



# A Guide for Interns in Victoria

Issued by the Postgraduate Medical Council of Victoria Inc.



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# Contents

<b>The purpose of this booklet</b>	<b>1</b>
<b>1. Overview</b>	<b>2</b>
What is intern training?	2
Some advice	3
Postgraduate Medical Council of Victoria Inc.	4
The goals of internship	5
The structure of the intern year	6
Accreditation of intern posts	7
<b>2. Australian Curriculum Framework for Junior Doctors</b>	<b>9</b>
Learning objectives	
<b>3. The Framework of Internship in Victoria</b>	<b>12</b>
Principles of the Intern Year	12
Intern outcome statements	13
Assessment and certifying completion of internship	15
What does this mean for you?	16
<b>4. Guidelines for Intern Terms</b>	<b>18</b>
Supervision requirements	18
Supervisor of Intern Training	20
Clinical experience in mandatory terms	21
General medicine	21
General surgery	22
Emergency medical care	22
Additional considerations in emergency terms	23
Other terms	23
General Practice terms	24
Psychiatry	25
Rural terms	25
Rural Community Intern Training	26
<b>5. Other aspects of intern training</b>	<b>27</b>
Informed consent	27
Clinical handover	27
<b>6. Looking After Yourself</b>	<b>28</b>
Who's who	28
<b>7. Where to go for help</b>	<b>31</b>
Victorian Doctors' Health Program (VDHP)	31
AMA Peer Support service	32
<i>beyondblue</i>	32
Other resources	32
Rural Support Services	34
Medical Indemnity Agencies	35
Bullying and Discriminatory Behaviour	35
Speciality training in Australia	36



## The purpose of this booklet

The prospect of starting any new job is daunting. As a new medical graduate, you may well feel both excitement and trepidation at the thought of starting your medical career.

This booklet aims to provide you with valuable information about your intern year which is the next stage of your journey towards becoming a fully qualified medical practitioner.

The information in this booklet is general in nature and specific to Victoria. It outlines the requirements for internship as well as your responsibilities as an employee and a doctor.

You will face many new challenges during your intern year. Most of these will be exciting and positive. You will be working with people who understand that you are still learning. If in doubt, ask them for advice and assistance and be courteous and respectful to patients and to members of staff with whom you work.

Enjoy the year ahead. We hope you have a successful start to your career.

# 1. Overview

## What is Intern Training?

The intern year marks your transition from medical student to independent practice and specialty training. It builds on the theoretical framework you developed as a medical student and gives you experience in applying that theory to the treatment of patients, as a responsible professional.

The purpose of the internship is to provide you with structured experiences that enable you to consolidate and extend your theoretical knowledge and technical skills. It is an opportunity to learn in a relatively protected environment. You will have the opportunity to learn technical skills and to exercise greater judgment than can be applied in a student situation. Your experiences during the intern year should contribute towards you acquiring some of the core competencies and capabilities identified in the *Australian Curriculum Framework for Junior Doctors*<sup>1</sup>.

Internship is also your first period of employment as a doctor. It is important to note that, while you are allocated your internship through the Intern Computer Match administered by the PMCV on behalf of the Victorian Department of Health and Human Services, you are employed by a health service. Hence, you will need to understand the conditions of your employment including your responsibility for safe patient care as well as the obligation of your employer to provide you with a safe work environment. Before you start any term you should seek more specific information about your new clinical unit and job. Most hospitals have manuals and protocols that can help in each term. It is also always helpful to talk to other doctors who have completed the term.

Your intern year combines service and training roles. You will contribute to patient care as a member of your hospital's clinical staff. You will also be required to be actively involved in training and professional development. You will undertake terms in which you have responsibility for patient

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1. <http://www.cpmec.org.au/files/Brochure%20final.pdf>

management, but which are also aimed at providing you with a broad experience to achieve full medical registration at the end of the year and as a basis for further career development. Your role in caring for your patients will be your greatest source of learning. You will have the opportunity to undertake other educational activities that contribute to your total experience for the year.

By the end of your internship you should be able to demonstrate the skills and knowledge described in the *Intern Training - Intern Outcome Statements*<sup>2</sup>.

