

# Intern training – National standards for programs

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## Introduction

These national standards outline requirements for processes, systems and resources that contribute to good quality intern training. Health services can apply these standards to programs of diverse size and structure.

These standards are high-level, and intern training programs may demonstrate meeting the standards in a variety of ways. The Australian Medical Council (AMC) believes these features will encourage innovation in intern training.

Further, these national standards:

- Build on existing state and territory guidelines, the *Registration standard – Australian and New Zealand graduates*, and the Confederation of Postgraduate Medical Education Councils' Prevocational Medical Accreditation Framework (2009).<sup>1</sup>
- Are structured similarly to the approved accreditation standards for other phases of medical education, but customised to intern programs.
- Do not prescribe any one program model. Explanatory notes are included to clarify meaning, but the notes are not prescriptive and do not add new criteria or requirements.
- Relate to accreditation of intern training programs, not each individual term. Intern training accreditation authorities will review a wide sample of terms to identify any significant deficiencies in the way the program selects and monitors terms. Intern training accreditation authorities, therefore, may accredit a program but disallow particular terms.

*Notes on terminology:* Over the years, Australian terminology for the various components of intern training has varied. These national standards use the terms specified in the glossary at the end of the document.

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<sup>1</sup> Prevocational Medical Accreditation Framework for the Education and Training of Prevocational Doctors [Internet]. Melbourne: Confederation of Postgraduate Medical Education Councils (CPMEC); 2009 [cited 2013 Sep 23]. Available from: <http://www.cpmeec.org.au/files/Revised%20PMAF%20-%20Final.pdf>

# Intern training national standards

## 1 The context in which intern training is delivered

### 1.1 Governance

- 1.1.1 The governance of the intern training program and assessment roles are defined.
- 1.1.2 The health services that contribute to the intern training program have a system of clinical governance or quality assurance that includes clear lines of responsibility and accountability for the overall quality of medical practice.
- 1.1.3 The health services give appropriate priority to medical education and training relative to other responsibilities.
- 1.1.4 The intern training program complies with relevant national, state or territory laws and regulations pertaining to prevocational training.

### Notes

Intern training is a mixed model of supervised practice and integrated training. While some training is specific to them, interns are also part of a wider training and service delivery system within the health service, which provides: clinical training for medical students; work-based training during internship and subsequent prevocational years; and training for doctors in specialist medical programs. This set of standards focuses on supporting interns, but recognises the importance of vertical integration across the medical training continuum.

These standards recognise that interns can complete terms and training in a variety of health care settings, including hospitals, general practices, and community-based medical services. The way these elements combine in an intern training program may vary, from training in a single health facility to a rotation program.

Teaching, training, appraising and assessing doctors are critical functions in caring for patients both now, and for developing a highly skilled workforce for the future. It is important health services recognise and resource this educational role.

The AMC recognises that intern training providers must comply with laws and regulations as businesses, employers and healthcare providers and that they have systems for audit and quality assurance processes to demonstrate compliance with laws and regulations. The policies and procedures they implement to meet these requirements will also pertain to prevocational training. Intern training providers may demonstrate they meet these National Standards for Programs by demonstrating compliance with laws and regulations through other processes<sup>2</sup>.

### 1.2 Program management

- 1.2.1 The intern training program has a mechanism or structures with the responsibility, authority, capacity and appropriate resources to direct the planning, implementation and review of the intern training program, and to set relevant policy and procedures.
- 1.2.2 The intern training program documents and reports to the intern training accreditation authority on changes in the program, units or rotations which may affect the program delivery meeting the national standards.

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<sup>2</sup> Intern training providers can provide policies and procedures demonstrating compliance with laws and regulations (such as workplace health and safety law) or evidence of having met other standards (such as the National Safety and Quality Health Service Standards or accreditation for specialist medical training) as evidence of complying with these standards.

1.2.3 The health services have effective organisational and operational structures to manage interns.

### **Notes**

Intern training programs will have their own governance and administrative groups responsible for developing, reviewing and ratifying their policies and processes.

The organisational structure should include appropriately qualified staff, sufficient to meet the program objectives. This normally includes access to educational support personnel to plan, organise and evaluate the education and training programs.

