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Dear Dr Flynn

Thank you for providing the Australian Medical Association (AMA) with the opportunity to comment on the Board's *Proposed Registration Standard - Granting registration as a medical practitioner on completion of intern training* (the proposed standard).

In providing these comments, the AMA notes that further guidelines will be developed to underpin the operation of the proposed standard. This submission therefore outlines some preliminary views in anticipation of further materials being developed that provide more detail and clarity with respect to the practical operation of the standard.

While the proposed standard broadly aligns with the final comments on the standard submitted by AMA Council of Doctors-in-Training (AMACDT) representatives to the Australian Medical Council (AMC)/Medical Board of Australia (MBA) working party, the AMA is concerned by the proposed definition for an emergency medical care term included in the proposed standard.

Core terms

The *AMA Position Statement on Core terms in internship – 2007* contends that a term in emergency medicine in an emergency department, where one learns the skills of managing critically ill patients including resuscitation, cannot be substituted. Undertaking this term in emergency department allows for high acuity patients to be seen at regular intervals and for interns to develop requisite clinical skills and to practice them repeatedly. It provides the intern with an opportunity to work as part of a multi-disciplinary team in a complex health care environment that is rarely replicated elsewhere. This is invaluable.

While experience in non-hospital settings, including general practice, can be hugely beneficial for interns, these experiences must not be used as a substitute for the essential core hospital terms of surgery, medicine and emergency medicine. The *AMA Position Statement on Core terms in internship – 2007* is attached for information.

Increasing numbers of medical graduates will place greater pressure on the capacity of traditional emergency department settings to provide sufficient intern places. The AMA recognises that this is an emerging area and that there is some experience in

South Australia where general practice terms have been used as an alternative to working in an emergency department.

Innovative programs have also been developed to meet the challenge of expanding clinical training capacity and providing all interns with a quality emergency medicine term. A good example is the More Learning for Interns in Emergency (MoLIE) program. By providing interns working in emergency departments with structured off the floor teaching that equates to around two half-day sessions per week, teaching capacity in emergency departments can be increased by around 20 percent without changing on-the-floor supervision ratios.

What is of utmost concern to the AMA in the proposed standard is the absence of clear criteria about what would constitute appropriate exposure to emergency medicine in general practice. It is imperative that an emergency medicine term, irrespective of the setting, provides interns with adequate exposure to emergency medicine and that the quality of training is maintained. While the AMA acknowledges that good placements in rural emergency departments may exist, we would be uncomfortable for this to expand any further without any clear guidelines.

AMA Federal Council recently discussed the proposed standard and passed policy confirming the importance of ensuring that the emergency medical care term proposed by the MBA is appropriately defined so that it provides genuine exposure to emergency medicine and preserves the quality of clinical and professional experience during the intern year.

In this regard, the AMA would welcome the opportunity to be part of the team that prepares the draft guidelines for the MBA that will define the criteria for assessing whether an emergency term in general practice provides adequate exposure to emergency medicine. We recommend that the Australasian College for Emergency Medicine also be part of this writing group.

On particular points within the proposed standard, the AMA has some additional comments to make.

Summary

References to accrediting terms against 'approved accreditation standards' should be supported by further information as to the process for approving terms and standards.

General requirements

As a general requirement, the standards should also clarify that interns should not have to provide evidence or submit documentation for general registration that was provided twelve months prior. Every effort should be made to streamline application processes for interns moving from provisional to general registration at the end of internship.

Specific requirements

Postgraduate Medical Councils (or their equivalents) in each State and Territory in Australia and the Education Committee of the Medical Council of New Zealand are the authorities responsible for accrediting terms and this should be articulated in the standard where appropriate.

The time period for internship should be referenced as '47 weeks full time equivalent' rather than 'at least' or 'minimum of' 47 weeks full time equivalent service to negate the opportunity for jurisdictions to create longer internships. The AMA would not support an internship where the intern could not gain general registration after having completed appropriate terms in full time employment over a period of 12 months. We recognise that part-time work practices should provide the flexibility, if required, for interns to meet the requirements for general registration in a period of 24 months.

Sign off on the satisfactory completion of internship should come from both the Director of Training and the Director of Medical Services (or equivalent) to ensure there is sufficient rigour in the process of confirming the applicant has met the requirements for general registration.

Specific circumstances – Location

The AMA firmly believes it is important that postgraduate doctors complete their internship in a relevant and contemporary environment before being granted general registration. We are not convinced that undertaking an internship in an overseas setting other than New Zealand would give interns the experience and skills they need to practice in the Australian health care system.

The AMA would like the Board to more fully describe the particular circumstances where the Board would consider internships completed by graduates of approved Australian or New Zealand medical schools completed fully or in part outside Australia. It would be useful if the Board could provide an example of how this would work in practice.

We look forward to receiving clarification regarding the point raised above and to contributing to this important piece of work. Should you have any questions, please contact Ms Sally Cross, Senior Policy Adviser.

Yours sincerely



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Federal AMA President



Dr Michael Bonning
Chair, Federal AMA Council of Doctors-in-
Training

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