## Some Advice

Most interns find their intern year enjoyable and satisfying but it will also be intellectually, physically and emotionally challenging at times. It is important to remember you are not alone. There are others around you who have been or are going through similar experiences and it is often helpful to talk to someone you trust if you feel under pressure.

Expect that you will have bad days, when you could have difficulty coping. You should expect things to happen that you will not be emotionally prepared for and you could also have days when you feel overwhelmed or irritable. Remember, this happens to everyone. Talk to your friends, family and peers about the good and sad experiences. This can be very therapeutic but remember not to identify patients or families.

Many interns feel pressured by their workload. It can be helpful to sort out priorities, practise some basic stress and time management techniques, and talk to your supervisor and other team members about their expectations of you.

Do not take criticism from your consultants or registrars too personally; learn from their advice.

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2. <http://www.amc.org.au/joomla-files/images/intern-training/intern-training-intern-outcome-statements-2014-09-24.pdf>

Maintaining good nutrition, ensuring you have enough rest and exercise, and sustaining outside interests and relationships, should also help you to retain insight and perspective into your situation.

You are strongly advised to find a general practitioner with whom you feel comfortable and with whom you can consult if you are not well. Do not self-diagnose, never self-prescribe medication, and don't ask your colleagues at work for medical advice or for prescriptions.

Finally, the key to safe medicine is 'if you don't know, ask' and if you feel overwhelmed ask for help. Your Supervisor of Intern Training who has been specifically appointed to support you, is an important contact.

Don't forget:

- Keep your vaccinations up to date, including the free annual flu vaccination provided by health services.
- Know your infectious disease status and know how to report body substance exposure.

## Postgraduate Medical Council of Victoria

The Postgraduate Medical Council of Victoria Inc. (PMCV) is the lead organisation in Victoria that supports state and national initiatives in relation to prevocational education and training. PMCV supports the development of a high quality junior doctor workforce by providing a range of programs and services to support effective training outcomes, and promote safe patient care.

The participation of junior doctors, including interns, in PMCV activities is essential and is supported at a number of levels including:

- **The JMO Forum** - The purpose of the JMO Forum is to provide an opportunity for junior medical officers to meet with their peers and for the transmission of ideas on issues concerning JMO training, education and workforce to the Postgraduate Medical Council of Victoria for appropriate referral and discussion. The Forum is chaired by a JMO and meets at least four times a year. Interns are encouraged to seek nomination as their health service representative and to actively participate in meetings and project groups.

- The involvement of junior doctors in the **PMCV accreditation process** is crucial. Interns can contribute by becoming a member of the PMCV Accreditation subcommittee and participation on Accreditation Survey Teams which undertake assessment of intern training programs at hospitals on a regular basis.
- Interns can also contribute to the assessment of their own training program when a facility is being re-accredited by completing the JMO survey prior to the survey visit and participating in the meetings of the survey team with interns at the survey visit.

Refer to the PMCV website for more information on the JMO Forum and accreditation: [www.pmcv.com.au](http://www.pmcv.com.au)

## The goals of internship

Internship marks the beginning of your journey towards becoming an independent, competent and safe medical practitioner. This important year offers the opportunity to consolidate the theoretical knowledge gained as a student and apply it to caring for patients.

The first year after graduation should be a time when you:

- consolidate and build on the theoretical knowledge you gained as an undergraduate and learn to apply it to caring for patients;
- develop the technical, clinical, personal, and professional skills that form the basis of medical practice;
- take increasing responsibility for patient care, as your experience and understanding allows;
- start to develop professional judgment in the appropriate care of patients and the use of diagnostic and consultant services;
- work within the ethical and legal framework taught at medical school;

- contribute to a multidisciplinary health care team;
- explore personal career goals and expectations; and
- encounter the professional and personal pressures associated with being a medical practitioner and develop strategies to deal with these.

## The structure of the intern year

The structure of internship is defined in the Medical Board of Australia (MBA) *Intern Registration Standard - Australian and New Zealand graduates on completion of intern training*.

Medical graduates are required to hold provisional registration and to satisfactorily complete 12 months of supervised practice as an intern before being eligible for general registration.

The total duration of internship is 47 weeks (full-time equivalent), which excludes annual leave but may include up to two weeks of professional development leave. It may be undertaken part-time, but once started, it must be completed within three years.