Program management normally includes a delegated manager with executive accountability for meeting prevocational education and training standards (for example, in a hospital, the Director of Medical Services) and a Director of Clinical Training (or equivalent), responsible for the quality of the training and education program, and who works in collaboration with supervisors.

Changes in a health service, intern training program or terms may affect intern training quality, and require the intern training accreditation authority's assessment. Major changes in circumstances that normally prompt a review include:

- Absence of senior staff with significant roles in intern training for an extended period with no replacement (for example, a Director Medical Services or Supervisor of Intern Training absent for more than one month).
- Plans for significant redesign or restructure of the health service that impacts on interns (for example, a significant change to clinical services provided or a ward closure causing change to caseload and case mix for the term).
- Rostering changes that significantly alter access to supervision or exposure to educational opportunities.
- Resource changes that significantly reduce administrative support, facilities or educational programs available.

Intern training accreditation authorities also need to be informed of significant changes in a term or unit that may lead to a review.

## **1.3 Educational expertise**

1.3.1 The intern training program is underpinned by sound medical education principles.

### **Notes**

Education principles include an understanding of the teaching and learning practices in medical education, assessment methods in medical education, educational supervision, and common medical education terminology.

## **1.4 Relationships to support medical education**

1.4.1 The intern training program supports the delivery of intern training through constructive working relationships with other relevant agencies and facilities.

1.4.2 Health services coordinate the local delivery of the intern training program. Health services that are part of a network or dispersed program contribute to program coordination and management across diverse sites.

### **Notes**

Examples of other relevant agencies include the local intern training accreditation authority, the health jurisdiction, and the local health network.

## 1.5 Reconsideration, review and appeals processes

- 1.5.1 The intern training provider has reconsideration, review and appeals processes that provide for impartial review of decisions related to intern training. It makes information about these processes publicly available.

### Notes

An appeals process that provides a fair and reasonable opportunity to challenge the decision is likely to result in decisions that are ultimately correct.

In relation to decision-making conduct, the grounds for appeal would include matters such as:

- an error in law or in due process in the formulation of the original decision
- relevant and significant information was not considered, or not properly considered, whether this information was available at the time of the original decision or became available subsequently
- irrelevant information was considered in the making of the original decision
- procedures that were required by the organisation's policies to be observed in connection with the making of the decision were not observed
- the original decision was made for a purpose other than a purpose for which the power was conferred
- the original decision was made in accordance with a rule or policy without regard to the merits of the particular case; and
- the original decision was clearly inconsistent with the evidence and arguments put before the body making the original decision.

Procedural fairness, timeliness, transparency and credibility, including requiring written reasons for decisions to be issued, are also elements of a strong and effective appeals process.

## 2 Organisational purpose

- 2.1 The purpose of the health services which employ and train interns includes setting and promoting high standards of medical practice and training.

## 3 The intern training program

### 3.1 Program structure and composition

- 3.1.1 The intern training program overall, and each term, is structured to reflect the requirements of the *Registration standard – Australian and New Zealand graduates* and provide experiences as described in *Intern training – Guidelines for terms*.
- 3.1.2 For each term, the health services have identified the *Intern training – Intern outcome statements* that are relevant, the skills and procedures that can be achieved, and the nature and range of clinical experience available to meet these objectives.
- 3.1.3 Interns participate in formal orientation programs, which are designed and evaluated to ensure relevant learning occurs.

### Notes

These national standards take account of outcome statements developed for interns, outlined in *Intern training – Intern outcome statements*. The *Intern outcome statements* document also

describes the relationship between the outcome statements and the *Australian Curriculum Framework for Junior Doctors*.

The intern outcome statements align with the medical school graduate outcomes. The domains collectively state what medical students must demonstrate at graduation. The statements are set a higher level for internship, reflecting the additional training and experience of the junior medical officer completing their provisional registration year. During internship, what was learned in medical school should be reinforced through informal and formal education and interns should seek to apply that knowledge.

