



23 December 2011

## **Medical Board of Australia Second round consultations on proposed registration standards for interns**

The Australasian College for Emergency Medicine (ACEM, the College) appreciates the opportunity to provide further feedback with regard to the second round consultation on a proposed registration as a medical practitioner to Australian and New Zealand medical graduates on completion of intern training.

As stated in our original submission, the College supports the concept of improved national consistency in the intern year and standardisation across jurisdictions. The critical issue is the achievement of an appropriate range of skills, knowledge and experience which will ensure competence as a safe, entry level medical practitioner able to practise within the limits of their training.

The College strongly supports an emergency medicine term during prevocational training as this experience provides the junior doctor with an important and unique experience of generalist medicine with exposure to a broad range of undifferentiated illness and injury. This training term enables key skills, knowledge and experience to be gained including the prioritisation of patients under time pressure, recognition of 'sick' or 'well' patients, developing a safe, systematic approach to the potentially critically ill patient and competence in basic resuscitation.

The College considers that emergency departments act as an important interface between patients requiring acute care and many other areas of specialty medical practice within the hospital setting. Increased exposure of junior doctors to this unique environment would assist their understanding of optimal communication and interactions between the various areas of medical practice in healthcare delivery.

ACEM welcomes the re-phrasing of the description of the term in emergency to state that '*the term is generally undertaken in emergency medicine.*' However, the College still has concerns regarding the substitution of emergency departments with general practice settings. ACEM very strongly believes that the exposure to a variety of presentations with differing levels of acuity, which is the key element of an emergency medicine experience, can really only be effectively acquired in an emergency department setting. Furthermore, it is unlikely that a similar broad ranging experience, including exposure to resuscitation, could be obtained in most general practice settings.

The statement that the suitability of posts to satisfy emergency care requirements is to be assessed against guidelines issued by the Board is also welcomed by the College. Each term in emergency medical care, regardless of the setting, should be evaluated and accredited against agreed standards and ACEM, expects to be closely involved in the development of any guidelines determining the suitability of emergency medical care placements in prevocational training. As the preeminent organisation responsible for the training of emergency physicians and the maintenance of professional standards in emergency medicine in Australia and New Zealand, ACEM welcomes and anticipates ongoing consultation regarding the development of any relevant standards or guidelines.

ACEM also re-states the contention that in order for interns to be appropriately guided in their learning and to achieve maximum benefit from this term, supervision should be undertaken by an experienced emergency medicine physician. Currently, there is inconsistent supervision being

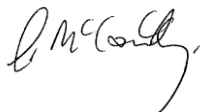
provided to interns and the proposal in its current form would lead to further supervision inconsistencies potentially resulting in the compromising of patient safety.

The College again states that a minimum ten-week term in emergency medicine is considered necessary in order to obtain adequate exposure to the diversity of experiences within this training post and that specific learning outcomes should be defined. The customisation of the ACFJD is a logical basis for the development of learning objectives, but ACEM expects to be consulted with regard to the development of specific competencies relating to emergency medical care.

**Recommendations:**

- All emergency medical care placements for interns should be conducted in hospital emergency departments.
- ACEM would expect to be closely involved in the development of guidelines determining the suitability of 'emergency medical care' placements. This would include exposure to the critical skills, knowledge and experience required for an emergency medicine term.
- Close supervision should be provided by suitably qualified and experienced emergency medicine physicians.
- Emergency medical care terms should be a minimum of ten weeks duration in order to provide adequate exposure to the skills, knowledge and experience required.
- The Board should collaborate with ACEM in the development of specific learning outcomes for emergency care terms.
- General practice settings as an alternative to emergency medicine terms in prevocational training should be reconsidered as it is unlikely that a similar broad ranging training experience, including exposure to resuscitation, could be obtained in most general practice settings.

The Australasian College for Emergency Medicine thanks you for the opportunity to participate in this process and would appreciate remaining closely involved through representation and ongoing consultation wherever possible.



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