Interns are required to perform satisfactorily in the following terms:

- A term of at least 8 weeks that provides experience in emergency medical care
- A term of at least 10 weeks that provides experience in medicine
- A term of at least 10 weeks that provides experience in surgery
- A range of other approved terms to make up 12 months (minimum of 47 weeks).

You must ensure that you have been granted provisional registration before commencing your intern position at a health service and you must also ensure that your medical registration remains current throughout your medical career.

It is your legal responsibility to notify MBA of any change to your postal address within 14 days, so that the Board can communicate with you when necessary. The MBA will send you regular bulletins and your renewal of registration. The Victorian Board of the Medical Board of Australia is located at Level 8, 111 Bourke Street Melbourne VIC 3000. Further information regarding registration can be found at the Medical Board website: [www.medicalboard.gov.au/Registration.aspx](http://www.medicalboard.gov.au/Registration.aspx)

Terms must be accredited against approved accreditation standards for intern training. Terms must provide interns with learning opportunities to develop the skills and knowledge defined in the *Australian Curriculum Framework for Junior Doctors* and meet the requirements for intern training in Victoria (refer Section 3).

## Accreditation of intern posts

The Medical Board of Australia has approved the Postgraduate Medical Council of Victoria Inc. (PMCV) as an intern accreditation authority following an assessment by the Australian Medical Council (AMC), which also accredits medical schools and specialist colleges. The AMC uses specific criteria, which are defined in *Intern training – Domains for assessing accreditation authorities*.

Accreditation of intern training programs and posts is a quality assurance process that establishes and monitors standards for clinical supervision and clinical learning to ensure high quality clinical training for interns that supports their wellbeing and safe patient care. The objective of the PMCV accreditation process is to ensure that the intern training programs and posts at the facility comply with the intern training accreditation standards.

The PMCV accreditation standards outline the requirements to be met by facilities in the delivery of intern education and training and are based on the *Intern Training - National standards for programs*.

All facilities that employ interns and intern positions in Victoria must be accredited by PMCV prior to the commencement of interns working in these posts.

The Accreditation Committee established by PMCV is responsible for the accreditation and monitoring of intern and PGY2 training programs and posts in Victoria. When assessing compliance with the accreditation standards, the Accreditation Committee bases its assessment of intern training programs and posts on the following elements: governance, structure and culture including intern welfare and support, orientation and education programs, supervisors and supervision, performance feedback and assessment, program evaluation and facilities.

When accrediting posts, the PMCV Accreditation Committee also considers other factors that have been shown to affect the quality of intern learning, including:

- The complexity and volume of the unit's workload.
- The intern's workload and the experience they can expect to gain.
- How the intern will be supervised and by whom.
- The job documentation available.
- The feedback the intern receives and is asked to provide.

During an accreditation visit, interns are asked to provide confidential written and verbal feedback about their experiences during the intern year. The members of the Committee place great value on this information when deciding on accreditation of intern posts.

For enquiries and further information contact the Accreditation Manager on +61 3 96701066 or [mlesueur@pmcv.com.au](mailto:mlesueur@pmcv.com.au) or refer to the accreditation pages on the PMCV website: [www.pmcv.com.au/accreditation](http://www.pmcv.com.au/accreditation)

## 2. Australian Curriculum Framework for Junior Doctors

In 2006, the Confederation of Postgraduate Medical Education Councils (CPMEC) launched the *Australian Curriculum Framework for Junior Doctors* (ACF). The ACF outlines the knowledge, skills and behaviours required of prevocational doctors for them to work safely in Australian hospitals and other healthcare settings.

The ACF provides you with an educational template that clearly identifies the professional skills required to provide quality health care. It is built around three learning areas: clinical management, communication and professionalism.

We recommend that you familiarise yourself with the ACF and use it when you meet with your supervisors to help you establish your goals for each term and plan an educational program that will help you achieve them. The ACF can be found at the CPMEC website:

<http://www.cpmec.org.au/Page/acfjd-project>

### Learning objectives

It is essential to define the learning objectives for your internship and for each term.

These learning objectives are defined by:

- The skills and knowledge outlined in the *Australian Curriculum Framework for Junior Doctors* (professional, skills and procedures, clinical problems and conditions).
- The domains in the Intern Outcome Statements (scientist and scholar, practitioner, health advocate, professional and leader).
- The learning opportunities available across the year and in any given rotation.