In relation to Indigenous health, medical graduates are expected to understand and describe the factors that contribute to the health and wellbeing of Aboriginal and Torres Strait Islander peoples and/or Māori, including history, spirituality and relationship to land, diversity of cultures and communities, epidemiology, social and political determinants of health and health experiences. They are also expected to demonstrate effective and culturally competent communication and care for Aboriginal and Torres Strait Islander peoples and/or Māori.

Interns are expected to apply knowledge of the culture, spirituality and relationship to land of Aboriginal and Torres Strait Islander peoples to clinical practice and advocacy. Where interactions occur with Indigenous people, interns should be encouraged to apply their knowledge to practise in culturally competent ways, for example to establish whether and how a person identifies as Indigenous. The AMC recognises that it may not be possible to observe interns meeting this outcome in every term or for assessment purposes. While an individual intern may not be able to demonstrate all the elements of caring for Aboriginal and Torres Strait Islander peoples the principles still apply.

Orientation to the overall program and site occurs at the beginning of the year.

Orientation at the start of each term is equally important and is usually supported with a written term description. Where interns enter a new site at the beginning of a term, the orientation to the site should also occur at this time. In this orientation, the health service will ensure the intern is ready to commence safe, supervised practice in the term.

Induction and orientation processes should cover employer policies and procedures, particularly in relation to rights and responsibilities, supervision, assessment and performance management, trainee welfare and support, and grievance handling procedures.

Adequate handover is essential for safe, quality clinical care. Separate processes should be defined for handover between terms and between shifts.

### **3.2 Flexible training**

3.2.1 The intern training provider guides and supports supervisors and interns in implementing and reviewing flexible training arrangements. Available arrangements are consistent with the *Registration standard – Australian and New Zealand graduates*.

Flexible training means training that fits within the 'specific circumstances' described in the *Registration standard – Australian and New Zealand graduates*. This relates to part-time training and the location of training.

## **4 The training program – teaching and learning**

4.1 Interns have access to a formal education program in addition to work-based teaching and learning.

4.2 The intern training program provides for interns to attend formal education sessions, and ensures that they are supported by senior medical staff to do so.

4.3 The health service ensures dedicated time for the formal education program.

4.4 The health service reviews the opportunities for work-based teaching and training.

### Notes

Training programs normally include:

- A formal intern education program which is guided by the *Intern training – Intern outcome statements*
- Sessions with senior medical practitioners and other health professionals.
- Team and/or unit based activities, such as: mortality and morbidity audits, other quality assurance activities, case presentations and seminars, journal club, radiology and pathology meetings.
- Multidisciplinary meetings.
- One-to-one teaching with supervising medical practitioners in the course of patient clinical care.
- Opportunities to develop and practice clinical skills within a simulated environment.
- Medical/surgical and/or hospital-wide grand rounds.
- A formal intern education program.

In addition to clinical teaching, there should be opportunities for interns to develop skills in self-care and peer support, including time management, and identifying and managing stress and burn-out.

## 5 Assessment of learning

### 5.1 Assessment approach

- 5.1.1 The intern training program implements assessment consistent with the Registration standard – Australian and New Zealand graduates.
- 5.1.2 Intern assessment is consistent with the guidelines in *Intern training – Assessing and certifying completion*, and based on interns achieving outcomes stated in *Intern training – Intern outcome statements*.
- 5.1.3 Supervisors and interns understand the assessment program.
- 5.1.4 Intern assessment data is used to improve the intern training program.

### Notes

Requirements for the assessment process can be found in the document *Intern training – Assessing and certifying completion*. This includes regular performance assessment against the *Intern Training – Intern outcome statements*, managing progression and remediation, and certifying completion of internship.

An *Intern training – Term assessment form* is also available. At a minimum, any locally developed assessment forms must fulfil the requirements given in the *Intern Training – Assessing and certifying completion* document.

At the term orientation, interns should receive an outline of the term assessment processes, including who is responsible for giving feedback and performing appraisals, and how this information will be collated. For example, direct observation, reports from supervisors, and information from co-workers such as nursing and allied health staff. There should be opportunities for input from a variety of sources, including other relevant medical, nursing and healthcare practitioners.

Assessment processes should apply equally to all interns and occur at appropriate intervals. Assessment must include observation of clinical skills.

