

Intern training – Guidelines for terms

Introduction

This document outlines the experience that interns should obtain during terms, including medicine, surgery, and emergency medical care. It builds on the Medical Board of Australia's *Registration standard – Australian and New Zealand graduates*.

These guidelines should be read alongside the *Intern training – Intern outcome statements* and the *Australian Curriculum Framework for Junior Doctors*, which provides a guide for prevocational training over the first two years. The work-based learning opportunities described in this document should allow interns to develop the required learning outcomes, which supervisors will then assess against the *Intern training – Term assessment form*.

Health services seeking accreditation as intern training providers need to demonstrate that they have processes to approve terms meeting the requirements in this document, as well as *Intern training – National standards for programs*.

These guidelines are not prescriptive about the training setting. They recognise a need for greater flexibility in the location and nature of clinical experience offered during the intern year, particularly experience outside major hospitals. Interns may undertake their work-based clinical experience across a number of settings, even within a specific term. The Australian Medical Council (AMC) also acknowledges that as models of care evolve and change, intern training will evolve and change in response. These guidelines support innovation in defining clinical experiences in diverse health settings, while maintaining the quality of the clinical experience.

Guidelines for terms

General

Experience in each discipline should be planned, and continuous or longitudinal. Unrelated duties, such as extended periods of relieving, should not significantly interrupt the term.

Term length must be considered, with experience balanced between the continuity of longer terms and the need to gain general experience across a range of specialties. Evidence demonstrates that year-long integrated terms in hospitals or in general practice enable medical students to become familiar with staff, patients and clinical routines and develop productive personal and professional relationships; this leads to superior learning.¹ It is not clear whether this applies at the intern level, nor whether the same learning gains result from terms less than a year. Nevertheless the longer interns spend in any one term the more they will become familiar with clinical routines, develop productive supervisory relationships, and build

¹ Worley P, Esterman A, Prideaux D. Cohort analysis of examination performance of undergraduate medical student learning in community settings. *BMJ* 2004;328:207-209.

relationships with all staff involved with patient care. Combinations of services in rural, regional or outer metropolitan areas may provide a suitable context for more integrated placements.

Each term should have clear and explicit supervision arrangements that cover the following roles. The Primary Clinical Supervisor should be a consultant or senior medical practitioner with experience in managing patients in the relevant discipline. The Term Supervisor is the person 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 postgraduate-year-three level.

Clinical experience in medicine

The Medical Board of Australia requires interns to undertake a term of at least 10 weeks providing experience in medicine. This term must provide supervised experience in caring for patients who have a broad range of medical conditions, and opportunities for the intern to participate in:

- assessing and admitting patients with acute medical problems
- managing inpatients with a range of medical conditions, including chronic conditions
- discharge planning, including preparing a discharge summary and other components of handover to a general practitioner, subacute facility, residential care facility, or ambulatory care.

Approved terms will provide generalist medical experience and may be in medical units and some medical subspecialties.

The term in medicine must provide:

Science and scholarship – The intern as scientist and scholar

- Opportunities to consolidate, expand and apply knowledge of the aetiology, pathology, clinical features, natural history and prognosis of common and important medical presentations at all stages of life.
- Opportunities to access and use relevant treatment guidelines and protocols, and to seek and apply evidence to medical patient care.

Clinical practice – The intern as practitioner

- Opportunities to assess and contribute to the care of patients with a broad range of medical conditions. This should include taking histories, performing physical and mental state examinations, developing management plans, ordering investigations, accessing clinical management resources, making referrals and monitoring progress, all under appropriate supervision.
- Clinical experience in a range of common medical conditions, including exacerbations of chronic conditions.
- Clinical experience in managing critically ill patients, both at presentation and as a result of deterioration during admission, including experience in assessing these patients and actively participating in their initial investigation and treatment.
- Opportunities to interpret investigations.
- Opportunities to observe and perform a range of procedural skills.
- Opportunities to develop knowledge and skills in safe and effective prescribing of medications, including fluids, blood and blood products.
- Opportunities to develop communication skills needed for safely delivering care through interaction with peers (particularly through handover), supervisors, patients and their families, and other health care workers involved in inpatient

and ambulatory care. Interns should have opportunities to develop advanced skills in spoken, written and electronic communication.

- Opportunities to develop skills in obtaining informed consent, discussing poor outcomes and end of life of care in conjunction with experienced clinicians.
- Opportunities to develop written communication skills including: entries in paper or electronic medical records, admission notes, progress notes, discharge notes, and letters to other health care practitioners.

Health and society – The intern as a health advocate

- Opportunities to discuss allocating resources in providing medical care.
- Opportunities to participate in quality assurance, quality improvement, risk management processes, and/or incident reporting.
- Opportunities to screen patients for common diseases, provide care for common chronic diseases and discuss healthcare behaviours with patients.
- Opportunities to develop knowledge about how inpatient medical care interacts with subacute, community and ambulatory care facilities, including appropriate discharge destinations and follow-up.

