



The Royal Australasian  
College of Physicians

**Medical Board of Australia**

***Proposed registration standard for granting general  
registration as a medical practitioner to Australian and New  
Zealand medical graduates on completion of intern training***

**Submission by The Royal Australasian College of Physicians**

**August 2011**

## **Introduction**

The Royal Australasian College of Physicians (RACP) welcomes the opportunity to provide feedback on the consultation paper *Proposed registration standard for granting general registration as a medical practitioner to Australian and New Zealand medical graduates on completion of intern training*.

The RACP would like to affirm its support for the Medical Board of Australia (MBA), the Australian Health Practitioner Regulation Agency and the National Registration and Accreditation Scheme.

## **Executive Summary**

It is well-recognised that intern training provides the grounding for subsequent vocational training and specialisation and that a positive intern experience can influence the career trajectory of medical graduates. As such, the RACP is supportive of a registration standard that provides opportunities for medical graduates to gain appropriate experience in core and diverse clinical settings whilst adequately preparing graduates for the rigors and demands of vocational training programs.

The RACP welcomes the move to enhanced flexibility of intern training. The Australian health care system is under increasing pressure from an ageing population and from the burden of chronic illness. The health care system must respond to these issues and the needs of a geographically and culturally diverse population. The difficulties around provision of sufficient access to health care services for people living in rural, remote and Indigenous communities are especially well-documented. The RACP notes that health care delivery is changing under the COAG National Health and Hospital Agreement and that increasingly, care will be delivered in primary and ambulatory settings.

Accordingly, the registration standard needs to adequately support graduates to practise in this dynamic health care environment. The registration standard should also provide graduates with the opportunity to practise in areas of emerging need and gain experience in diverse settings. The RACP welcomes the provision in the registration standard that allows for clinical practice to be completed in an approved hospital, general practice and/or ambulatory locations. In addition, provisions allowing interns to complete their internship in a part-time fashion over a two year period, and in particular circumstances, either fully or partly outside Australia are supported. This will provide more options for medical graduates and better resource the medical workforce, in terms of both people and skill, to meet future demand.

However, enhanced flexibility in the registration standard and requirements should be balanced with the need to ensure appropriate supervision and experience so that the medical graduate can develop the knowledge and skill set necessary to practise safely and competently and maintain the community's confidence in the medical profession. Intern training provides the platform for those medical graduates with the necessary skills to undertake additional training and specialisation. Accreditation of intern positions is incredibly important. National consistency, transparency and efficiency in the accreditation process is necessary, both to ensure that the intern position can deliver the necessary training and supervision, and to ensure there is a sufficient number of positions to match the demand from increasing numbers of medical graduates and for the future medical workforce. Accreditation will provide innovative intern training options without diluting the intern experience.

## Recommendations

The RACP makes the following comments and recommendations, specifically that:

1. The increased flexibility of the intern training requirements in the registration standard is appropriate and necessary to meet the needs of medical graduates, the workforce, patients and the healthcare sector as a whole.
2. The registration standard includes adequate experience in clinical practice throughout the period of intern training to ensure the competence and preparedness of medical graduates on completion of training. Explicit guidelines on the objectives and requirements for experience in each of the core terms (emergency medical care, medicine and surgery) should be developed and released for consultation to ensure confidence in the registration standard.
3. There is a need for national consistency, transparency and efficiency in the accreditation of intern positions. This is best facilitated by Australian Medical Council (AMC) accreditation of Postgraduate Medical Councils (PMCs) or their equivalent.
4. The exceptional circumstances provision of the registration standard should be removed. Medical graduates unable to meet the requirements of the registration standard for intern training should not be granted general registration as a medical practitioner.

### Increased flexibility of training

Intern training is fundamental for ensuring that medical graduates obtain hands-on clinical experience and have the opportunity to put their education and skills into practice in an appropriately supervised environment. Currently, medical graduates undertake a twelve-month supervised placement in intern positions that have been accredited by the state or territory equivalent of a PMC. The majority of intern positions are located in large public teaching hospitals and involve compulsory rotations in medicine, surgery and emergency medicine.<sup>1</sup> The requirements for intern training and accreditation of intern positions have been broadly similar across jurisdictions, but there has been no mandated national consistency.

The RACP supports the provision in the registration standard for granting general registration as a medical practitioner to medical graduates on completion of intern training as a means to achieve consistency across jurisdictions and certainty in the general registration standard. The RACP considers that the registration standard appropriately aligns with current practice and the MBA standard *Granting General Registration to Medical practitioners in the Standard Pathway Who Hold an AMC Certificate* to ensure clarity and cohesive general registration of medical practitioners. In particular, the general requirements ensure that medical practitioners have adequate personal and professional qualities to meet the standards that the community expects from medical practitioners.