## 5.2 Feedback and performance review

- 5.2.1 The intern training program provides regular, formal and documented feedback to interns on their performance within each term.
- 5.2.2 Interns receive timely, progressive and informal feedback from term supervisors during every term.
- 5.2.3 The intern training program documents the assessment of the intern's performance consistent with the *Registration standard – Australian and New Zealand graduates*.
- 5.2.4 Interns are encouraged to take responsibility for their own performance, and to seek their supervisor's feedback on their performance.
- 5.2.5 The intern training program has clear procedures to immediately address any concerns about patient safety related to intern performance, including procedures to inform the the employer and the regulator, where appropriate.
- 5.2.6 The intern training program identifies early interns who are not performing to the expected level and provides them with remediation.
- 5.2.7 The intern training program establishes assessment review groups, as required, to assist with more complex remediation decisions for interns who do not achieve satisfactory supervisor assessments.

### Notes

Feedback and progress reviews can be assisted by interns keeping a log or a learning portfolio, which they discuss and review with their supervisor.

There should be a documented process for managing poor performance which will ensure patient safety and intern welfare.

When decisions about the performance of individual interns needs review, the document *Intern training – Assessing and certifying completion* outlines processes to be followed. The intern training providers must establish review groups to assist with more complex decisions on remediation. The document *Intern training – Assessing and certifying completion* , provides further advice about the requirements of the assessment review group.

Interns' performance is assessed and reviewed to meet both the requirements of their provisional registration and employment requirements. It is important that there are clear procedures for the individuals responsible for the intern training program to inform the employer as well the regulator, where appropriate, when safety concerns are raised.

The requirement under national standard 5.2.5 to immediately address concerns about patient safety may require action beyond remediation, including possible withdrawal of an intern from the clinical context. Intern training providers must be aware of the Health Practitioner Regulation National Law. This requires registered health practitioners and employers to make notifications about registered medical practitioners who have engaged in 'notifiable conduct' as defined in the National Law.

## 5.3 Assessors' training

- 5.3.1 The intern training program has processes for ensuring those assessing interns have relevant capabilities and understand the required processes.

### Notes

Intern training providers may offer training for intern training supervisors in performance management and communication skills.

## 6 Monitoring and evaluation

- 6.1 The intern training provider regularly evaluates and reviews its intern training program and terms to ensure standards are being maintained. Its processes check program content, quality of teaching and supervision, assessment and trainees' progress.
- 6.2 Supervisors contribute to monitoring and to program development. Their feedback is sought, analysed and used as part of the monitoring process.
- 6.3 Interns have regular structured mechanisms for providing confidential feedback about their training, education experiences and the learning environment in the program overall, and in individual terms.
- 6.4 The intern training program acts on feedback and modifies the program as necessary to improve the experience for interns, supervisors and health care facility managers.

## 7 Implementing the education and training framework – interns

### 7.1 Appointment to program and allocation to term

- 7.1.1 The processes for intern appointments:
  - are based on the published criteria and the principles of the program concerned
  - are transparent rigorous and fair.

#### *Notes*

These standards deal only with the processes for allocating interns to terms and specific health services within the intern training program. The processes for selecting interns for employment purposes are outside the scope of these standards.

### 7.2 Welfare and support

- 7.2.1 The intern training provider promotes strategies to enable a supportive learning environment.
- 7.2.2 The duties, rostering, working hours and supervision of interns are consistent with delivering high-quality, safe patient care.
- 7.2.3 The intern training provider has policies and procedures aimed at identifying, addressing and preventing bullying, harassment and discrimination. These policies and procedures are publicised to interns, their supervisors, and other team members.
- 7.2.4 The intern training provider makes available processes to identify and support interns who are experiencing personal and professional difficulties that may affect their training, as well as career advice and confidential personal counselling. These services are publicised to interns, their supervisors, and other team members.

#### ***7.2.5 The procedure for accessing appropriate professional development leave is published, fair and practical.****Notes*

Ensuring interns can meet their educational goals and service delivery requirements within safe working hours is the responsibility of all parties. This protects both the intern's wellbeing and patient safety. The *Good Medical Practice* guide discusses fatigue management and expectations for safe working hours.

