



Certificate of completion of an accredited internship in 2021

Profession: Medical

Part 7 Division 6 of the Health Practitioner Regulation National Law (the National Law)

The Medical Board of Australia (the Board) will use the information on this certificate and any additional information that you provide to decide whether to grant general registration.

Interns must meet the requirements in the registration standard *Granting general registration as a medical practitioner to Australian and New Zealand medical graduates* on completion of intern training. Interns must complete:

- at least 47 weeks full-time equivalent service
- all accredited core terms with a minimum of:
 - ten weeks in surgery
 - ten weeks in medicine
 - eight weeks in emergency medical care and
 - a range of other approved terms to make up a minimum of 47 weeks full-time equivalent service.

The Board expects that interns will complete the core terms and 47 weeks accredited service unless they:

- had to take genuine COVID-19 related leave (for COVID-19 illness or to isolate), and/or
- have been redeployed by their health service to meet COVID-19 related workforce needs.

For 2021 interns the requirements are:

1. Interns who have been directly affected by COVID-19 (had to take COVID-related leave):
 - a. must complete at least 40 weeks full-time equivalent supervised service (a reduction of up to seven weeks from the standard 47 weeks required)
 - b. can gain their clinical experience in accredited and non-accredited positions
 - c. do not have to meet the requirement for the usual rotations of medicine, surgery and emergency medical care. The Board will accept clinical experience in any supervised rotations.

The intern will need to provide details of when the leave was taken and explain the reasons.

2. Interns who have been redeployed as a result of COVID-19:
 - a. must complete at least 47 weeks full-time equivalent service
 - b. can gain their clinical experience in accredited and non-accredited positions
 - c. do not have to meet the requirement for the usual rotations of medicine, surgery and emergency medical care. The Board will accept clinical experience in any supervised rotations.

The Board may request confirmation from the employing health service that the redeployment was the result of COVID-19.

Instructions

1. This certificate must be completed and signed by the Director of Training, Director of Medical Services or other person of a comparable level of seniority who has been authorised by the hospital.
2. Use a separate certificate for each intern.
3. Confirm the terms that the intern has undertaken, and the dates that each term was completed.
4. Indicate whether or not the intern completed each term satisfactorily. If the intern's performance was assessed as not satisfactory in one or more terms, please attach an additional report on the issues of concern, and include what remediation was undertaken and whether the issues of concern were resolved by the end of the intern year.
5. Confirm whether the intern has performed satisfactorily during the intern year. If the intern has not performed satisfactorily during the intern year, please attach an additional report on the issues of concern, including what remediation was undertaken and what the intern will need to do to meet the standard expected for general registration.
6. This certificate may be completed towards the end of the final term of the intern year to allow sufficient time for the Board to grant general registration. Please include the expected date that the intern will complete the final term. If anything changes (e.g. the intern does not complete the term satisfactorily) please provide a report to Ahpra urgently as this may affect the intern's eligibility for general registration.
7. Ensure that all sections are completed and sign the certificate

Intern's full name

Provisional registration number

Parent Health Service for the intern

Date internship completed

Final term completed

 / /

OR

Expected completion date of final term

 / /

Details of internship year

| Term/rotation | Was this term/rotation accredited? | Dates of term/rotation | Organisation and location where the term was undertaken | Department or unit in which term was undertaken | No. of weeks completed <i>(Enter numbers, not words. Do not include part weeks.)</i> | Satisfactory completion of term/rotation |
|---------------|---|------------------------|---|---|---|---|
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Total number of weeks
(automatically calculated)

1. Has the intern completed 47 weeks and only accredited terms including the three mandatory core terms?

YES Go to Hospital sign off NO Go to next question. Provide the reasons for completion of less than 47 weeks and/or core terms not completed and/or completion of non-accredited terms. Details must be provided at Q2 and/or Q3.

2. Did the intern have to take COVID-19 related leave (for COVID-19 illness or to isolate)?

YES

Provide details about when the leave was taken and the reason (COVID-19 illness or isolation). See p1 for acceptable leave reasons and time frames.

Form area with horizontal dashed lines for text entry.

Go to next question

NO Go to next question

3. Was the intern redeployed by the health service to meet COVID-19 related workforce needs?

YES

Provide details about where and why the redeployment occurred. See p1 for minimum requirements where the intern was affected by COVID-19 redeployment.

Form area with horizontal dashed lines for text entry.

Go to Hospital sign off

NO Go to Hospital sign off



If the intern has worked less than 47 weeks and the reduction in weeks was not a direct result of COVID-19 related isolation or sick leave, they do not meet the requirements for general registration.

If the intern has not completed the core terms and/or has completed unaccredited terms/rotations and this was not a direct result of COVID-19 related leave or redeployment, they do not meet the requirements for general registration

Hospital sign off

4. Has the intern met the standard expected for general registration at the end of the intern year?

YES NO 

If the intern has not met the standard expected for general registration, please provide an additional report to the Board.

I confirm that the information in this certificate is correct.

YES NO

Name

Position

Signature of Director of Training, Director of Medical Services or other person authorised by the hospital and acceptable to the Board as appropriate to sign off on the satisfactory completion of the internship.



SIGN HERE

Date

 / /