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<sup>1</sup> Medical Training Review Panel (February 2009). 12<sup>th</sup> Annual Report.

A key feature of the registration standard is the added flexibility possible when undertaking intern training, including that:

- an intern can complete supervised clinical practice in an approved hospital, general practice and ambulatory locations
- the training can be completed part-time within two years
- in some circumstances, either fully or partly outside of Australia.

The registration standard acknowledges that the experience and exposure medical graduates obtain when undertaking an internship in a large teaching hospital can be achieved in non-traditional settings. The RACP supports this move to enhanced flexibility as a strategy to meet current and future demands for appropriately trained, skilled and experienced medical practitioners.

Allowing training to be completed in an approved hospital, general practice and ambulatory locations will increase and diversify the intern positions offered to medical graduates. This will have a number of benefits. Firstly, increased numbers of intern positions are needed to meet the demand for internships from the growing number of medical graduates. Australia is currently experiencing a bottleneck for intern training – it has been recognised for some time that whilst the numbers of medical graduates are increasing there is no corresponding increase in the number of intern positions.<sup>2</sup> This has adverse implications for the future medical workforce and its ability to meet the health care needs of a growing and ageing population. Expanding the location of intern positions into general practice and ambulatory care will open up the span and number of training positions that can be accredited and will reduce the pressure on large public teaching hospitals.

Secondly, intern positions located in general practice and ambulatory care will provide broader experience for medical graduates in areas that are experiencing increasing demand. The rise of chronic disease and the focus on providing preventative care, particularly in the community, means that more health and medical care is provided in general practice and ambulatory locations. To adequately prepare medical graduates for future clinical practice, it is important that intern positions provide opportunities for sufficient experience in primary and ambulatory care. Allowing interns to complete training on a part-time basis will also facilitate intern positions in ambulatory locations.

Internships also inform career choice for many graduates and provide grounding for subsequent training. Medical graduates that experience practice in ambulatory and general practice locations are more likely to pursue ongoing opportunities in these areas of high demand. Given this, there is an argument to encourage and accredit intern positions in locations that currently experience workforce shortages, such as rural and remote communities. There is a strong case for expanding intern positions into innovative locations that respond to emerging areas of need, including residential aged care facilities, private and/or sub-acute hospitals, multi-purpose services, specialty rotations and Aboriginal Medical Services.

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<sup>2</sup> Brendan J Crotty and Terry Brown. (2007). An urgent challenge: new training opportunities for junior medical officers. *Medical Journal of Australia* 186(7); Katie Elkin and David Studdert. (2010). Restricted careers paths for overseas students graduating from Australian medical schools: legal and policy considerations. *Medical Journal of Australia* 192(9).

The RACP notes that the registration standard allows for an internship to be undertaken on a part-time basis within a two year period and provides for internships to be completed either fully or partly outside Australia in certain circumstances. The RACP understands the purpose of this provision is to provide greater options for medical graduates and facilitate and encourage the completion of intern training. However, the RACP expresses some reservations with regard to the approval of intern positions completed outside Australia. Intern positions in Australia are accredited to a high standard by PMCs and it is necessary to apply the same rigour to overseas intern positions. The RACP supports the provision in principle, provided that the clinical experience obtained is prospectively approved and accredited to an Australian standard, as stated in the registration standard.

### **Sufficient supervision and experience**

It is essential that intern positions are appropriately supervised and involve adequate experience thereby ensuring that medical graduates are sufficiently skilled and able in the safe and competent provision of medical care upon completion of their training. The RACP is especially concerned that intern training equips medical graduates with the experience and procedural skills necessary for entry into specialist vocational training programs, such as the RACP's PREP (Physician Readiness for Expert Practice) program.

Intern positions that are expected to emerge as a result of the added flexibility of the registration standard will need to demonstrate that they can appropriately fulfil the objectives of intern training. The move to added flexibility to accommodate the increasing numbers of medical graduates and respond to Australia's evolving health care needs should be balanced with the need to ensure that interns gain sufficient experience and exposure in core clinical disciplines and receive adequate supervision and support from suitably qualified and experienced clinicians.

The RACP notes that the registration standard requires interns to satisfactorily complete at least 8 weeks experience in emergency medical care, 10 weeks experience in medicine and 10 weeks experience in surgery plus a range of other approved terms to make up a minimum of 47 weeks equivalent full-time experience in supervised clinical practice. The registration standard elucidates the requirements for the experience to be gained by the intern during each term.