Intern training providers can provide a supportive learning environment by promoting strategies to maintain health and wellbeing, including mental health and cultural safety, providing professional development activities to enhance understanding of wellness and appropriate behaviours, and ensuring availability of confidential support and complaint services. The intern training provider should have mechanisms for identification, management

and support for interns who have experienced or witnessed discrimination, bullying and sexual harassment. The provider should include information about these mechanisms in their education program.

Intern training providers should provide access to support for interns that is free from conflicts of interest such as involvement in assessment, progression and employment decisions.

The intern training provider should consider the needs of groups of interns that may require additional support to complete training, such as Aboriginal and Torres Strait Islander interns.

### **7.3 Intern participation in governance of their training**

7.3.1 Interns are involved in the governance of their training.

### **7.4 Communication with interns**

7.4.1 The intern training program informs interns about the activities of committees that deal with intern training.

7.4.2 The intern training program provides clear and easily accessible information about the training program.

### **7.5 Resolution of training problems and disputes**

7.5.1 The intern training provider supports interns in addressing problems with training supervision and training requirements, and other professional issues. The processes are transparent and timely, and safe and confidential for interns.

7.5.2 The intern training provider has clear, impartial pathways for timely resolution of professional and/or training-related disputes between interns and supervisors, or interns and the health service.

### **Notes**

Interns need clear advice on what they should do in the event of conflict with their supervisor or any other person involved in their training. Clear statements concerning the supervisory relationship can avert problems for both interns and supervisors.

Processes that allow interns to raise difficulties safely would typically be processes that give interns confidence that the provider will act fairly and transparently, that interns will not be disadvantaged by raising legitimate concerns, and that their complaint will be acted upon in a timely manner.

Interns who experience difficulties often feel vulnerable in raising questions about their training, assessment or supervision, even anonymously, and can be concerned about being identified and potentially disadvantaged as a consequence. Often the same individuals hold positions in the intern training provider and senior supervisory positions in hospitals and health services, which may lead to conflicts of interest, especially if the intern has a grievance about either their employment or training. Clear procedures are required to remove the disincentives for interns to raise concerns about their training or employment.

## **8 Delivering the training – supervision and educational resources**

### **8.1 Supervisors**

8.1.1 Interns are supervised at all times and at a level appropriate to their experience and responsibilities.

8.1.2 Supervision is provided by qualified medical staff with appropriate competencies, skills, knowledge, authority, time and resources to participate in training and/or orientation programs.

- 8.1.3 Intern supervisors understand their roles and responsibilities in assisting interns to meet learning objectives, and demonstrate a commitment to intern training.
- 8.1.4 The intern training program regularly evaluates the adequacy and effectiveness of intern supervision.
- 8.1.5 Staff involved in intern training have access to professional development activities to support quality improvement in the intern training program.

### Notes

Each term should have clear and explicit supervision arrangements. The following roles should be covered in the intern supervision structure, although an individual clinician might perform more than one of these roles:

- A *Primary Clinical Supervisor*, who should be a consultant or senior medical practitioner with experience in managing patients in the relevant discipline.
- A *Term Supervisor*, who is responsible for orientation and assessment. There may also be an immediate supervisor who has direct responsibility for patient care and who would normally be at least at postgraduate-year-three level.

Other members of the healthcare team may also contribute to supervising the intern's work.

All those who teach, supervise, counsel, employ or work with interns are responsible for patient safety. Patient safety will be protected through explicit and accountable supervision.

Supervision includes more senior medical staff directly and indirectly monitoring interns. It also refers to providing training and feedback to assist interns to meet the *Registration standard – Australian and New Zealand graduates*.

There are advantages for interns in establishing mentoring relationships with more senior colleagues.

## 8.2 Clinical experience

- 8.2.1 The intern training program provides clinical experience consistent with the Registration standard – Australian and New Zealand graduates. The intern training program conforms to guidelines on opportunities to develop knowledge and skills, as outlined in Intern training – Guidelines for terms.
- 8.2.2 In identifying terms for training, the intern training program considers the following:
  - complexity and volume of the unit's workload
  - the intern's workload
  - the experience interns can expect to gain
  - how the intern will be supervised, and who will supervise them.

