



Review of the National Framework for Medical Internship

Part 1 Consultation paper: Scope



We'd like your feedback on the review direction.

The AMC is reviewing the National Framework for Medical Internship on behalf of the Medical Board of Australia. The AMC is now consulting on the proposed scope of this review. Initial evaluation activities in forming the scope of the review indicate it will be a comprehensive review of all components.

This consultation paper outlines the rationale, process and proposed scope of the review. A separate template is provided in **Part 2: Consultation questions** for feedback.



What is the National Framework?

The Framework was developed by the AMC, on behalf of the Medical Board of Australia, to complement new national registration requirements implemented in 2014. The Framework sets standards and provides guidance on intern terms, outcomes and assessment linked to the [General registration standard](#), as well as on national requirements for accreditation of intern posts and programs.

A key aim of the Framework was to improve national consistency and quality of internship. The AMC is now reviewing its impact. A summary of the Framework components are provided below:

Registration standard	Training & assessment	Outcomes: Key outcomes that interns should achieve by the end of their one-year program: × Intern outcome statements	1. Scholar & scientist (1) 2. Practitioner (9) 3. Health advocate (4) 4. Professional & leader (6)
		National assessment form and standards on assessment and remediation processes: × Assessment form × Certifying completion	Assessment against outcomes 4 x mid term → Global decision 4 x end term
	Training environment	National standards for programs and terms Requirements for processes, systems and resources for quality intern training: × National standards for programs × Guidelines for terms	1. Medicine (10 wks) 2. Surgery (10 wks) 3. Emergency medical care (8 wks) 4. Other(s) (to total 47 weeks)
	Quality assurance	Standards and processes for AMC accreditation of intern training accreditation authorities (postgraduate medical councils): × Domains for assessing authorities × Procedures for accreditation	



How does this link to the COAG Review of Medical Intern Training?

In 2018, [Health Ministers](#) released their response to the 2015 Council of Australian Governments Health Council (COAG) Review of Medical Intern Training. New South Wales is the jurisdiction leading national implementation of key recommendations, including the plans for a two-year Capability and Performance Framework on behalf of the Australian Health Ministers' Advisory Council (AHMAC). Discussions are underway about aligning the AMC Review and the development of a Capability and Performance Framework.

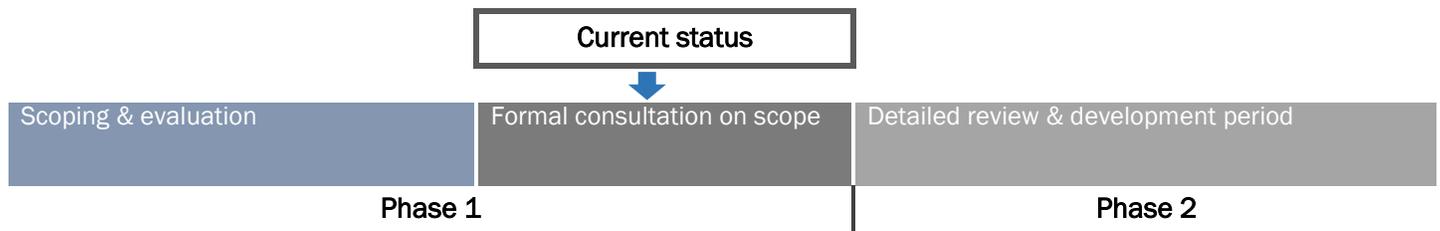
The **AMC review will take account of recommendations endorsed by Health Ministers**, including:

- × development of a detailed and measurable two-year capability and performance framework
- × the move to an integrated, two-year transition to practice model, with the first postgraduate year continuing as a prerequisite for general registration, and a process for certifying completion of the second postgraduate year
- × development of specifications for an e-portfolio to provide greater individual accountability for learning and to support the assessment process
- × identification of accreditation arrangements for a two-year transition to practice model.



Review process: How did we get here and what is next?

The AMC's review process will include multiple opportunities for stakeholders to engage. A summary of the review status and process is provided below:



Phase 1: Scoping and evaluation the AMC has conducted research and evaluation, and has tested ideas with stakeholders to shape its thinking about the scope of the review. This has included focus groups, policy reviews and engagement in fora and meetings. The AMC is now consulting on the proposed scope of the review. Feedback will inform the direction of the review in **Phase 2: Detailed review**, summarised below.

1. Development: AMC identifies changes to Framework on the basis of the scoping and evaluation phase.	Early 2020
2. Consultation 1 (6 weeks): Preliminary drafts provided with rationale for change for stakeholder feedback.	Early - Mid 2020
3. Review work & testing ideas: Review feedback provided and change documents as appropriate. Testing ideas with stakeholders.	Mid 2020
4. Consultation 2 (6 weeks): Consult on revised drafts which will include an outline of implementation plans and transitional requirements.	Mid - Late 2020
5. Review and finalisation: Consider feedback and revise documents as appropriate. Approval processes through the AMC, Medical Board of Australia and AHMAC.	Late 2020
6. Publication and implementation: Publish final documents on the AMC website and communicate with stakeholders, this will include information about implementation plans.	*Likely to be phased and will be discussed to ensure adequate time for those responsible for delivering and monitoring intern training.