Professionalism and leadership – The intern as a professional and leader

- Opportunities to develop skills in prioritising workload to maximise patient and health service outcomes.
- Opportunities to understand the roles, responsibilities and interactions of various health professionals in managing each patient, and to play an active role in the multidisciplinary health care team.
- Opportunities to further develop and reflect on skills and behaviours for safe professional and ethical practice consistent with the Medical Board of Australia's *Good Medical Practice: A Code of Conduct for Doctors in Australia*.

Clinical experience in surgery

The Medical Board of Australia requires interns to undertake a term of at least 10 weeks providing experience in surgery. This term must provide supervised experience in caring for patients who together represent a broad range of acute and elective surgical conditions, and exhibit the common features of surgical illness, including the metabolic response to trauma, infection, shock and neoplasia. Approved terms will provide generalist experience in surgery and may be in general surgical units and some surgical subspecialties.

The term in surgery must provide:

Science and scholarship – The intern as scientist and scholar

- Opportunities to consolidate, expand and apply knowledge of the aetiology, pathology, clinical features, natural history and prognosis of common and important surgical presentations at all stages of life.
- Opportunities to access and use relevant treatment guidelines and protocols, and to seek and apply evidence to surgical patient care.

Clinical practice – The intern as practitioner

- Opportunities to assess and contribute to the care of patients admitted for surgical management. This should include taking histories, performing physical examinations, developing management plans, ordering investigations, accessing clinical management resources, making referrals and monitoring progress, all under appropriate supervision.

- Clinical experience in all care phases for a range of common surgical conditions, including pre-operative evaluation, operative management and post-operative care. Interns should participate actively in operating theatre sessions.
- Clinical experience in managing critically ill surgical patients, both at presentation and as a result of deterioration during admission, including experience of assessing these patients and actively participating in their initial investigation and treatment.
- Opportunities to interpret investigations.
- Opportunities to observe, learn and perform a range of procedural skills, including those requiring sterile conditions.
- Opportunities to develop knowledge and skills in safe and effective prescribing of medications, including analgesia, intravenous fluids, blood and blood products.
- Opportunities to develop communication skills needed for safely delivering care through interaction with peers (particularly through handover), supervisors, patients and their families, and other health care workers involved in inpatient and ambulatory care. Interns should have opportunities to develop advanced skills in spoken, written and electronic communication.
- Opportunities to develop skills in obtaining informed consent, discussing poor outcomes and end of life of care in conjunction with experienced clinicians.
- Opportunities to develop written communication skills, including entries in paper or electronic medical records, admission notes, progress notes, discharge notes, and letters to other health care practitioners.

Health and society – The intern as a health advocate

- Opportunities to discuss allocating resources in providing surgical care.
- Opportunities to participate in quality assurance, quality improvement, risk management processes, and/or incident reporting.
- Opportunities to develop knowledge about how inpatient surgical care interacts with subacute, community and ambulatory care facilities, including appropriate discharge destinations and follow-up.

Professionalism and leadership – The intern as a professional and leader

- Opportunities to develop skills in prioritising workload to maximise patient and health service outcomes.
- Opportunities to understand the roles and responsibilities of different surgical team members in managing each patient, including pre- and post-operative care, and to play an active role in the multidisciplinary health care team.
- Opportunities to further develop and reflect on skills and behaviours for safe professional and ethical practice consistent with the Medical Board of Australia's Good Medical Practice: A Code of Conduct for Doctors in Australia.

Clinical experience in emergency medical care

The Medical Board of Australia requires interns to undertake a term of at least 8 weeks providing experience in emergency medical care. This term must provide closely supervised experience under in assessing and managing patients with acute, undifferentiated illnesses, including assessing and managing the acutely ill. Normally this is a term in an emergency department or selected general practices with involvement in emergency medicine. Not all general practice terms will meet these requirements.

The term in emergency medical care must provide:

Science and scholarship – The intern as scientist and scholar

- Opportunities to consolidate, expand and apply knowledge of the aetiology, pathology, clinical features, natural history and prognosis of common and important emergency presentations at all stages of life.
- Opportunities to access and use relevant treatment guidelines and protocols, and to seek and apply evidence to emergency patient care.

Clinical practice – The intern as practitioner

- Opportunities for the intern to assess patients with acute, undifferentiated illness at the point of first presentation. This should include taking histories, performing physical examinations, developing management plans, accessing clinical management resources, rational ordering of initial investigations, making referrals and initiating treatment, all under appropriate supervision.
- Clinical involvement, at the point of first presentation, in a range of common conditions managed in an emergency setting including: taking histories, performing physical examinations, developing management plans, ordering initial investigations, participating in decisions to admit patients, making referrals and initiating treatment, all under appropriate supervision.
- Opportunities to develop skills in managing critically ill patients from the point of first presentation. These experiences should include assessing patients and actively participating in their initial investigation and treatment, and participating in resuscitation and trauma management.
- Opportunities to interpret investigations ordered in the initial management of patients presenting for acute care.
- Opportunities to observe, learn and perform a range of procedural skills, particularly those likely to be used largely in an emergency setting.
- Opportunities to develop knowledge and skills in safe and effective prescribing of medications, including intravenous fluids, blood and blood products.
- Opportunities to develop skills in synthesising acute management issues and presenting a concise patient assessment.
- Opportunities to develop skills in preparing appropriate documentation, including records of clinical interactions, discharge letters and summaries.
- Opportunities to develop communication skills needed for delivering care in an emergency setting through interaction with peers (particularly through handover), supervisors, patients and their families, and other medical practitioners and health professionals involved in inpatient and ambulatory care. Interns should have opportunities to develop advanced skills in spoken, written and electronic communication.
- Opportunities to develop skills in obtaining informed consent, discussing poor outcomes and end of life care in conjunction with experienced clinicians.