### Notes

Training can take place in a variety of health care settings, including hospitals, general practices, and community-based medical services, all of which may provide a good learning experience for the intern. In each case the quality of the experience depends on the support the unit or service provides.

Clinical experience in the intern year involves supervised terms in units that provide medical, surgical and emergency care, together with opportunities for wide clinical experience in hospital and community settings. All these terms offer opportunities to enhance skills and knowledge through supervised practice. At the end of the year, interns will possess clinical, professional and personal skills and competences (described in *Intern training – Intern outcome statements*) that will prepare them for general registration, and allow them to further develop skills and competencies in subsequent training.

Programs should include placements that are long enough to allow interns to become members of the team and allow team members to make reliable judgements about the intern's abilities, performance and progress.

### **8.3 Facilities**

- 8.3.1 The intern training program provides the educational facilities and infrastructure to deliver intern training, such as access to the internet, library, journals and other learning facilities, and continuing medical education sessions.
- 8.3.2 The intern training program provides a safe physical environment and amenities that support the intern.

## **Supporting documents**

The following references are mentioned specifically within this document.

- Registration standard – Australian and New Zealand graduates
- Australian Curriculum Framework for Junior Doctors
- Intern training – Intern outcome statements
- Intern training – Guidelines for terms
- Intern training – Assessing and certifying completion
- Intern training – Term assessment form

Full information for all documents relevant to the intern training suite is available below.

## Intern training reference documents

Document	Full reference
<b>AMC documents</b>	
Intern training – Intern outcome statements	Intern training – Intern outcome statements [Internet]. Canberra: Australian Medical Council; 2014 [cited 2014 Sept 24]. Available from: <a href="http://www.amc.org.au/index.php/ar/psa">http://www.amc.org.au/index.php/ar/psa</a> . Joint publication of the Medical Board of Australia.
Intern training – National standards for programs	Intern training – National standards for programs [Internet]. Canberra: Australian Medical Council; 2013 [cited 2013 Dec 18]. Available from: <a href="http://www.amc.org.au/index.php/ar/psa">http://www.amc.org.au/index.php/ar/psa</a> . Joint publication of the Medical Board of Australia.
Intern training – Guidelines for terms	Intern training – Guidelines for terms [Internet]. Canberra: Australian Medical Council; 2013 [cited 2013 Dec 18]. Available from: <a href="http://www.amc.org.au/index.php/ar/psa">http://www.amc.org.au/index.php/ar/psa</a> . Joint publication of the Medical Board of Australia.
Intern training – Term assessment form	Intern training – Term assessment form [Internet]. Canberra: Australian Medical Council; 2014 [cited 2014 Sept 24]. Available from: <a href="http://www.amc.org.au/index.php/ar/psa">http://www.amc.org.au/index.php/ar/psa</a> .
Intern training – Assessing and certifying completion	Intern training – Assessing and certifying completion [Internet]. Canberra: Australian Medical Council; 2014 [cited 2014 Sept 24]. Available from: <a href="http://www.amc.org.au/index.php/ar/psa">http://www.amc.org.au/index.php/ar/psa</a> . Joint publication of the Medical Board of Australia.
Intern training – Domains for assessing accreditation authorities	Intern training – Domains for assessing accreditation authorities [Internet]. Canberra: Australian Medical Council; 2015 [cited 2015 Jun 24]. Available from: <a href="http://www.amc.org.au/index.php/ar/psa">http://www.amc.org.au/index.php/ar/psa</a> . Joint publication of the Medical Board of Australia.
Guide to intern training in Australia	Guide to intern training in Australia [Internet]. Canberra: Australian Medical Council; 2013 [cited 2013 Dec 18]. Available from: <a href="http://www.amc.org.au/index.php/ar/psa">http://www.amc.org.au/index.php/ar/psa</a> . Joint publication of the Medical Board of Australia.
<b>Other documents</b>	
Australian Curriculum Framework for Junior Doctors	Australian Curriculum Framework for Junior Doctors [Internet]. Melbourne: Confederation of Postgraduate Medical Education Councils (CPMEC); 2012 [cited 2013 Sep 09]. Available from: <a href="http://curriculum.cpmec.org.au/index.cfm">http://curriculum.cpmec.org.au/index.cfm</a>
Registration standard – Australian and New Zealand graduates	Registration standard – Granting general registration as a medical practitioner to Australian and New Zealand medical graduates on completion of intern training [Internet]. Canberra: Medical Board of Australia; 2012 [cited 2013 Sep 09]. Available from: <a href="http://www.medicalboard.gov.au/Registration-Standards.aspx">http://www.medicalboard.gov.au/Registration-Standards.aspx</a>
Good Medical Practice: A Code of Conduct for Doctors in Australia	Good Medical Practice: A Code of Conduct for Doctors in Australia [Internet]. Canberra: Medical Board of Australia; 2010 [cited 2013 Sep 09]. Available from: <a href="http://www.medicalboard.gov.au/Codes-Guidelines-Policies.aspx">http://www.medicalboard.gov.au/Codes-Guidelines-Policies.aspx</a>
National Law	Health Practitioner Regulation National Law, as enacted in each state and territory [Internet]. Available from: <a href="http://www.ahpra.gov.au/Legislation-and-Publications/Legislation.aspx">http://www.ahpra.gov.au/Legislation-and-Publications/Legislation.aspx</a>

