

**Queensland Health** 

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## Dear Sir/Madam

I refer to the consultation document released on 12 July 2011 seeking feedback on the proposed registration standard for granting general registration as a medical practitioner to Australian and New Zealand medical graduates on completion of intern training.

As the employer of interns in Queensland, Queensland Health welcomes the opportunity to provide comments. The creation of the Medical Board of Australia provides an opportunity to review the current structure and content of internship, as well as related accreditation processes. In providing this response input was provided by medical workforce representatives, district based medical education units, and university and general practice representatives on Queensland Health's Prevocational Medical Education and Training Oversight Committee (PMETOC).

Under the current model in Queensland, consisting of a 52 week training program with mandatory rotations (minimum 10 weeks) in Medicine, Surgery and Emergency Medicine, Queensland Health will accommodate 660 interns in 2012. To provide this training Queensland Health has placed interns in larger regional hospitals, creating opportunities for interns to gain additional experience in secondary rural sites. Regional hospitals (those outside South East Queensland) now account for 35% of available internship positions. Since 2006, 133 additional intern positions have been established in regional hospitals.

## The Queensland Health Position

- Queensland Health are generally supportive of the proposed national standard, however note that it essentially reflects the current minimum standard across states.
- The proposed standard represents a departure from existing standards applied in Queensland, including those regarding time to complete internship.
- Queensland Health are supportive of a move to more flexible "surgical" and "medical" terms
  rather than the previously required "general surgical" and "general medical" terms.

- Queensland Health has concerns regarding the suggested change from a compulsory "emergency medicine" term to "emergency medical care", which is not yet defined, and also the reduction in the term duration from 10 to eight weeks.
- Queensland Health has concerns about the lack of detail regarding accreditation standards, including who will develop and monitor them.

Queensland Health is also concerned about missed opportunities for innovation in intern training and expanding clinical capacity, including the lack of articulation of the end-product of internship.

## Support for the proposed Registration Standard:

Queensland Health supports the proposed general requirements (p4) and the move away from "general medicine" and "general surgery", to include other medical and surgical terms that offer interns a similar experience. This will enable more flexibility with intern placement, and potentially increase intern capacity. The change to "Emergency Medical Care" from "Emergency Medicine", could potentially increase flexibility, however there are several significant concerns which are discussed further below.

Explicit articulation of part-time training is supported, although some concerns with the time to completion have been further discussed below.

Although the possibility of overseas training may increase flexibility there is insufficient detail in the proposed standard, regarding the accreditation standard and how the MBA would ensure equivalency with domestic training, to support this as currently proposed.

## Concern with the proposed Registration Standard:

Queensland Health has several concerns regarding the proposed standard. Overall, this standard represent a lower standard than is currently applied in Queensland.

In particular, senior clinicians, educators and administrators in Queensland Health have indicated their concern regarding the proposed changes to the emergency medicine requirements. The current 10 week core term in emergency medicine is seen to provide essential clinical exposure for interns, and enable very close supervision by experienced clinicians. This supervision is important to enable further clinical development as well providing a safety net for underperforming interns, who may not have been previously identified. Innovative programs such as MoLIE (More Learning for Interns in Emergency) have been very successfully developed and implemented in Queensland facilities to formalise intern education and training in emergency departments, as well as create further capacity.

The proposed standard not only removes the requirement for an emergency medicine term (with the alternative ill-defined emergency medical care being suggested), but it also (arbitrarily) reduces the term duration from 10 to eight weeks. This is a significant departure from the standard currently applied in Queensland.

There are other concerns regarding the requirement of part-time interns having to complete their training within two years. This requirement appears to conflict with section 64 of the *Health Practitioner Regulation National Law Act 2009* (QLD), as the Act provides the opportunity for a provisional registrant to renew their registration twice, allowing three years of registration. The Act further provides the following note as explanation of section 64:

If an individual were not able to complete the supervised practice the individual requires for general registration in a health profession during the period consisting of the individual's initial period of registration and 2 renewals of that registration, the individual would need to make a new application for provisional registration in the profession.

Queensland Health would therefore propose that this registration standard be made consistent with the maximum time allowable by the legislation and allow the intern to undertake the internship over three years. The requirement of three years is also consistent with the previous requirements of the Medical Board of Queensland and the previous legislation, *Medical Practitioners Registration Act 2001* (QLD).

Individual core terms in Queensland are currently undertaken without a break. There is no discussion of this requirement in the proposed standard, and clarification is sought here.

Although the proposed registration standard is a positive move towards national consistency, there is a significant body of work to be done in the area of accreditation standards for intern terms. Queensland Health has a significant interest in ensuring that current high accreditation standards are maintained, and seeks to provide input into their development.

There is broad recognition also, that the proposed standard is the *minimum* standard, and that Queensland Health would aim to continue to trial innovative projects including longer terms and community placements to build capacity and broaden intern clinical exposure. Specifically, we would aim to continue to apply a minimum duration of 10 weeks for core terms to assist with administration of these terms. These would naturally meet accreditation standards.

Queensland Health looks forward to the outcome of the consultation on this registration standard and hope it will commence ongoing discussions regarding the innovation and reform of intern training. Furthermore the development of the subsequent accreditation standards, jurisdictional input will be essential. Queensland Health looks forward to participating in this process.

Yours sincerely

Dr Michael Cleary

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