings of this mapping exercise.</p>			
St Vincent's Health Melbourne	VIC	<p>Emergency Medicine Capacity Assessment Study. Using survey and interview methodology, the project seeks to identify the capacity and strategies of emergency departments and staff to support increasing numbers of medical graduates and implement the National Curriculum Framework.</p> <p>Specific aims of the project are:</p> <ul style="list-style-type: none"> i. Assess the existing supervision, structure, and learning experiences of prevocational doctors during an emergency medicine rotation ii. Assess awareness of emergency directors and other supervisors of emergency training of the National Curriculum Framework iii. Assess capacity of emergency departments to absorb increasing numbers of prevocational doctors <p>Emergency Department Directors will be interviewed regarding the numbers of existing prevocational doctors, awareness by ED directors of the National Curriculum, details of any structured teaching, supervision or measurement of experience; and the perceived capacity of emergency departments to take and provide further prevocational doctors. We will then survey current prevocational doctors, Directors of Emergency Medicine Training, and a limited number of senior trainees. A multi-method approach to sampling will be undertaken using a standard internet based questionnaire or verbal survey. By building such an evidence</p>	Capacity	Both	MTRP Project

CPMEC



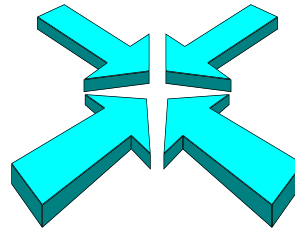
Project Location	State	Project Aims	Project Descriptor Code	PGY1 or PGY2	Additional Information
		base, this project may inform decisions regarding assistance that emergency medicine can make to support the increasing numbers of new medical graduates.			
St Vincent's Health and Eastern Health	VIC	The Medical Education Officers at St Vincent's Health and Eastern Health collaboratively designed a foundation 'Teaching and Learning' module to be incorporated into their respective 2008 Intern Orientation programs. The aim of the module was to improve intern knowledge of educational theories and teaching strategies reinforcing the importance of the Teaching and Learning topic in the Australia Curriculum Framework for junior doctors. Two additional modules will be presented to interns throughout 2008.	Education Program	PGY1	
PMCWA	WA	<p>PMCWA is in the process of mapping Safe Patient Care.</p> <p>With the growing interest and spotlight on the safety and quality of health, it is important to map something that is achievable. Currently there is a difficulty in measuring what is being taught.</p> <p>With the cooperation from the hospitals, we will be able to help identify teaching activities that cover safe patient care.</p> <p>When the findings are complete, we will be able to find ways to address any learning topics that are not currently being covered and will in turn be able to share the findings with other jurisdictions.</p>	Gap Analysis	Both	
PMCWA	WA	<p>PMCWA is in the process of a feasibility study into Emergency Department Rotations.</p> <p>There are three topics that will be covered within this feasibility study.</p> <ol style="list-style-type: none"> 1) Western Australia's capacity to cater for the increase in intern numbers. 2) Potential to accredit emergency departments in a non-accredited hospital and 3) To map the competencies acquired in the Emergency Department Term. 	Gap Analysis	Both	

CPMEC



Project Location	State	Project Aims	Project Descriptor Code	PGY1 or PGY2	Additional Information
Sir Charles Gardner Hospital	WA	<p>Mapping the ACFJD to junior doctor term rotations In a major tertiary hospital</p> <p>The recently released Australian curriculum framework for junior doctors (afjcd) provides a useful map to guide learners in their early post-graduate years. A pertinent question for those who develop and manage education programs is which parts of the curriculum framework are likely to be well dealt with during typical term rotations. Any obvious gaps that are identified may need specific educational strategies (such as didactic teaching or workshops) or consideration of alternative new terms.</p> <p>We plan to survey all 32 terms that are potentially available in our hospital to our junior doctors. Sir Charles Gairdner is a 700 bed major tertiary hospital that offers all specialties other than paediatrics, obstetrics and gynaecology. We will first collect and review all existing term orientation and objective documents. With the head of department or junior doctor supervisor for each unit we will then develop up to 10 term objectives that all junior doctors could be expected to achieve during that term. These were based on our combined knowledge of the casemix, work practices and educational styles of the unit concerned. The objectives are specifically written in a form that maps to the ACFJD and to include at least one objective from each of the major learning areas of "clinical management", "communication" and "professionalism". Individual objectives (something we encourage in our hospital) that may be developed for some learners but not others in a term are specifically excluded.</p> <p>The collated results for all the terms will then be mapped to the ACFJD and a gap analysis undertaken to identify key areas that were unlikely to be covered reliably and in depth during the junior doctor years</p>	Gap Analysis	Both	

CPMEC



Project Location	State	Project Aims	Project Descriptor Code	PGY1 or PGY2	Additional Information
PMCWA and Royal Perth Hospital	WA	<p>This project aims to survey, by questionnaire and interview, prevocational trainees at royal Perth Hospital to determine the extent to which trainees believe the current teaching and training fulfils the requirements of the Australian Curriculum Framework for Junior Doctors – version 2.1.</p> <p>The survey will also seek to identify the gaps in the current training placements which will require specific resources to comply with the curriculum framework.</p>	Gap Analysis	Both	