

## **Clinical Education and Training Institute**

### **Submission to Medical Board of Australia regarding Proposed Intern Registration Standard**

**21 December 2011**

#### **Introduction**

On 28 November 2011 the Medical Board of Australia (MBA) released a second round of consultation on a 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 modified standard.

The Medical Directorate within CETI distributed the revised standard to 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 revised registration standard.

The following comments would be best read with reference to CETI's previous submission provided to the Medical Board of Australia in September 2011. The headings in this submission reflect the headings within the proposed registration standard.

#### **Additional information regarding the intern year**

There is strong support for development of the intern year including the setting of learning objectives, defining the assessment processes and development of a national framework for intern accreditation. However there is disappointment that this work has not commenced and that it remains unclear when and how this will work be undertaken and consulted on.

Of particular concern is the current assessment process. In NSW, research<sup>1</sup> on the current assessment process concluded the assessment forms may underreport trainee performance, did not discriminate strongly between different levels of performance of trainees or training system and do not provide trainees with specific feedback to guide professional development. Yet this assessment process will be continued under the new standard.

#### **Maintenance of Standards**

There is support for the continuation of a quality assurance model to support improvements in intern training. However it is disappointing that aspects of the

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<sup>1</sup> Craig M Bingham and Roslyn Crampton; A review of prevocational medical trainee assessment in New South Wales MJA 2011; 195 (7): 410-412

standard remain below some NSW standards. Effort should be made to advance standards in a fairly short time frame so slippage of the training quality is prevented.

### **Specific Requirements**

#### **Surgery**

As expressed in the previous submission on the proposed intern registration standard, the surgical experience description 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 definition currently in the standard may result in degradation of the surgical training experience provided in NSW.

The surgical experience description states trainees require an experience that includes caring for patients with a broad range of surgical conditions. In tertiary hospitals the terms can be subspecialty focused. Our concern is that such terms, (i.e. colorectal surgery) do not appear to meet the description. The description should be changed to specify that a term can be specialised.

#### **Medicine**

The medicine experience description states trainees require an experience that includes caring for patients with a broad range of medical conditions. In tertiary hospitals the medical terms can be specialised. Our concern is such terms, (i.e. respiratory medicine), do not meet the description. The description should be changed to specify a term can be specialised.

#### **Emergency Medical Care**

Although the proposed standard has been modified to suggest that generally emergency medical care experience will be delivered by an emergency medicine term, the approach is still a concern. It undervalues the role of the term in intern education and training. Clinicians and trainees feel that the emergency medical care experience should remain an experience provided by accredited emergency departments.

### **Specific Circumstances**

There is support for the clarification within the standard about the completion of internship outside of Australia and New Zealand.

### **Recency of Qualification**

While acknowledging this is beyond the scope of the registration standard, it is important that the Medical Board of Australia give consideration to the recency of the 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. Previously in NSW, graduates whose degree was obtained to years or more prior to applying for internship were reviewed by the Medical Board.

### **Conclusion**

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