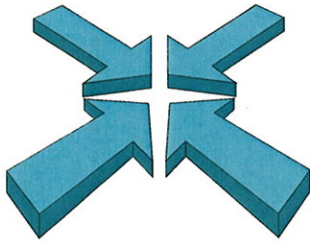


Confederation of Postgraduate Medical Education Councils

ABN 144 489 038



ACT Health
Postgraduate Medical Council of Victoria
Postgraduate Medical Council of Tasmania
Postgraduate Medical Council of Queensland
Northern Territory Postgraduate Medical Council
Postgraduate Medical Council of Western Australia
Medical Council of New Zealand Education Committee
South Australian Institute of Medical Education and Training
New South Wales Institute of Medical Education and Training

12 September 2011

Dr Joanna Flynn
Chair
Medical Board of Australia
GPO Box 9958
MELBOURNE VIC 3001

Via email: medboardconsultation@ahpra.gov.au

Dear Dr Flynn

Re: Internship Registration Standard

The Confederation of Postgraduate Medical Education Councils (CPMEC) has appreciated the opportunity to provide feedback on your consultation paper *Proposed registration standard for granting general registration as a medical practitioner to Australian and New Zealand medical graduates on completion of intern training*.

Attached please find CPMEC's submission which comments on the registration standards and makes six recommendations. The submission is a coordinated response on behalf of all PMCs and represents the consensus view of all its members. It incorporates comments from the PMC Chairs, staff of PMC and CPMEC, other prevocational clinical educators, and junior medical officers.

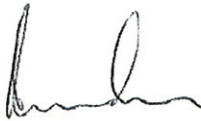
You will note that CPMEC has made the following recommendations:

1. That more detailed guidelines are developed to clearly articulate the experience required in each term and an assessment process linked to achievement of ACF capabilities.
2. That specific details of requirements for part time, interrupted and deferred internship are included.
3. That there is a clear statement of the minimum continuous time required in a term.
4. That ambulatory care experience can be achieved within the 47 week year rather than during a medical term.
5. That a national approach to intern assessment based on achievement of ACF capabilities is developed.

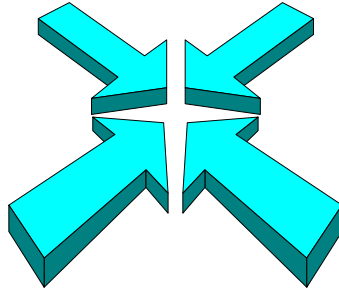
6. That the standard clearly states who is responsible for accreditation of overseas terms and the requirements for New Zealand graduates to achieve full registration in Australia.

Given the interest and expertise of PMC and CPMEC in prevocational education and training matters, we would welcome the opportunity to work closely with the MBA and the AMC in addressing the issues that we have highlighted in our submission.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Brendan Crotty', with a stylized, cursive script.

Prof Brendan Crotty
Chair



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

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

12 September 2011

Introduction

On 12th July 2011 the Medical Board of Australia (MBA) released a 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 draft standard.

CPMEC distributed the draft standard to member Postgraduate Medical Councils (PMCs¹) and the Medical Council of New Zealand's Education Committee for comment. This submission represents a consolidation of their responses to the proposed registration standard. Specific recommendations are provided where appropriate.

General Comments

Overall there was support for the move from "general medicine" and "general surgery" experience to experience in medicine and surgery. This was considered more in line with the diversity of clinical experiences currently available to interns.

The proposal to allow part time internship was supported as it provides flexibility and is responsive to the needs of a component of the intern cohort. Opportunity to undertake part of the internship outside Australia was also generally supported.

The draft standard includes general statements about the experience to be gained during internship terms but there is limited detail about the nature of the experience during specific terms. CPMEC acknowledges that more detailed guidelines will be released for consultation and would welcome an opportunity to assist and/or comment.

PMCs commented that the standard should include a requirement to participate in mandatory intern education and training activities. CPMEC suggests that there should be specific reference to achievement of Australian Curriculum Framework for Junior Doctors (ACF) capabilities, which have already been incorporated into PMC accreditation standards. PMCs strongly believe that accreditation of all intern rotations is the best guarantee that interns receive appropriate clinical exposure and education.

PMCs also commented on the need to include more detailed guidelines on workplace based assessment of ACF capabilities. CPMEC has undertaken considerable work in this area that may be of benefit to the MBA working party.

Comments were also received on the need to provide guidelines for supervision or supervision standards for internship.

CPMEC and PMCs are very concerned about the slow rate of progress to date and are happy to provide assistance in the further development of the standard.