Clinical learning is a combination of:

- On the job experiences such as ward rounds, observation of senior clinical staff, team meetings (e.g. xray meetings, M&M meetings etc), and, in particular, clinical care of your patients; and
- Formal learning through tutorials (Intern Education Program), case presentations, review of online resources (e.g. podcasts; training modules) and simulation teaching (e.g. BLS, ACLS etc).
- It is expected that interns are provided with at least one hour per week of protected teaching time (pager free and rostered).

To a large extent, the benefit you derive from your internship will depend on how you manage it. You will have access to many learning opportunities but they may be lost unless you recognise them and actively engage in them. One of the most powerful, but simple, tools to ensure you gain the most from your internship is to be clear about what you want to achieve.

In a busy unit your learning needs may be overlooked from time to time. This is more likely to occur if they have not been explicitly discussed and agreed. In considering your learning objectives for a term, think about:

- The topics, behaviours and skills identified within the ACF.
- Your strengths and weaknesses, including gaps in your knowledge and skills base. Give priority to addressing your weak areas.
- The opportunities within the term. These may not be immediately obvious but could derive from the nature of the unit or the hospital and its patients, other staff and their particular interests, and special projects being undertaken.
- The opportunities you are likely to encounter in other terms. Take advantage of opportunities that are unique to each term. Consider how your skills and knowledge will develop over the year.
- Your medium and long-term goals. Your internship should be a time when you gain as broad an experience as possible. Although you may have a strong preference for your long-term career direction, exposing yourself to other aspects of medical practice can provide insights into patient care that will be valuable in the long term. If you don't have a strong career preference, your early postgraduate years can provide experience to help you choose.



Once you have a clear idea of what you want to achieve during your term, discuss these with your Term Supervisor or other senior medical staff. Write down your agreed objectives and review them periodically throughout the term, noting your progress towards them and whether they should be changed in light of experience.

As an intern, your workload could vary considerably between terms, but most terms are busy. You could easily find your days filled with a variety of tasks, giving you little time to reflect on what you are doing and why.

Self-Reflection is essential for learning. If you are going to derive full benefit from your intern year you will need to manage your day effectively to include time to perform your duties and reflect on what you are learning and on your own performance.

## 3. The Framework of Internship in Victoria

### Principles of the intern year in Victoria

1. Interns should develop knowledge and skills relevant to the domains of clinical management, communication and professionalism.
2. Interns should be provided with broad clinical experience: initial assessment, admission and ongoing management of a range of patients including critically ill, acute, sub-acute and chronically ill across a range of age groups.
3. Experience in each discipline should be planned and continuous.
4. There should be adequate experience available to achieve learning objectives and rostered hours should provide interns with sufficient time to complete all work required safely and in the best interests of patients.
5. Education is provided that is clinically focused and accessible at both facility and unit level. At least one hour of protected teaching per week is expected.
6. There should be clear and explicit supervision arrangements. This supervision will optimise the safety and welfare of intern and patient e.g. the intern should never be the only doctor rostered on in the unit/hospital.
7. The interns' workload should be achievable within the hours rostered and should be reviewed regularly by the department head to ensure this applies.
8. Internship and intern terms must ensure the requirements of the MBA Intern Registration Standard are met.

## Intern outcome statements

To facilitate the transition from medical student to independent practice, the AMC has published outcome statements: *Intern training – Intern outcome statements* that state the broad and significant outcomes that interns should achieve by the end of their programs and intern training providers are responsible for designing learning programs that will enable interns to achieve these outcomes.

These outcome statements are not a curriculum and do not replace the *Australian Curriculum Framework for Junior Doctors (ACF)*.

The outcome statements are:

- set within four domains, which align with the ACF at the intern level;
- to be achieved by the end of internship;
- work-based, patient-centred, and take account of the intern's increasing responsibility for patient care under supervision; and
- designed to be sufficiently generic to cover a range of learning environments.

The domains are as follows:

### *Domain 1: The intern as scientist and scholar*

- 1.1 Consolidate, expand and apply knowledge of the aetiology, pathology, clinical features, natural history and prognosis of common and important presentations at all stages of life.