The RACP notes that the specific experience requirements for the core terms are rather generic. For example, the term in surgery does not stipulate that the intern must gain experience in the operating theatre. The RACP considers that the requirements for the surgical term should directly reference experience in operative procedures and assistance in the operating theatre, which accords with PMC recommendations.<sup>3</sup>

The RACP is also interested in the move from 'emergency medicine', that is, a term in an Emergency Department (ED), to 'emergency medical care'. Whilst the RACP considers that sufficient experience and supervision in emergency medicine is best assured in an ED the RACP also acknowledges the demands placed on EDs and the consequent ramification on the number of intern positions available in EDs and the

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<sup>3</sup> Confederation of Postgraduate Medical Education Councils (2009) Australian Curriculum Framework for Junior Doctors Project; Clinical Education and Training Institute. (2010). Prevocational Training Hospital Term Description and Term Guidelines.

supervisory capacity of EDs.<sup>4</sup> The registration standard presents the opportunity for experience in emergency medical care to be gained in the community. The RACP is concerned that experience gained outside EDs is equivalent, as far as possible, to the same term in an ED. The RACP strongly supports the development of guidelines by the MBA to further clarify the requirements of intern positions in emergency medical care outside EDs and would be pleased to review these guidelines once they are released for consultation.

The RACP agrees that there must be written confirmation that the intern has met the requirements of the registration standard, including satisfactory term supervisor reports. The RACP considers that term supervisor reports should directly relate to the objectives and requirements of that term. Currently, supervisor reports cover generic competencies and are standard across all terms. The development of the registration standard presents a good opportunity to develop specific criteria about the objectives and requirements for each core term, to better guide intern training. The Australian Curriculum Framework for Junior Doctors would be a good starting point in this regard.

### **Accreditation of intern positions**

In the registration standard, the delicate process of striking the right balance between enhanced flexibility in intern training and the assurance that training prepares medical graduates well for their future medical careers hinges on the accreditation of the term (or intern position) against approved accreditation standards by an authority approved by the MBA.

The RACP considers that the central role of accreditation of intern positions for ensuring the competency and preparedness of medical graduates on completion of intern training requires a transparent, consistent and efficient national accreditation process and standards.

Currently, it is the responsibility of PMCs (or their equivalent) at the State and Territory level to accredit intern training positions. PMCs have agreed to a national framework, the Prevocational Medical Accreditation Framework (PMAF), to promote a more systematic national approach to the accreditation of intern positions.<sup>5</sup> The RACP considers that the PMCs (or their equivalent) should continue as the authority approved by the MBA to accredit intern positions due to their expertise and proven capability in this area. However, certainty and consistency of the accreditation process should be enhanced through the accreditation of PMCs measured against a mandated national accreditation framework, such as the PMAF.

The RACP agrees with the Confederation of Postgraduate Medical Education Councils' recommendation that the AMC is the appropriate body to accredit PMCs.<sup>6</sup> The AMC is already responsible for developing standards to assess and accredit basic medical education programs provided by university medical schools and specialist medical training and continuing professional development programs.

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<sup>4</sup> Confederation of Postgraduate Medical Education Councils. (November 2009) National Registration and the Internship: CPMEC Discussion Paper: pp18; Gregory Fox and Stephanie Arnold. (November 2008). The rising tide of medical graduates: how will postgraduate training be affected? *Medical Journal of Australia* 189(9).

<sup>5</sup> Confederation of Postgraduate Medical Education Councils (CPMEC), (2009). Prevocational Medical Accreditation Framework for the Education and Training of Prevocational Doctors.

<sup>6</sup> Confederation of Postgraduate Medical Education Councils. (2009). Prevocational Medical Accreditation Framework for the Education and Training of Prevocational Doctors.

Extending the AMC's responsibility to develop a standard and process for the accreditation of PMCs will ensure consistent and integrated accreditation across each phase of medical education and training.

### **Exceptional circumstances**

The RACP does not support the provision that interns may seek recognition of exceptional personal circumstances that have affected their ability to successfully complete the specified internship requirements within the required timeframes. The RACP considers the provision that applicants may apply to the MBA for renewal of provisional registration if they have not completed all of the specific requirements within the timeframe suitably allows medical graduates to receive an extension of time to fulfil the intern requirements. Alternatively, if the exceptional personal circumstances relate to an inability to complete the general or specific requirements, as opposed to insufficient time, then the RACP would have significant concerns about their ability to practise at a suitable standard as a safe entry level medical practitioner and would consider that the intern should not be granted general registration.

### **Conclusion**

The RACP considers that the registration standard enhances certainty and consistency of the granting of general registration as a medical practitioner to Australian and New Zealand graduates on completion of intern training and accordingly the RACP lends its support to the document.

The RACP looks forward to an ongoing partnership with the MBA to further develop and implement policy and guidance in this area, to the benefit of both patients and practitioners.