¹ PMCs include equivalent internship agencies such as the NSW Clinical Education and Training Institute and the SA Institute of Medical Education and Training

Recommendation 1:

That more detailed guidelines are developed to clearly articulate the experience required in each term and an assessment process linked to achievement of ACF capabilities.

Specific Comments

1. *Part time, deferred or interrupted internship:* PMCs commented on a perceived lack of clarity of the 2 year timeframe and highlighted the following:
 - a. Is there a minimum FTE for part time internship (e.g. 0.5 FTE)?
 - b. Does 'part time' include interruptions and variable FTE (e.g. full time for 6 months, then 6 months off and then full time for 6 months)?
 - c. Some PMCs raised concerns about continuity of patient care, hospital service requirements and division of workload between part time and full time interns, and the importance of ensuring the interns working part time obtain the necessary experience to consolidate clinical knowledge and skills.
 - d. Will PMCs be responsible for reviewing and accrediting part time terms on an individual basis?

There is support for the inclusion of an exceptional circumstances clause to deal with unexpected issues which prevent an intern from completing their internship in two years. It was suggested that the standard should also address deferral of internship. More detail should be provided, including any requirement for additional professional development or support upon return to internship.

Recommendation 2:

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

2. Intern Terms:

i) Medicine

PMCs expressed concerns about the proposed requirement for ambulatory experience. There are many excellent existing medical terms that are not able to provide ambulatory experience and this requirement would mean that they were not able to be used as a core term, perhaps threatening capacity to provide adequate core term in medicine for all interns. It was suggested that the standard be modified to include a requirement for some ambulatory care experience during *any* rotation in the intern year. Some PMCs expressed concern about the proposed requirement that the intern should admit and discharge patients as this may not be logistically possible in some existing core medical terms. It is not clear whether the standard allows for the core medical term to be taken outside the hospital setting.

ii) *Emergency medicine*

PMCs supported a compulsory emergency experience during internship. There was agreement that not all GP terms can provide the appropriate emergency experience. Junior Medical Officer (JMO) Forums in a number of states are strongly opposed to the use of GP terms for emergency medicine. They feel that it should remain within an Emergency Department environment because of acuity of patient presentations and the different skill sets required in these clinical settings. PMCs recommended more clarity on the suitability of posts for this core term. On the other hand, in states which have provided GP terms with core emergency competencies, feedback from interns indicates that the experience has been positive.

iii) *Other*

Some PMCs expressed concern about the different durations of the core terms, which may be challenging for rosters in some jurisdictions. They also requested details about whether these terms should be continuous experience or if they can be interrupted by annual or other leave.

Up to two weeks ward call experience within the core term could potentially reduce emergency experience to 6 weeks or medicine and surgery experience to 8 weeks. PMCs requested a clear statement on the minimum continuous duration for each term.

Some PMCs suggested inclusion of paediatrics and obstetrics & gynaecology as possible terms within the intern year.

iv) *Accreditation of terms*

The draft standard also refers to the need for all terms to be accredited according to the "Australian Standard". In this connection, PMCs wanted clarification if this referred to current PMC standards for accreditation. PMCs consider that they should continue to be responsible for the accreditation of intern positions. The Health Practitioner Regulation National Law indicates that an accrediting authority should be responsible for accreditation and the MBA for endorsing (or otherwise) that accreditation for registration purposes. The jurisdictional PMCs are best placed to ensure that each placement is able to satisfy fully all of the Board's requirements for competence to achieve general registration.

Recommendation 3:

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

Recommendation 4:

That ambulatory care experience can be achieved within the 47 week year rather than during a medical term.

3. *Assessment:* There is general support for the use of an overall rating on completion of internship. A requirement for "satisfactory term supervisor reports" for all rotations is not consistent with current practice. Some interns have difficulties during one term, particularly the first term, but still achieve a satisfactory level of knowledge and skills by the end of internship. "Satisfactory" is not defined and there is no detail on

the assessment of the intern's performance. A national approach to assessment of interns' performance based on achievement of ACF capabilities is recommended.

Recommendation 5:

That a national approach to intern assessment based on achievement of ACF capabilities is developed.

Location of internship: Whilst there was support for some of the internship being undertaken outside Australia, there is a need to clearly articulate who would be responsible for accrediting overseas terms to ensure that they meet Australian accreditation standards.

Feedback from New Zealand identified concern about the requirements for New Zealand graduates to be granted general registration in Australia. If the composition of the intern year is different in New Zealand will NZ graduates still be eligible for general registration?

Recommendation 6:

That the standard clearly states who is responsible for accreditation of overseas terms and the requirements for New Zealand graduates to achieve full registration in Australia.

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

For any queries about this submission, please contact Dr Jagdishwar Singh at CPMEC (jsingh@cpmec.org.au).