### *Domain 2: The intern as practitioner*

- 2.1 Place the needs and safety of patients at the centre of the care process. Demonstrate safety skills including **effective clinical handover**, graded assertiveness, **delegation and escalation**, infection control, and adverse event reporting.
- 2.2 **Communicate** clearly, sensitively and effectively with patients, their family/carers, doctors and other health professionals.
- 2.3 **Perform and document a patient assessment**, incorporating a problem-focused medical history with a relevant physical examination, and generate a valid differential diagnosis.

- 2.4 **Arrange common, relevant and cost-effective investigations, and interpret their results accurately.**
- 2.5 **Safely perform a range of common procedural skills** required for work as an intern.
- 2.6 Make **evidence-based management decisions** in conjunction with patients and others in the healthcare team.
- 2.7 **Prescribe medications safely, effectively and economically**, including fluid, electrolytes, blood products and selected inhalational agents.
- 2.8 **Recognise and assess deteriorating and critically unwell patients** who require immediate care. **Perform basic emergency and life support procedures**, including caring for the unconscious patient and cardiopulmonary resuscitation.
- 2.9 Retrieve, interpret and record information effectively in clinical data systems (both paper and electronic).

### *Domain 3: The intern as a health advocate*

- 3.1 Apply knowledge of **population health**, including issues relating to health inequities and inequalities; diversity of cultural, spiritual and community values; and socio-economic and physical environment factors.
- 3.2 Apply knowledge of the culture, spirituality and relationship to land of **Aboriginal and Torres Strait Islander peoples** to clinical practice and advocacy.
- 3.3 Demonstrate ability to **screen patients for common diseases**, provide care for common chronic conditions, and effectively discuss healthcare behaviours with patients.
- 3.4 **Participate in quality assurance, quality improvement, risk management processes, and incident reporting.**

### *Domain 4: The intern as a professional and leader*

- 4.1 **Provide care to all patients according to Good Medical Practice: A Code of Conduct for Doctors in Australia**, and demonstrate ethical behaviours and professional values including integrity; compassion; empathy; and respect for all patients, society and the profession.
- 4.2 **Optimise your personal health and wellbeing**, including responding to fatigue, managing stress and adhering to infection control to mitigate health risks of professional practice.

- 4.3 **Self-evaluate your professional practice**, demonstrate lifelong learning behaviours, and participate in educating colleagues.
- 4.4 Take increasing responsibility for patient care, while **recognising the limits of your expertise** and involving other professionals as needed to contribute to patient care.
- 4.5 Respect the roles and expertise of other healthcare professionals, **learn and work effectively as a member or leader** of an inter-professional team, and make appropriate referrals.
- 4.6 **Effectively manage time and workload demands**, be punctual, and show ability to prioritise workload to manage patient outcomes and health service functions.

Further information and supporting documentation can be found at the AMC website: [www.amc.org.au/accreditation/prevoc-standards](http://www.amc.org.au/accreditation/prevoc-standards)

## Assessment and certifying completion of internship

*The AMC Intern training – Assessing and certifying completion guidelines*<sup>4</sup> details the requirements for assessing interns participating in accredited intern training programs, and for certifying completion of internship.

Assessment of intern training must be a clear, transparent process which is work-based and term supervisor reports have a key function in the national medical registration system. A consistent approach to assessment is supported with a nationally available tool: intern training - term assessment form (available in word or PDF form from the AMC website: [www.amc.org.au/accreditation/prevoc-standards](http://www.amc.org.au/accreditation/prevoc-standards) which requires specific ratings of your performance against the intern outcome statements on a five point scale (1–5).

The form also requires a global score to assist in determining your overall satisfactory performance, as required in the MBA Registration Standard – Australian and New Zealand graduates. In assigning global scores<sup>5</sup>, term supervisors consider both the individual 1–5 ratings on the assessment form,

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4. <http://www.amc.org.au/joomla-files/images/intern-training/intern-training-assessing-and-certifying-2014-09-24.pdf>

5. Satisfactory, Borderline, Unsatisfactory

and the global abilities of interns to:

- practise safely;
- work with increased levels of responsibility;
- apply existing knowledge and skills; and
- learn new knowledge and skills as required.

