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Dear Prof Landau

The AMACDT considered the CPMEC discussion paper “National Prevocational Training and the Internship” at its recent face to face meeting in October and would like to provide feedback on this document to the CPMEC.

Before providing our commentary we would like to make the following points:

- We acknowledge the vital role of the PMCs and CPMEC in accrediting prevocational training.
- We support your call for AMC accreditation of PMCs on the basis that this will ensure that the whole continuum of medical education is accredited against agreed benchmarks.
- We are broadly supportive of the ACFJD as a method of improving the training of prevocational doctors as long as it does not result in onerous assessment. At present we are comfortable about where assessment is heading. We have been pleased with the consultation process that CPMEC has employed in developing the ACFJD and have valued the opportunity we have had to contribute towards its development through our full and active participation in all relevant committees.
- However we are disappointed with the level of consultation that has taken place with the AMA in regards to this Working Party on National Prevocational Training and the Internship. Specifically we are disappointed that the AMA Council of Doctors in Training was not approached to provide a representative to sit on this committee, and furthermore that the draft document was released for general feedback but not directed to the AMACDT. The AMACDT's core purpose is to provide a junior doctor voice on issues that affect this group of doctors and has a very well developed and supported process for providing such input. We acknowledge that there are 2 JMO representatives appointed from PMC sources on the committee and are sure that they have provided valuable input. Notwithstanding this the AMACDT would have liked to have formally provided a representative in addition to these individual junior doctors.

We would now like to comment on the Working Party's recommendations. Before doing so I would like to draw to the CPMEC's attention the AMA position statement on prevocational training which provides further detail on our position in regards to this period of medical

education. I have attached this for your information. This reflects current AMA policy but is likely to be revised in 2010 by the AMA in recognition of the significant developments that have occurred in this area since the policy was passed in 2005.

The nature and purpose of internship

We agree with the definition provided.

The mix of clinical rotations/terms to be included in an internship

We agree with the working party recommendation that “8 to 10 weeks (excluding annual leave) of clinical experience in medicine, surgery and emergency medicine should be mandatory for all Australian interns.”

We are especially supportive of the recommendation that “experience in emergency medicine should be a mandatory component of the intern year.”

We note and concur that exposure to ambulatory health care during prevocational training is desirable.

We feel it would be worth clarifying the following in relation to this time period:

- While the Council is supportive of the minimum period of clinical experience of 48 full time [equivalent] weeks it believes this period needs to include sufficient time for study and conference leave and as such any professional development or study leave taken during this time should count towards this 48 week period. In considering this position it is worth noting that no state or territory award allows more than 2 weeks per year to undertake such leave (usually one week maximum of each) and that, as a result, participating in leave of this nature will not significantly shorten the direct patient contact time of interns. It will however support prevocational doctors in participating in continuous professional development which, we feel, is a principle that the CPMEC supports and will be consistent with proposed CPD requirements under the new national registration arrangement.
- Given that there are now some interns who are doing their internship on a part time basis it may be better to use the term "full time equivalent" rather than "full time". This would clarify just how much experience is to be gained by those interns who are doing their internship part time and reinforce the CPMECs support for a flexible approach to the time period in which internship is undertaken.
- We note that the working group's Terms of Reference does not require it to make a specific recommendation on the length of the internship. We would like the paper clarified to state that the minimum period of experience should be 48 full time weeks over a one year (full time equivalent) internship, and not a longer period of time. We acknowledge that the duration of internship may be extended in the case of interns needing to undertake remedial terms and are accepting of this situation.

The location (health care setting) of the internship

We note with interest the statement “Appropriate experience in emergency medicine may be provided in some non-hospital sites.” Presumably this is in reference to the situation in South Australia where interns can undertake a General Practice term in place of an Emergency Medicine term as part of the core terms for that year. Many of these GP rotations are undertaken in rural locations where the general practice also staffs the local emergency department. Feedback received by the AMA from junior doctors is that these rural terms can often provide valuable experience which has similarities to the experience gained in an emergency department staffed by emergency specialists. It is also clear however that some of the general practice terms in SA do not provide the equivalent of hospital-type experience and, as a result, many of these interns miss out on this valuable term, a situation which the AMA feels is unsatisfactory.

It is the AMA’s position that, ideally, all interns should undertake a term in a dedicated emergency department staffed by fellows of, and accredited by, the Australasian College for Emergency Medicine.

The AMA would support further work being undertaken to assess the potential for rural GP terms to provide sufficient exposure to emergency medicine and what arrangements need to be put in place to ensure that these terms are well supported. The AMA feels that this body of work should be progressed by CPMEC and funded by the commonwealth, possibly through a body such as the Medical Training Review Panel.

It is worth stating that, in taking this position, the AMA is very supportive of interns being able to access general practice and other primary care terms and feels that such terms should be readily available to those interns who wish to undertake them over and above the compulsory three intern terms that we support, as outlined below. Such terms, which typically occur in the community, need to be accredited against clear guidelines based on the ACFJD. At present, resource limitations preclude making such terms compulsory.

Any compulsory “core terms” e.g. medicine, surgery, emergency or equivalent

The AMA is supportive of compulsory core terms in the disciplines of emergency medicine, medicine and surgery. It is further supportive of appropriately supported primary care terms, particularly general practice, being provided to all interns who wish to undertake such rotations.

Competence versus time based approaches to internship

The AMA notes and agrees with the working group’s statement:

“Broad clinical competence is much more difficult to define or certify than competency in a specific skill and time based training may be the best approach to ensuring that trainees achieve it.”

Whilst the AMA is opposed to unnecessary hurdles in training, we are not yet satisfied that there is an adequate system of competency based assessment that removes the need to have a time-based component to intern training.

To provide advice regarding nationally consistent processes for signing-off each trainee and notifying the medical board for general registration at the successful completion of internship

The AMA agrees with the Working Group recommendations on this item

Accreditation of prevocational training institutions and networks

The AMA agrees with the Working Group recommendations on this item. Specifically we note and approve of the two new accreditation standards, these being the sign off process for satisfactory completion of internship and processes for identification and remediation of poorly performing interns.

Processes for mid-term appraisal and end of term assessment which relate to the learning outcomes included in the Australian Curriculum Framework for Junior Doctors and contribute to the end of year sign off

The AMA agrees with the Working Group recommendations on this item including the incorporation of ACFJD learning outcomes in mid-term appraisal and end of term assessment processes.

Mechanisms to refer interns to the medical board for unsatisfactory performance or other reasons

The AMA agrees with the Working Group recommendations on this item including the recommendation the processes for identification and remediation of poorly performing interns should be included in PMC accreditation standards in all jurisdictions and be transparent to all interns.

In summary we are broadly supportive of the working party's recommendations and have confidence that if adopted by the Medical Board of Australia that they will help ensure quality internships for the burgeoning number of interns that will enter our system.

In providing this feedback to the CPMEC we acknowledge that it will ultimately be the Medical Board of Australia that will make the final decision in regards to these matters and it is likely that we will also make representations to that board in relation to the structure and registration requirements for the intern years.

In closing we would like to once more repeat our support for the important role of CPMEC and state that we value our relationship with your organization. We look forward continuing to collaborate with you into the future.

Yours sincerely



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Chair
AMA Council of Doctors-in-Training

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