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Dear Ms Katsoris

Thank you for your email of 28 November 2011 advising the Australian Medical Association (AMA) of the Board's second round consultation on a proposed registration standard for granting registration as a medical practitioner to Australian and New Zealand medical graduates on completion of intern training (the proposed standard).

The AMA notes the issues arising from the previous consultation and the modifications made to the proposed standard, including clarification that Australian and New Zealand graduates who complete their internship outside of Australia and New Zealand will not be eligible to automatically progress to general registration. The AMA supports this amendment.

It is also pleasing to see that the Board has articulated a process for developing additional detail and documentation around the intern year. The AMA considers this essential, and strongly supports alignment of the intern year with the Australian Curriculum Framework for Junior Doctors, a more rigorous process for the determination of satisfactory performance and completion, and a national framework for training standards and assessment of agencies accrediting intern posts.

The AMA Council of Doctor-in-Training is pleased to be invited to provide two representatives to the Australian Medical Council (AMC) working party that will oversee this work. The AMA is confident that, together with the registration standard considered here, the development of a defined purpose and strengthened framework for intern training will improve the quality of prevocational training in Australia.

General comments

The original AMA submission made a number of the suggestions that have not been adopted, and the Association would again request that they be considered.

These suggestions are again outlined below for your consideration:

- References to accrediting terms against ‘approved accreditation standards’ should be supported by further information as to the process for approving terms and standards.
- Under current arrangements, 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. This should be articulated in the standard.
- The time period for internship should be defined as ‘47 weeks full time equivalent’. References to ‘at least’ or ‘a minimum of’ 47 weeks full time equivalent service should be removed to preclude jurisdictions from creating longer internships.
- The AMA is, however, strongly supportive of part-time work practices and is pleased that the standard allows for this.
- Sign off on the satisfactory completion of internship should come from both the Director of Training and the Director of Medical Services (or equivalent). This would ensure that there is sufficient rigour in the process of confirming the applicant has met the requirements for general registration, and that internship has both educationalist and employer oversight.

Specific comments

Definition of emergency medical care term

The AMA appreciates that the revised proposed standard includes a re-phrased description of a term in emergency medical care, i.e., “Generally, this is a term in emergency medicine or select general practices with exposure to emergency medicine.”

This revision, however, does not fully encapsulate the strong views of junior doctors that the term in emergency medical care should ideally be completed in an emergency department. As expressed at the recent Prevocational Medical Education Forum in Auckland, junior doctors generally see a term in an approved general practice as an option of last resort, and only permissible where the General Practice has met clear criteria around equivalent exposure to emergency medicine.

The AMA notes the lack of clarity around the development of guidelines that will underpin this component of the registration standard. As mentioned, the AMA is participating in the AMC working group tasked, among other responsibilities, with developing an intern accreditation framework. It is the Association’s expectation that explicit guidelines and criteria will be developed as part of this process.

While the AMA recognises the value for interns in completing a term in General Practice, there are significant concerns about the extent to which a community placement could meet all of the learning objectives implicit in an emergency medicine rotation. Principally, these are the knowledge and skills related to the care of undifferentiated and critically unwell patients. In addition to the emergency medicine rotation, the AMA believes that all interns who wish to undertake a term in General Practice should be supported to do so.

On this basis, the AMA recommends the wording of this section be changed to: “Generally this is a term in an emergency department but, in exceptional circumstances, may include select general practices found to meet the criteria for providing equivalent exposure to emergency medicine. Not all general practice posts will meet these requirements.”

Deletion of exceptional circumstances clause

While the AMA is supportive of moves to extend the duration of provisional registration to up to three years for those undertaking part-time internships, the AMA is concerned that the removal of the exceptional circumstances clause may result in a small number of interns having no mechanism to deal with personal issues that may prevent the completion of training in the specified time frame.

While a statement about ‘required experience not completed’ (allowing renewal of provisional registration) has been included, the AMA notes in the explanatory document that the number of renewals may be capped at two. If this is the case, the AMA would recommend that the original clause be reinserted into the proposed standard, i.e.: “Interns may seek recognition of exceptional personal circumstances that have affected their ability to successfully complete the internship requirements specified in this standard within the required timeframes.”

The AMA appreciates the rationale for removing the exceptional circumstances provision (i.e., to minimise ambiguity) but reiterates the need to the standard to have some flexibility in accommodating provisional registrants who, for reasons beyond their control, are unable to complete internship in 36 months. There should be a mechanism for an intern to apply to the MBA to have exceptional circumstances considered on a case-by-case basis.

We thank the Board for a second opportunity to comment on the proposed registration standard. The AMA is keen to continue to work collaboratively in the development of this standard. In light of the significant interest in this area, it may be worthwhile to consult directly with key stakeholders to confirm the final content of the proposed standard.

Yours sincerely

Dr Steve Hambleton
Federal AMA President

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

3 January 2012