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7 September 2012

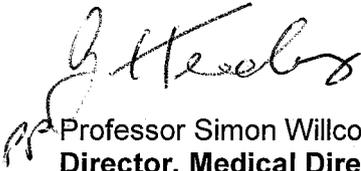
Dr Joanne Katsoris
Executive Officer, Medical
Australian Health Practitioner Regulation Agency
GPO Box 9958
Melbourne VIC 3001

Dear Dr Katsoris,

RE: Registration standard for granting general registration as a medical practitioner to Australian and New Zealand medical graduates on completion of intern training

Please find attached the Clinical Education and Training Institute's submission on the draft registration standard for granting general registration as a medical practitioner to Australian and New Zealand graduates on completion of intern training.

Yours sincerely



Professor Simon Willcock
**Director, Medical Directorate
CETI**

Clinical Education and Training Institute

Submission to Medical Board of Australia regarding Proposed Intern Registration Standard

7 September 2012

Introduction

On 12 July 2011 the Medical Board of Australia (MBA) released the proposed registration standard for granting general registration as a medical practitioner to Australian and New Zealand medical graduates on completion of intern training. The Clinical Education and Training Institute (CETI) welcomes the opportunity to comment on the draft standard.

The Medical Directorate within CETI distributed the draft standard to the committees that provide advice and manage prevocational education and training, accreditation and workforce for CETI. This submission represents a consolidation of their responses to the proposed registration standard.

General Comments

- The intern year is an important element of medical training and interns deliver valuable clinical service in a supervised environment. The intern year provides a significant opportunity to assess if a medical graduate can translate their university training and work competently as a doctor.
- The introduction of national registration processes presented an opportunity to review the mandatory experiences that form the basis of internship which considered the realities of current medical practice and innovations such the Australian Curriculum Framework for Junior Doctors. The draft standard does not indicate whether this opportunity was explored.
- There is concern within NSW that the draft standard is a consensus document that represents the lowest common denominator and that the valuable work undertaken in NSW over many years to support prevocational training will be diminished.
- The standard lacks detail with respect to guidelines for emergency care experience and internship completed partly and fully outside of Australia. The standard raises more questions than it answers and further information is required to support these aspects of the standard.

Specific Comments

International Internships

- There is value in having rotations based internationally and CETI has commenced looking at this expanded setting opportunity. However, the proposed standard countenances that an internship might be completed entirely at training sites outside Australia, which could mean that a doctor could achieve general registration without ever having practiced in the Australian health system. There needs to be some requirement for a minimum level of Australian experience to complete an internship.

Core Terms

- There are no underlying principles to support selection of these experiences as core terms.

The definitions for the core terms require further clarification. In general the core terms definitions are limited with respect to:

- Alignment with the Australian Curriculum Framework for Junior Doctors
- Describing the clinical exposure required (eg, care of patients over a continuous period rather than episodic tasks)
- The experience and qualifications of the term supervisor
- The level of supervision required

Emergency Medical Care Experience

- Providing an emergency medical experience outside an emergency department dilutes the importance of the rotation. A term in the emergency department is the most important of the three core terms. It provides interns with clinical exposure to a significant number of undifferentiated patients and more autonomous decision making in a supervised environment.
- It provides interns with an opportunity to observe and learn how the emergency department operates within the context of the hospital functions. This includes management of registrar and consultant expectations from medical and surgical specialties.
- The term provides the main opportunity for close senior clinician and trainee supervision. It is usually within the emergency department that an intern's skills, safety and competence are fully assessed. In addition to facilitating identification of intern performance issues, the term provides an environment to manage and remediate performance.
- While acknowledging there are practical considerations in terms of rotating interns through emergency care environments, reducing the term length to eight weeks possibly conveys the message that the term is not as important as surgery and medicine.
- Terms based in general practice with associated emergency care will not necessarily provide the equivalent experience to an emergency experience located in an emergency department. This view was recently supported by Directors of Prevocational Training who support trainees undertaking PGPPP rotations in NSW. There are questions about the:
 - feasibility of general practitioners providing appropriate supervision in the emergency care environment

- number of emergency patients the intern will see
- undifferentiated nature of the patients, it is expected that a percentage will already be known to the general practice.

Surgery and Medicine Experience

- There is general support for the broadening of the definition of the surgical and medical terms to include subspecialty terms.
- The definition of an experience in surgery does not require the intern to scrub, gown and assist in theatre. In NSW core surgical terms require the trainee to assist with operative procedures at-least four half day sessions in the term. The surgical experience should provide clinical exposure that includes preoperative assessment, operative procedures and post operative care. The current definition may reduce clinical exposure in surgery to a ward clerkship.

Community Experiences

- The standard does not make mention of the importance of offering training in a community environment. The vast majority of health care is provided in the community and although there is limited community terms available to include them as a core term, highlighting the importance of settings external to the public hospital environment as being an important part of a general training experience would be beneficial.

Required experience not completed

- The standard lacks detail with respect to how an intern will be managed when the required experience is not completed. While acknowledging the situation is unique in NSW with performance issues managed by the Medical Council of NSW, there is a lack of clarity about the role of the Medical Board of Australia. In particular the provision of further provisional registration when employers have raised significant concerns about an employee's ability to work as an intern. Clear process and end points need to be communicated to the doctor and employers.

Recency of Qualification

- The recency of practice registration standard does not apply to medical students or applicants for provisional registration. There appears to be no requirement about the recency of a primary degree. In cases where a significant amount of time has lapsed between completion of the degree and commencement of internship there should be a requirement of a review that establishes whether the applicant is work ready.

Conclusion

CETI thanks MBA for the opportunity to comment on the registration standard for granting general registration as a medical practitioner to Australian and New Zealand medical graduates on completion of intern training.