

Certificate of completion of an accredited internship in 2023

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 full-time equivalent (FTE) accredited supervised practice unless they had to take genuine COVID-19 leave (for COVID-19 illness or to isolate).

This applies to interns who started their internship from 1 November 2022. Interns who had to take COVID-19 related leave (for COVID-19 illness or to isolate) are required to:

- complete at least 45 weeks FTE supervised clinical experience (a reduction of up to two weeks from the standard 47 weeks required), and
- must complete the accredited core terms.

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

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 submitted no earlier than four weeks from 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					
MED						
Date internship completed						
Final term completed	Expected completion date of final term					
DD/MM/YYYY OR						

Details of internship year							
Term/rotation	Was this term/rotation accredited?	Dates of term/rotation	Location (e.g. Name of hospital or health service) where the term was undertaken	Department or unit in which term was undertaken	No. of weeks completed (Enter numbers, not words. Do not include part weeks.)	Satisfactory completion of term/rotation	
	Yes					Yes	
	Yes					Ves	
	Yes					Yes	
	Yes					Yes	
	Yes					Yes	
	Yes					Yes	
	Yes					Yes	
	Ves					Yes	

Total number of weeks (automatically calculated)

Nai	me:		Registration number:
1.	Has the intern completed 47 weel	ks and only	accredited terms including the three mandatory core terms?
	YES Co to Hospital sign off	NO 💌	Provide the reasons for completion of less than 47 weeks supervised practice. Details must be provided at Q2. <i>Go to next question</i>
2.	Did the intern have to take COVID	-19 related	leave (for COVID-19 illness or to isolate)?
	YES	NO 🔀	Go to Hospital sign off
	Provide details about when the leav	ve was taken	and the reason (COVID-19 illness or isolation). See p1 for acceptable leave reasons.
	Go to Hospital sign off		
			weeks and the reduction in weeks was not a direct result of COVID-19 related isolation or rements for general registration.
	Hospital sign off		
3.	Has the intern met the standard e	xpected for	general registration at the end of the intern year?
	YES 📉	NO 🔽	
	If the intern has not met t	he standard (expected for general registration, please provide an additional report to the Board.
<u> </u>			
	confirm that the information in this ce	NO 🔀	irrect.
N	lame		
P	Position		
Ľ			
	Signature of Director of Training, Direct is appropriate to sign off on the satisfa		I Services or other person authorised by the hospital and acceptable to the Board ation of the internship.
	SIGN HERE		
D	DD/MM/YYYY		