Intern training providers are required to certify completion of internship using a form developed by the Medical Board of Australia, Certificate of completion of an accredited internship for health services, which is available on the Board's website: <http://www.medicalboard.gov.au/Registration/Interns/Guidelines-resources-tools.aspx>. You must complete the minimum time requirements described in the *Registration standard - Australian and New Zealand graduates* and demonstrate that you have acquired the skills and knowledge expected from intern training as described in the National Intern Training Framework. The Medical Board's registration standard outlines the experience interns must complete and the evidence of completion the Board will require in order to make a decision to grant general registration.

At the end of your internship, your Supervisor of Intern Training (or equivalent) will determine whether you have completed the MBA Registration Standard requirements, based on your end-of-term assessments. Other senior medical staff may also be involved. The Supervisor of Intern Training (or equivalent) will then inform the Medical Board of Australia. This allows you to apply to the Board to be granted general registration.

## What does this mean for you?

The PMCV has developed guidelines, *Performance Assessment and Feedback Guidelines for Junior Doctors*, to assist with understanding the performance assessment process. These guidelines are available on the PMCV website: <http://www.pmcv.com.au/resources/guidelines-alphabetical>

For each term you should be assigned a Term Supervisor<sup>6</sup> who is responsible for overseeing your training during that term. An important aspect of the role of your Term Supervisor is to assess your progress in a work-based setting in regards to the skills and knowledge described in the intern outcome statements.

For assessment purposes, you should meet with your Term Supervisor three times during each term to discuss your performance. You are encouraged to take responsibility for your own performance by using the term assessment form to undertake self-assessment of your own performance and seek feedback from your term supervisor.

1. At the beginning of the term (preferably on the first day or two) to discuss in particular:
  - Goals and objectives of the clinical unit and your role;
  - Term learning objectives and skills training goals; and
  - The process of performance assessment.
2. Undertake a **mid-term assessment** (both self-assessment and supervisor assessment) at about week 5 or 6. This formative assessment focuses on your learning and development needs and at this meeting there should be discussion on progress against the learning objectives and planning for further development of skills and knowledge to guide the direction of training for the rest of the term.
3. The **end of term summative assessment** should occur in the final week of the term. Again, you should complete a self-assessment prior to meeting with the term supervisor when the outcomes of the term are discussed.

If there are any issues with your progress, such as if you are performing below the level your supervisors expect for an intern, you may be required to participate in remediation. This is an immediate and natural process in the training program that aims to support your professional development. Any remediation is tailored to your specific circumstances and jointly agreed with you and your supervisors. You can read more about this in *Intern training – Assessing and certifying completion*.

If you receive an 'unsatisfactory' rating for a particular term, it does not necessarily mean that you will be unable to complete your internship within the 47 week period. However, your Supervisor of Intern Training (or equivalent) and the Medical Board of Australia will need to be satisfied that your performance has improved with evidence of remediation, and that you have acquired the skills and knowledge described in intern outcome statements. If you have not demonstrated satisfactory performance, your general registration may be delayed.

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6. A medical practitioner designated to be responsible for the coordination of clinical training of interns and PGY2s rotating to that unit including orientation, monitoring and assessment.

## 4. Guidelines for Intern Terms

This section outlines the experience and supervision that interns should obtain during terms, particularly core<sup>7</sup> medicine, surgery, and emergency terms<sup>8</sup>.

In particular, the duties, rostering, working hours and supervision of interns must be consistent with the delivery of safe patient care and provide a safe learning environment.

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 clinical experience across a number of settings, even within a specific term.

Note that the definition of an intern term is the specific rotation undertaken by the intern and usually involves a clinical team, service or unit attachment where the intern works and where clinical training takes place and each must be accredited.

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 also be considered, with experience balanced between the continuity of longer terms and the need to gain general experience across a full range of specialties.

### Supervision Requirements

The PMCV has developed a **guideline for clinical supervision**<sup>9</sup>. The purpose of these guidelines is to ensure that intern training providers are aware of the accreditation requirements for supervision of prevocational doctors, the purpose of which is to ensure safe patient care and intern wellbeing.

Intern supervisors must understand their roles and responsibilities in orientation

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7. mandatory

8. Refer to PMCV Accreditation of Intern Terms Guidelines

9. PMCV Supervision of Junior Doctors Guidelines

and handover, assisting interns to meet learning objectives and in regards to performance assessment. In particular, they must ensure that both formal (mid- and end-term preferably face to face) and informal feedback occurs. They must have access to professional development to support improvement in the quality of junior doctor training.

