



**Confederation of Postgraduate Medical
Education Councils (CPMEC)**

**Intern Registration Standard
Submission to Medical Board of Australia**

19 December 2011

Introduction

On 28th November 2011 the Medical Board of Australia (MBA) released a second draft standard for general registration for Australian and New Zealand medical graduates on completion of intern training. The Confederation of Postgraduate Medical Education Councils (CPMEC) welcomes the opportunity to comment on the revised draft standard.

CPMEC distributed the revised draft standard to member Postgraduate Medical Councils (PMCs) and the Medical Council of New Zealand's Education Committee for comment. We were also fortunate to have briefings on the initial consultations on the draft internship standards from Dr Stephen Bradshaw on behalf of the Medical Board of Australia at the 16th Prevocational Forum in Auckland in November 2011.

This submission represents a consolidation of the responses of our members to the proposed registration standard. Specific recommendations are provided where appropriate.

General Comments

CPMEC acknowledges the changes made to the original draft standard and the MBA comments regarding additional work including; *setting learning objectives for PGY1, Intern assessment and sign off, National framework for intern training accreditation process and definition of mandatory term requirements*. CPMEC strongly recommends that this work be based on the implementation of existing documents and frameworks where available, including the Australian Curriculum Framework for Junior Doctors (ACF) and the Prevocational Medical Accreditation Framework (PMAF). The finalisation and implementation of these projects is an important and urgent requirement to support implementation of the proposed intern standard. Without the supporting documentation, implementation will be adversely affected.

It is of great concern that the second draft continues to lack any reference to educational requirements. As the purpose of Intern year is stated as allowing *"medical graduates to consolidate and apply clinical knowledge and skills while taking increasing responsibility..."* CPMEC believe that there is a need to stipulate the requirement for a robust educational framework to underpin this experience. We reiterate our previous call for the ACF to be endorsed for this purpose given its widespread acceptance across the medical education continuum. This issue was specifically raised at the recent Australian Junior Medical Officer Forum (AJMOF) at the Prevocational Medical Education Forum in Auckland, and a resolution to this effect was adopted (copy attached).

In the original CPMEC response we provided feedback that PMCs had commented on the need for the standard to include a requirement to participate in mandatory intern education and training activities. Without this formally endorsed requirement within the standard CPMEC and PMCs believe that there will be difficulty in maintaining these important educational activities in the face of service demands.

PMCs also provided feedback that there was a need to define transitional or “phase in” arrangements for the new standard given the fact that many jurisdictions will need to develop new accredited terms.

Recommendation:

That the proposed standard include a requirement for attendance at mandatory intern education sessions.

Specific Comments

1. Part time, deferred or interrupted internship: CPMEC notes the removal of the of the exceptional circumstances statement, and the inclusion of a three year timeframe for the completion of internship. There remains concern regarding the lack of detail in regards to part time internship. This was also raised in the previous CPMEC submission. Concerns exist regarding the intern's ability to gain the required experience of the full spectrum of clinical care if they are employed on a part time basis of less than 0.5 FTE. It is therefore recommended that there is a more detailed definition of part time that includes the minimum FTE required.

There is also a lack of detail regarding the eligibility to undertake internship in a part time capacity. Does this lack of detail infer that anyone can undertake internship in a part time capacity? There is also no detail regarding the maximum time allowed away from the workplace. For example could an intern undertake 6 months then have two years off and then complete the remainder of the internship? If this is left to individual jurisdictions this would seem to undermine the intent of achieving national consistency.

Likewise, there is no detail regarding the duration of internship, nor the additional support/assessment required on re-entry. For example, if a medical student does not commence an internship immediately upon graduation, is there any restriction on the length of time post graduation that is required for commencement of internship with or without additional support/assessment? How would the MBA's Recency of Practice standards be applied in this situation?

Recommendations:

That more details of requirements for part time, interrupted and deferred internship are included.

That there is a clear statement on deferral of internship and Recency of Practice.

2. Intern Terms:

Concerns remain that the MBA has failed to state the continuity required within core terms. This issue has enormous ramifications for rostering and the ability for the required experience to be obtained. Without the specific statement of a minimum number of weeks of **continuous** service within the core term there will be the ability for service providers to roster annual leave, professional development leave and other service requirements such as ward call, which would see the intern complete minimal

time within the core term. This needs to be nationally consistent and CPMEC urges the MBA to make clear the minimum requirement for continuous time within a core term.

There is also no defined minimum time in non-core terms. The proposed standard suggests a "*range of other approved terms to make up 12 months*". However without a defined minimum term length e.g. five weeks, this could see interns being rostered to a number of short term rotations to meet service requirements.

