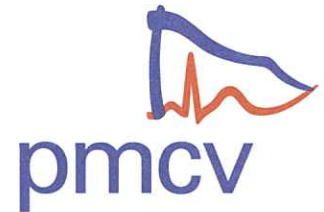


9 September 2011



Dr Joanne Katsoris
Executive Officer,
Medical Board of Australia
G.P.O. Box 9958
Melbourne VIC 3001

Dear Dr Katsoris

Re: Standard for Intern Training

Thank you for providing the Postgraduate Medical Council of Victoria (PMCV) with the opportunity to respond to the Medical Board of Australia's *Proposed registration standard for granting general registration as a medical practitioner to Australian and New Zealand medical graduates on completion of intern training*.

The draft standard has been reviewed at the PMCV Accreditation Subcommittee and PMCV Committee, and a summary of feedback is provided below. This feedback has also been provided to the Confederation of Postgraduate Medical Education Councils (CPMEC), who will also be responding. PMCV acknowledges that the draft standard draws heavily from the CPMEC working party's recommendations.

Overall aspects of the draft standard that were well received:

- A movement away from 'general medicine' and 'general surgery' to experience in 'medicine' and 'surgery', and from 'emergency medicine' to 'emergency medical care'. This reflects the diversity of clinical placements now available to interns.
- Explicitly allowing for part-time internships, and allowing for part of the internship to be undertaken outside Australia. Again this also reflects current practice.

General issues raised included:

- The draft standard generally documents workplace experience requirements, rather than outlining a broader framework regarding curriculum (there is no reference to the Australian Curriculum Framework for example), skill development and acquisition, the learning environment including supervision principles, and the need for a robust assessment framework to support the intern year. It is understood that additional supportive documentation is being developed to address some of these items, and ideally these would be reviewed by stakeholders prior to commencement of the standard in 2012.

- The definition of how ‘accreditation’ of a term is granted needs to be further explained, e.g. by local Postgraduate Medical Councils who have themselves been accredited by a particular body such as the Australian Medical Council.

Specific issues raised:

Specific Requirements

- Medicine

This dot point includes the requirements to manage inpatients with a ‘range of *general* medical conditions’ which is at odds with the decision to move from a requirement of a ‘general medical’ term to a ‘medical’ term. Additionally, the standard implies a requirement for ‘*ambulatory* care’ in all core medical terms, which while aspirational, may exclude many otherwise excellent medical terms from being considered appropriate. An alternative option may be for the standard instead to refer to experience in continuity of care (such as ambulatory care) to be undertaken at some point in the intern year, rather than specifying a particular term.

- Satisfactory Term Supervisor Reports

It is implied within this statement that an intern must receive satisfactory reports from all Term Supervisors to be eligible to pass internship, however it is known in practice that some interns may have difficulty in a particular term however progress and mature over the year to a satisfactory standard by completion of their internship. This should be reflected in the standard.

Specific Circumstances

Deferral of Internship

- There is no mention of deferral of internship, or any measures that are required to support clinical currency upon commencement following deferral. Deferral of internship is a not an unusual situation, where either for family/health/other reasons, medical graduates defer for 1 or more years following graduation. It is recommended that this be specifically mentioned in the standard, together with a requirement regarding commencement that is consistent with the principles of the Medical Board’s *Recency of Practice Standard* (the scope of which does not include interns) e.g.
 - Deferral of up to 1 year – no specific requirements
 - Deferral of up to 2 or more years – satisfactorily completion of additional professional development to be determined in conjunction with the graduating medical school and/or employing health service, of a minimum of e.g. 50 hours’ duration.

Interrupted Training

- PMCV is pleased to see part-time training made explicit within the registration standard. However there is no mention of *interruption* to internship, or of any duration and/or re-entry requirements following interruption. Again, interrupted training is not an uncommon scenario, particularly for health and maternity leave reasons. Interns may require a period of interruption of 1-2 years before they are able to return to their internship. A statement similar to the proposed above for Deferred Internships may be appropriate.

Part-time Internship

- As previously advised to the Medical Board of Australia in correspondence dated 21 June 2011, many interns who request part-time internships also require a period of interruption to their training, and may take 3-4 years to complete their internship, rather than the recommended 2 years as per the draft registration standard. Most College advanced training programs allow for an extension of 3-4 years to allow for part-time and interrupted training, which takes into account the federal legislative framework that allows for 12 months of maternity leave and request for part-time placement on return to work. Completion of part-time training within 24 months as proposed is likely not sufficient to meet the needs of this cohort. It is recommended that this period be extended to e.g. 3 years.

Required Experience not Completed and Exceptional Circumstances

- It is also noted that there is an Exceptional Circumstances clause and this may deal with interns who have had interruptions to their training and therefore may not complete their internship within 2 years. However no details are provided of what may be accepted as '*exceptional circumstances*' and what the assessment/determination process regarding this may be (e.g. at the local versus MBA level). This should be clarified in the standard.

Location

It is noted that the Board will consider internship completed partly outside Australia. While this reflects some current practice, PMCV would expect that such reciprocal recognition would be limited to countries with similar health systems to Australia, such as Competent Authority countries.

PMCV welcomes the opportunity to provide input into an important standard in relation to prevocational training. Please do not hesitate to contact me should you require any further information regarding the above.

Yours sincerely



Dr Susannah Ahern
Medical Director
Postgraduate Medical Council of Victoria