Each term should have clear and explicit supervision arrangements as follows:

- All senior medical staff in the unit should ensure that interns within their unit have clinical supervision that at all times is sufficient to ensure good clinical patient care, and that provides a safe learning environment.
- Senior medical staff supervisors should have a relevant College Fellowship and clinical experience appropriate to the unit in which they are supervising interns.
- A senior medical staff member in each unit should be identified as the Term Supervisor. The Term Supervisor should be a consultant or senior medical practitioner with experience in managing patients in the relevant discipline (and Fellowship of relevant College for mandatory terms). The Term Supervisor is the person responsible for the orientation and assessment and should interact regularly with the intern. Clinical supervision of interns may also be undertaken by more.
- Senior doctors-in-training (registrars/PGY3+) following assessment by senior clinical supervisors in the unit that they have the necessary skills and experience to undertake such a role.
- A clinical supervisor (senior medical staff +/- more senior doctor-in-training) should be identified for each patient for the intern at all times. Suitable replacement supervisors should be identified if the nominated clinical supervisor is not available.
- There should be regular interaction between the intern and supervisors with a clinical supervisor contactable at all times.
- The principles that apply to clinical supervision within normal operating hours also apply after hours. At no time should interns be the sole doctor in the emergency department or in the wards. Interns also have a responsibility to provide clinical practice within their level of knowledge, skills and experience.

## Supervisor of Intern Training

The Supervisor of Intern Training (SIT) is a medical practitioner who oversees the training and education provided to interns. You should identify the Supervisor of Intern Training at your health service and liaise with them regarding any issues or concerns.

The major role of the SIT is to ensure interns are provided with, and take advantage of, available learning experiences. Typically, the SIT is a senior doctor who relates well to interns and has an interest in your training. The SIT is not simply a teacher, but emphasises those aspects of your intern year that are important for learning. You can expect the SIT to be a teacher, a confidant, a diplomat, a counsellor, and a point of liaison with other groups of doctors, both within and outside the hospital.

The SIT is responsible for the following activities in relation to your education and training:

- Support and promotion of education & clinical training opportunities aligned with the ACF.
- Development, co-ordination, participation in and evaluation of orientation and education programs.
- Support of your ongoing professional development.
- Liaison with and support of Term Supervisors.
- Review of your assessments and participation in support and remediation programs where there are special needs or performance issues.
- Liaison with rotation sites where interns rotate to.
- Participation in certification of completion of internship.
- Mentoring, counselling & advocacy including regular interaction with interns and career advice.

## Clinical experience in mandatory terms

These specific requirements are outlined in the *PMCV Accreditation of Intern Terms Guidelines* and should be read in conjunction with *Intern training – Intern Outcome Statements* as all domains in the outcome statements should be achieved during each mandatory term.

Generally, medicine, surgery and emergency care requirements for intern training will be met during defined periods of time (terms). An individual term may be accredited without meeting all the intern training criteria defined for that type of term provided the remainder of criteria are met through agreed alternative arrangements. Intern training criteria for all intern terms include:

- Access treatment guidelines, protocols, and evidence based best practice
- Governance and professional interactions
- Multidisciplinary teams
- Intern support and self-regulation
- Treatment limitation and palliation
- Age or culture and socioeconomic variation

### General 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 acute and chronic conditions; and
- Discharge planning, including preparing a discharge summary and other components of handover to a general practitioner, subacute facility, residential care facility, or ambulatory care.

## General 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. Interns should be provided with the opportunity to participate in:

- Preoperative, operative and post-operative experience
- Emergency and elective surgical cases
- Common surgical conditions
- Major and minor surgery
- Surgical pathology variation

## 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. Interns should be provided with the opportunity to experience:

- Acute undifferentiated illness
- Emergent management
- Legislative requirements
- Emergency flow systems

## **Additional considerations relating to intern terms in emergency medicine departments**

The nature of work in an emergency medicine department places particular responsibilities on health services to ensure you are adequately supervised. Comments in other sections of these guidelines relating to supervision of interns are pertinent here, but additional requirements for emergency medicine departments in Victoria include:

- All patients seen by you should be reviewed by a senior doctor prior to discharge.
- For the first two weeks of your first two terms, a senior doctor should always be present when you are on duty. In this context, a senior doctor is one with full registration and a minimum of three years of experience in hospitals in Australia or other countries with similar health care systems.
- You should be aware of and familiar with agreed protocols for the management of common serious conditions, in case they are required to initiate the management of a potentially life-threatening condition. These will assist you to manage the condition and gain from the learning experience.
- You should not be expected to manage obstetric patients or children less than two years of age, without direct supervision.