Recommendations:

That there is a clear statement of the minimum continuous time required in a term.

3. *Assessment:* CPMEC notes that detail regarding assessment is to be undertaken in the additional work by the AMC. However there is no clarity within the standard regarding the requirements for satisfactorily completing internship. Do interns need to successfully complete all terms within the intern year, 4 of the 5, 2 of the 5, etc?

The proposed standard also refers to the required experience in a term, however some PMCs noted that the required experience may be gained over more than one term. How this relates to satisfactory completion of internship is likewise unclear. There is a need to clearly define the expectations in regards to satisfactory completion of internship.

Recommendation:

That the standard clearly state the requirement for successfully completing internship.

CPMEC thanks MBA for the opportunity to comment on this revised standard and again offers our expertise in prevocational medical education to assist MBA in developing the more detailed guidelines.



Attachment 1

Australasian Junior Medical Officers' Committee (AJMOC)

**Extracts from 2011 Australasian Junior
Medical Officers Forum (AJMOF)
Resolutions 1 & 3**

1: Internship & Prevocational Training Standards

An emergency department (ED) term provides a unique experience where junior doctor autonomy is maximized but senior input is readily available. AJMOF submit that few other specialties offer such qualities and an emergency medical term in an emergency department provides a learning experience for which there is no substitute. AJMOF acknowledges that while the Medical Board of Australia cannot mandate something which jurisdictions do not yet have the capacity to provide, namely an ED term for every intern, junior doctors believe that this is something that we should work towards. AJMOF also believes that while junior doctors must not be compelled to complete a general practice or community term, all junior doctors, regardless of their career trajectory, would benefit from such a placement. Furthermore, the Forum noted that the Australian Curriculum Framework for Junior Doctors (ACF) had provided a vehicle to make significant improvements to the educational aspects of prevocational years and that it should guide the clinical experience, learning objectives and appraisal processes in these years.

Resolution 1.1

The Australasian Junior Medical Officers' Forum (AJMOF) calls upon the Medical Board of Australia (MBA) to ensure that the national intern registration standard mandates that interns complete core terms in medicine, surgery and emergency medicine of a minimum of 8 weeks clinical exposure within that unit. AJMOF defines an emergency medicine rotation as one that is conducted in an emergency department.

Resolution 1.2

AJMOF considers it desirable but not compulsory for all junior doctors to have the opportunity to experience supervised GP or community practice irrespective of their subsequent specialisation.

Resolution 1.3

AJMOF calls upon MBA and the Australian Medical Council (AMC) to adopt the Australian Curriculum Framework for Junior Doctors (ACF) as the educational framework for all prevocational doctors.

3: Prevocational Accreditation

AJMOF believes that prevocational accreditation plays a vital role in ensuring that junior doctors have high quality learning experiences with adequate support, education, supervision and welfare. It is the key instrument that allows for independent quality assurance of training, education and support provided to junior doctors.

Noting the need to develop a nationally consistent framework for prevocational accreditation, AJMOF urges the Medical Board of Australia and the Australian Medical Council to recognise the work already done by the Confederation of Postgraduate Medical Education Councils (CPMEC) in consultation with numerous stakeholders to develop and implement the Prevocational Medical Accreditation Framework (PMAF) as a unifying national framework. This framework has helped to increase consistency across the jurisdictions in accreditation policies and practices; align prevocational accreditation practices with other appropriate local and international benchmarks; reduce work required in each PMC (or its equivalent) to develop and review standards from scratch; and provided increased transparency and knowledge sharing of prevocational accreditation practices.

Resolution 3.2

AJMOF endorses the adoption of the Prevocational Medical Accreditation Framework (PMAF) as the national framework for accreditation of prevocational education and training.

2011 Australasian Junior Medical Officers' Committee

21 November 2011

2011 AJMOC Members:

Dr Josh Savea, Chair – Medical Council of New Zealand Education Committee

Dr Alexis Taylor Julian; Dr Munib Kiani (Co-Chairs) – West Australia JMO Forum

Dr Linny Kimly Phuong; Dr Verna Aykanat – Victorian JMO Forum

Dr Andrew Hutchinson; Dr Emily Hales – Queensland JMO Forum

Dr Lucy Cho – New South Wales JMO Forum

Dr Sophie Plagakis; Dr Ainsley McCaskill – South Australia JMO Forum

Dr Alex Hofer; Dr Shervin Tosif – Northern Territory JMO Forum

Dr Phoebe Stewart – Tasmania JMO Forum