Health and society – The intern as a health advocate

- Opportunities to discuss allocating resources in emergency settings.
- Opportunities to develop knowledge of legislative issues arising in an emergency care setting, particularly those relating to capacity and mental health.
- Opportunities to participate in quality assurance, quality improvement, risk management processes, and/or incident reporting.
- Opportunities to develop knowledge about how emergency medicine interacts with community and ambulatory care facilities, including appropriate discharge destinations and follow-up.

Professionalism and leadership – The intern as a professional and leader

- Opportunities to develop skills in prioritising workload to maximise patient and health service outcomes.
- Opportunities to understand the roles, responsibilities and interactions of various health professionals in managing each patient, and to play an active role in the multidisciplinary health care team.
- Opportunities to further develop and reflect on skills and behaviours for safe professional and ethical practice consistent with the Medical Board of Australia's Good Medical Practice: A Code of Conduct for Doctors in Australia.

Clinical experience in other terms

The remaining terms may be undertaken across a range of specialties and clinical settings, providing interns with a broad variety of clinical learning opportunities, including different supervision arrangements.

As with the terms in medicine, surgery and emergency medical care, supervision arrangements in these terms should be explicit and clear. Interns should experience consistent supervision throughout the term, and at least one of the remaining terms should be continuous and not significantly interrupted by other duties.

These terms should provide:

- Opportunities to apply, consolidate and expand clinical knowledge and skills while taking increasing responsibility for providing safe, high-quality patient care.
- Opportunities to develop diagnostic skills, communication skills, clinical management skills (including therapeutic and procedural skills), evidence-based care approaches, and professionalism, all under appropriate supervision.
- Opportunities to further develop and reflect on skills and behaviours for safe professional and ethical practice consistent with the Medical Board of Australia's *Good Medical Practice: A Code of Conduct for Doctors in Australia*.
- Opportunities to participate in quality assurance, quality improvement, risk management processes, and/or incident reporting.

Supporting documents

The following references are mentioned specifically within this document.

- Intern training – Intern outcome statements
- Intern training – National standards for programs
- Intern training – Term assessment form
- Australian Curriculum Framework for Junior Doctors
- Registration standard – Australian and New Zealand graduates
- Good Medical Practice: A Code of Conduct for Doctors in Australia

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

Intern training reference documents

Document	Full reference
AMC documents	
Intern training – Intern outcome statements	Intern training – Intern outcome statements [Internet]. Canberra: Australian Medical Council; 2013 [cited 2013 Dec 18]. Available from: http://www.amc.org.au/index.php/ar/psa . 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: http://www.amc.org.au/index.php/ar/psa . 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: http://www.amc.org.au/index.php/ar/psa . Joint publication of the Medical Board of Australia.
Intern training – Term assessment form	Intern training – Term assessment form [Internet]. Canberra: Australian Medical Council; 2013 [cited 2013 Dec 18]. Available from: http://www.amc.org.au/index.php/ar/psa .
Intern training – Assessing and certifying completion	Intern training – Assessing and certifying completion [Internet]. Canberra: Australian Medical Council; 2013 [cited 2013 Dec 18]. Available from: http://www.amc.org.au/index.php/ar/psa . 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; 2013 [cited 2013 Dec 18]. Available from: http://www.amc.org.au/index.php/ar/psa . 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: http://www.amc.org.au/index.php/ar/psa . Joint publication of the Medical Board of Australia.
Other documents	
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: http://curriculum.cpmec.org.au/index.cfm
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: http://www.medicalboard.gov.au/Registration-Standards.aspx
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: http://www.medicalboard.gov.au/Codes-Guidelines-Policies.aspx
National Law	Health Practitioner Regulation National Law, as enacted in each state and territory [Internet]. Available from: http://www.ahpra.gov.au/Legislation-and-Publications/Legislation.aspx

Review of this document

To coincide with the review of the Registration standard – Australian and New Zealand graduates, due in 2016.

Approval

Australian Medical Council – 21 November 2013

Medical Board of Australia – 18 December 2013

Glossary

Assessment	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.
Certification	The final sign-off to the Medical Board of Australia that the intern has completed the statutory requirements for general registration.
Clinical supervisor	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.
Director of Clinical Training	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.
Director of Medical Services	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.
Formal education program	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.
Intern	A doctor in their first postgraduate year and who holds provisional registration with the Medical Board of Australia.
Intern training program	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.
Intern training provider	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.
PGY	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.
Term	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.