

06/165



3 June 2009

Ms Debbie Paltridge
National Project Coordinator
Australian Curriculum Framework
C/- CPMEC
PO Box 2900
St Vincent's Hospital
FITZROY VIC 3065

AUSTRALIAN MEDICAL
ASSOCIATION

ABN 37 008 426 793

T | 61 2 6270 5400

F | 61 2 6270 5499

E | info@ama.com.au

W | www.ama.com.au

42 Macquarie St Barton ACT 2600
PO Box 6090 Kingston ACT 2604

Dear Ms Paltridge

Re: Feedback on the revised Australian Curriculum Framework (ACF) for junior doctors

Thank you for giving the AMA Council of Doctors in Training (AMACDT) the opportunity to comment on the revised ACF. I have recently taken over from Dr Alex Markwell as Chair of the AMACDT.

The AMACDT recognises the potential of the ACF to improve the quality of prevocational medical education. It is important to reiterate that assessment should not shift the focus of the prevocational years away from the development of clinical skills and professionalism.

Our comments on the revised framework are attached for CPMEC's consideration. There are a large number of typographical errors and spelling mistakes which I expect shall be corrected before the document is finalised.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Andrew Perry', written in a cursive style.

Dr Andrew Perry
Chair
AMA Council of Doctors in Training

General comments

- The content in the sections on Patient Assessment, Patient Management and Safe Patient Care overlap, and perhaps should be combined. For example, 'Therapeutics' in Patient Management and 'Medication safety' could be merged into one section.
- The document uses the third person and does not address the junior doctor directly. For example, 'undertakes their work' makes sense from an assessment point of view, but also implies that the framework is for supervisors and assessors rather than a guide for the individual doctor and their supervisor, as well as assisting the adult learning process. This could perhaps be overcome by producing two versions – one for junior doctors and one for assessors.
- Use of 'their' should be changed to 'his or her' or just take out 'their' where possible.
- Some statements are preceded by 'always'. We are assuming that **all** of the capabilities should always be performed, so including 'always' is unnecessary (see infection control and informed consent).
- Some of the ordering of the capabilities could be changed to better reflect the hierarchical nature of the capabilities (see below for specifics).
- Many of the descriptions in the learning topics have increased in length and complexity compared to the earlier version of the framework. This does not necessarily improve the utility of the document. It has also resulted a reduction in the font size, which has affected the readability of the document. It may be worthwhile to review the lengthened descriptions, as well as resizing the font.
- The background and implementation sections are unnecessary. If retained, these sections should use the same font size as used for the actual framework. It could also be more concise and aim to guide junior doctors and assessors on how the framework can be used. The date of revision of the document is February in the background section, and March on the front of the document – these should be the same.
- The pictures do not enhance the document. The space could instead be used to advertise the JMO forums, or be left blank for medical education officers to insert their details.
- The folded A3-sized pamphlet is appropriate for the document. Halving the document again would make it easier to keep in a pocket, bag or folder.
- A wall-mounted poster version could help promote the framework and encourage junior doctors and their supervisors to use it.

Comments on the categories

Safe patient care:

- Remove 'their' in first statement under Systems.
- Second statement under Infection control should read 'practises' rather 'practices'.
- Remove 'their' in the third statement under Radiation safety.

Patient assessment:

- First statement under History and examination should read 'recognises how patients present **with** common problems and conditions'.
- Re-order problem formulation statements: 'synthesise information...' should be first, 'Discriminates between...' should be second and 'regularly re-evaluates the **patient's** problem list...' should be last (note addition of 's' to patient in last statement).
- Re-order investigations statements: 'Identifies and provides...' should be first, with others following as second and third as written.

- Referral and consultation statements should also be re-ordered: 'identifies and provides...' should be first, 'Applies the criteria...' should be second, and 'makes appropriate use...' should be last.

Emergencies:

- First statement under Assessment should read 'Recognises the abnormal physiology and **clinical** manifestations of critical illness'.
- Second statement: suggest change to 'recognises and effectively assess critically ill or deteriorating patients' (get rid of dying, as that implies palliation rather than emergency).
- Suggest changing last statement under Assessment to 'Initiates resuscitation when clinically indicated whilst continuing full assessment of the patient'.
- Suggest removing first statement under BLS – it is basically the same as second, in that we would expect all interns to be able to implement BLS.

