



## **Confederation of Postgraduate Medical Education Councils**

### Update - Policy Statement 2 of 2012 – Medical Internships in Australia

This is an update on our earlier CPMEC statement on medical internships released on 5 July 2012<sup>1</sup>. In recent months there have been a number of discussions occurring at various levels in an attempt to find internships especially for international fee-paying graduates from Australian medical schools. Some PMCs have been invited to provide inputs at the local level, and CPMEC has been called upon sporadically for advice.

It has been of some concern to Postgraduate Medical Council (PMCs) and CPMEC that the issue of accreditation of internship positions is being suggested as a constraint in the creation of new posts. CPMEC wishes to dispel any such perception. As pointed out in our earlier statement, since 2005, PMCs have more than doubled the number of accredited intern posts by working closely with their health departments. This has occurred without any concerted strategic long-term plan for addressing additional internship positions.

The accreditation of intern training positions is a very important quality assurance process that establishes and monitors standards to assist in the attainment of a high standard of clinical training for junior doctors thereby promoting safe patient care for the community at large. Accreditation helps health services to create the best possible working environment for the supervision and training of interns by ensuring that they receive appropriate orientation, clinical experience, education, training, supervision, assessment, evaluation, and support (including resources), to enable them to meet the objectives of their training program in a safe manner.

Robust and independent accreditation processes ensure that the education and training received by junior doctors allows them to meet the requirements of Medical Board of Australia for general registration and to progress to vocational training. Accreditation promotes an appropriate balance between service and training requirements for junior doctors, who play a key role in the delivery of health care.

CPMEC and PMCs would like to reiterate that they have limited control over the numbers of medical graduates or internship places. Medical schools and jurisdictions establish those parameters. Neither CPMEC nor its member PMC organisations are responsible for the development of the terms themselves – this can only be the responsibility of the institutions and jurisdictions that employ interns.

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<sup>1</sup> <http://www.cpmecc.org.au/files/cpmecc-internshipsstatement-2012.pdf>

CPMEC would like to emphasise that should there be a policy decision to increase intern places for 2013, accreditation of large numbers of new internships will require a minimum lead time of 3 months to ensure that the process is robust. It is also important that due account be taken of additional resource requirements in the accreditation of these additional intern posts for PMCs. Some of the factors that will influence the latter include geography; whether it is a greenfield site or already accredited facility; pre-visit and actual survey costs; ongoing monitoring; and additional administrative costs.

CPMEC and PMCs reiterate that policy agencies involved in dealing with internships should seek active engagement with us given our significant expertise in this domain. We have successfully collaborated with state and national governments in the recent expansion of internships, and demonstrated that this model is a sustainable one. In this regard, we also welcome the proposed creation of a five-year national training plan for doctors covering professional entry years to postgraduate training in Health Workforce Australia's approved 2012-13 Work Plan.

**Professor Simon Willcock**

**Chair, CPMEC**

**30 August 2012**