## **Review of this document**

By December 2016.

AMC will review clarity after each accreditation assessment.

## **Approval**

Australian Medical Council – 21 November 2016

Medical Board of Australia – 14 December 2016

## Glossary

<b>Assessment</b>	The systematic process for measuring and providing feedback on the intern's progress or level of achievement. This assessment occurs in each term against defined criteria.
<b>Certification</b>	The final sign-off to the Medical Board of Australia that the intern has completed the statutory requirements for general registration.
<b>Clinical supervisor</b>	A medical practitioner who supervises the intern while they are assessing and managing patients. The AMC defines a suitable immediate clinical supervisor as someone with general registration and at least three years' postgraduate experience. The Primary Clinical Supervisor should be a consultant or senior medical practitioner.
<b>Director of Clinical Training</b>	A senior clinician with delegated responsibility for implementing the intern training program, including planning, delivery and evaluation at the facility. The Director of Clinical Training also plays an important role in supporting interns with special needs and liaising with term supervisors on remediation. Also known as the Director of Prevocational Education and Training (DPET) in some states. Other terms may be used in community or general practices.
<b>Director of Medical Services</b>	A senior medical administrator who leads the medical workforce at a facility. Also known as the Executive Director of Medical Services (EDMS). Other terms may be used in community or general practices.
<b>Formal education program</b>	An education program the intern training facility provides and delivers as part of the intern training program curriculum. Sessions are usually weekly and involve a mixture of interactive and skills-based face-to-face or online training.
<b>Intern</b>	A doctor in their first postgraduate year and who holds provisional registration with the Medical Board of Australia.
<b>Intern training program</b>	A period of 47 weeks of mandatory, supervised, work-based clinical training that includes medicine, surgery and emergency medical care terms to meet regulatory requirements. The program also includes orientation, formal and informal education sessions and assessment with feedback, and it may be provided by one or more intern training providers. Also called PGY1.
<b>Intern training provider</b>	The organisation that provides supervised clinical practice, education and training, and that is responsible for the standard of the intern training program. Providers may be a hospital, community, general practice setting, or a combination of these.
<b>Employer</b>	Interns complete their work-based training and formal education while employed to practise as a medical practitioner. Where the standards use the term employer it means the person or persons, usually in the intern training provider, who have a formal line management responsibility for the intern's work role and performance.
<b>PGY</b>	Postgraduate year, usually used with a number to indicate the number of years after graduation from medical school. For example, PGY1 is the first postgraduate year, also known as internship.
<b>Term</b>	A component of the intern training program, usually a nominated number of weeks in a particular area of practice. Also called clinical rotation, post, or placement.

**Term Supervisor** The person responsible for intern orientation and assessment during a particular term. They may also provide clinical supervision of the intern along with other medical colleagues.