Proposed scope: The case for change and proposed changes

The AMC's preliminary review findings highlight **improvements to the consistency and quality of the intern year** since the implementation of the Framework in 2014. The AMC heard positive feedback about the strengthening of national standards on junior doctor wellbeing and patient safety. Positive initiatives and innovations have also been developed in each state and territory including:

- × opportunities for intern training in expanded settings, such as a three-month general practice term
- × teaching on the run offered for intern supervisors by postgraduate medical councils
- × greater focus on junior doctor wellbeing including the establishment of a junior doctor wellbeing subcommittee by a postgraduate medical council
- × increased engagement between health service and medical schools.

The AMC recognises the significant work and achievements of health services, postgraduate medical councils and those responsible for supervising interns.

In a rapidly changing healthcare context, with changes to models of care, technology, and population health, along with increasing capacity constraints, the AMC recognises that challenges in medical education and training remain. Consistent with the findings of the 2015 COAG Review of Medical Intern Training, variation remains in the quality of learning and assessment. The following table shows the AMC's thinking on the review

scope, and where this is likely to lead to significant changes to the National Framework for Medical Internship.

Component	Case for change	Proposed changes
Overall	<ul style="list-style-type: none"> × 2018 Health Ministers' agreed to changes in response to the COAG Review of Medical Intern Training, including development of a two-year capability and performance framework × Internship is not functioning as a longitudinal program: <ul style="list-style-type: none"> ○ difficult to identify and support interns across terms ○ limited longitudinal development ○ data not routinely collected 	<ul style="list-style-type: none"> × Likely to result in significant changes, including to national standards, assessment and to accreditation of posts and programs. × Consider the Health Ministers' 2018 response to the 2015 COAG Review of Medical Intern Training Recommendations in relation to the Framework. × Expansion of the current National Framework to a two-year transition to practice model. Registration will remain at the end of PGY1. This will include consideration of differences in requirements for PGY1 and PGY2 and continuing capacity for entry to specialty training in PGY2. × Consider mechanisms to support a longitudinal approach to internship. For example, strengthened standards on governance of the program, mechanisms for tracking development across terms or/and a longitudinal educational supervisor.
Training and assessment	<ul style="list-style-type: none"> × Health Ministers' agreed a two-year capability and performance framework will be developed. × Disconnect between current outcomes, teaching program and role expectations × Some outcomes are routinely not observed (Domain 3) × Assessment <u>highly variable</u> in quality, issues include: <ul style="list-style-type: none"> ○ supervisor contact with interns limited 	<ul style="list-style-type: none"> × Likely to result in significant changes to national standards, intern outcome statements, assessment, and potentially supervision. × Identify changes necessary to support the development of a two-year capability and performance framework, including review of the current outcomes and assessment processes. × A comprehensive review of assessment processes and form, with particular focus on quality and variability, including consideration of: <ul style="list-style-type: none"> ○ multi-source feedback ○ longitudinal educational supervisor

Component	Case for change	Proposed changes
	<ul style="list-style-type: none"> ○ minimal feedback, superficial and not multi-source ○ supervisor training/calibration challenging 	<ul style="list-style-type: none"> ○ the role of the registrar ○ supervisor training/ calibration ○ different methods/models of assessment <p>Acknowledging solutions need to be proportionate and practical.</p>
Training environment	<ul style="list-style-type: none"> × Variable and limited clinical experience × Structure not reflective of community health needs/modern healthcare × Constant turnover impacts education, is resource intensive and disruptive to care 	<ul style="list-style-type: none"> × Likely to result in significant changes to experience and term requirements, including accreditation of terms and programs. × Review of current term structures in relation to quality of learning, relevance and flexibility. Consider a change to focus on outcomes/experience over setting. × In line with AMC strategic aims to ensure medical education meets community health needs, consider how the AMC can support expanded settings.
Quality assurance	<ul style="list-style-type: none"> × Variation in interpretation and application of national guidelines 	<ul style="list-style-type: none"> × Consider how the AMC supports and monitors the implementation of the national framework, at state/territory level including additional guidance as required. × Changes consequent to changes to national Standards, structure of terms, intern outcome statements. × Include the use of data from the Medical Training Survey in the standards for accreditation of intern training posts and programs.



Tell us what you think

We would like to hear your perspectives on the review scope. We will consider all the feedback we receive when shaping our proposals for change.

The AMC's primary responsibility is to ensure that standards of education, training and assessment of the medical profession promote and protect the health of the Australian community, and the final content of the National Framework must reflect this.

We have provided questions about the changes proposed in each major component of the National Framework in the attached document **Part 2: Consultation questions**.

We are seeking feedback by **29 November 2019**.

Please provide your response as a word document or non-protected PDF document using the **attached template** to prevac@amc.org.au.



How can I engage in the review?

There will be a number of opportunities for stakeholder engagement in this review, including through national forums, representative Reference Group for targeted consultation.

Further information about the review and opportunities to engage can be found on the [AMC website](#).