Patient management:

- Second and third statements under Fluid and electrolytes: suggest change 'of' to 'for' i.e. '... management plan **for** fluid ...'
- Suggest swapping order of statements under Subacute care.

Common problems and conditions:

- This is a confusing addition to the framework as it contains both 'problems' and 'conditions', which range from the specific to clusters of conditions, (i.e. sub-arachnoid haemorrhage' and 'injury'). The list may benefit from separating these two categories and including a better explanation of the degree of competency junior doctors should have in their diagnosis and management of conditions.
- Suggest changing first sentence to read '... common **and/or** important conditions...'
- Psychosis spelt incorrectly.
- Neoplasia is too broad a term.
- Suggest changing 'injury' to 'injury prevention' to differentiate from 'minor and major trauma' further on.
- Suggest removing 'coma', as this is really the same as 'loss of consciousness', and include 'syncope' as well.
- Change little 'r' to capital for 'Reduced urinary output'.
- Menorrhagia should be included.

Skills and procedures:

- Remove 'always' from first statement under Informed consent.
- Change 'provides' to 'prescribes' in first statement under Preparation and anaesthesia.
- Second statement under procedures should read '... & defines their roles'.

Under list of skills and procedures:

- Anticoagulate misspelled.
- *Measurement* – pulse oximetry reading: does this refer to reading the number off the screen?
- *Measurement* – using a thermometer is perhaps simplistic.
- *Intravenous* – intravenous drug administration is not a common medical task and may lead to errors.

- Diagnostic spelt incorrectly.
- *Diagnostic* – blood sugar levels are not estimated, they are measured. Could simply change to read 'Blood sugar level'.
- *Cardiopulmonary* – 12 lead electrocardiogram *recording and interpretation*.
- *Cardiopulmonary* – arterial blood gas sampling **and** *interpretation*.
- *Gastrointestinal* – controversy around evidence behind faecal occult blood analysis. Suggest checking with gastroenterologist (i.e. this is not considered a bedside diagnostic test, but rather a screening test done in the community).
- *Neurological* – Glasgow Coma Scale (GCS) Scores are measured. Should read 'Glasgow Coma Scale (GCS) Scoring'.
- *Neurological* – unclear what is meant by neck stiffness testing. Suggest changing to 'neck stiffness assessment'.
- *Womens health* – inclusion of urine pregnancy testing is questionable.
- *Child health* – should be neonatal resuscitation rather than neonatal CPR.
- *ENT*- suggest adding 'tamponade' to 'anterior nasal pack insertion' as this done is much more frequently these days.
- *Ophthalmic* – Visual acuity **measurement** (not assessment).
- *Urogenital* – urine dipstick is for interpretation rather than testing.
- *Urogenital* – include bladder scan?
- Perhaps include ordering appropriate blood and blood product infusions under therapeutics.

Patient interaction:

- Suggest changing 'effective' in second statement under Context, to 'functional' i.e. '... to ensure functional healthcare relationships'.

Managing information:

- Change 'describe' to 'Describes' in first statement under Handover.

Working teams:

- Change 'maximises' to 'maximise' and change 'teams' to 'team's' in first statement under Team dynamics.
- Remove number 7 in the last line.

Professionalism:

- Insert space between 'identifies how' in first statement under Access to healthcare.
- Remove 'your' from last statement under Culture, society and healthcare.
- Change 'their' to 'his or her' in first statement under Professional responsibility.
- Change 'follow' to 'follows' in first statement under Ethical practice.
- 'Practitioner' is misspelled in 'Practitioner in difficulty'.

Teaching and learning:

- First statement under Supervision is very clumsy. Suggest splitting into two statements (maybe take out 'is available' and make separate statement).

- This category could include something about wider professional development and participation in seminars or programs.

Background:

- Postgraduate should be one word (half-way down first paragraph).
- Full stop missing second last line between bracket and 'The ACF...'
- Need to make revision month the same as front cover.
- Change 'their' in fourth last line and last line of second paragraph to 'his or her'.
- Missing space between 'development activities'.
- Under Principles, remove 'a' in the second dot point at the start; change the last dot point to explain the continuum i.e. 'Vertical integration of the medical education continuum (i.e. undergraduate through to vocational training)'.

Implementation

- Add 'of' in second line i.e. 'establishment **of** a broad-based ...'
- Add full-stop after 'framework' on seventh line, and start new sentence with 'These should be...'