## **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, supervision arrangements in these terms should be explicit and clear and learning objectives for the term should be identified and form the basis of performance assessment. 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.

The principles of supervision in other (*non-core*) rotations are similar to the principles of supervision in mandatory rotations. In general, supervision should be direct, however in sub-acute units, supervision may include a combination of direct and indirect supervision. During any period of indirect supervision, the intern should have an escalation protocol that identifies more senior medical support if required in an emergency. This should be available within 10 minutes.

Specific supervision requirements for psychiatry and general practice terms are described here:

### **General Practice terms**

As an intern you may be provided with the opportunity to complete a *non-core* term in general practice. Exposure to the craft of general practice and your time spent in the community (rural or metropolitan) will enhance your understanding of the care of patients in this context, the difference between illness and disease and your role in the continuum of care.

The valuable insights gained from your time spent in general practice will enable an informed decision to be made on your future professional development.

The general practice term should provide you with an opportunity to manage a variety of patients in a highly supportive clinical setting. You should anticipate a patient case load of 40-70 patients per week, with a booking of one to two patients per hour. A 'Parallel' consulting model (also known as WAVE), will normally be used in which:

- A patient will make an appointment to see you and a matching space will be left in the supervising doctor's appointment book;
- You will see the patient and formulate the diagnosis and management plan;
- The supervising doctor will then see you and the patient in a joint review; and
- There will be opportunities for feedback from both patient and supervisor.

You will be supervised and work under the direction of a qualified general practitioner who should be a Fellow of RACGP or a Fellow of ACRRM.

You may find that you will be rostered to work after hours or on-call. All after hours and on-call undertaken by you will be consistent with the 'Parallel' consulting model and is considered a normal part of general practice when a practice is open outside of ordinary hours. After hours and on-call arrangements should be no more onerous or socially unfriendly than those of other doctors in the practice.

### **Psychiatry terms**

Interns should be supervised by an appropriate clinical supervisor (psychiatrist or registrar) at all times. In particular, Interns should not perform ECT without senior clinical supervision and Mental Health Tribunal reports and meetings should be subject to the following principles (analogous to consent for surgical procedures):

- Interns may be responsible for preparing the written reports. However, prior to submission, the report should always be read and signed off by a consultant (not merely a verbal endorsement).
- Interns may not attend tribunal meetings on their own – i.e. must be accompanied by a consultant or registrar.

### **Rural terms**

During your internship your roster may include a term in a rural setting. Rural terms provide experience in a different institutional setting, less oriented towards complex disease presentation and formal teaching.

Rural hospitals play a vital role in the health care and social fabric of their communities. As an intern in a rural hospital you, will encounter a broad range of people and illnesses, and your professional contribution will be particularly valued.

Rural hospitals have fewer medical staff and, typically, interns work closely with Visiting Medical Officers, gaining more hands-on experience and accepting greater personal responsibility than in metropolitan hospitals. Many interns enjoy this.

A number of other aspects are typical of the experience of interns in rural hospitals:

- Clinical support services are more limited, enabling you to gain experience in managing patients without immediate access to expensive tests and equipment.
- You may be separated from peers, family and friends, but generally there will be a friendly work atmosphere and good working relationships with nursing staff.
- Fewer formal education opportunities exist than in city hospitals.
- You can expect to have more contact with visiting medical officers and general practitioners.
- Few other medical staff will be on-site during overnight or weekend shifts may you have less direct supervision on duty, with specialist/ GP support on call.

## Rural Community Intern Training

Rural Community Intern Training (RCIT) is a relatively new approach in Victoria that involves interns considering a career in general practice undertaking a majority of their training in a range of smaller rural health settings. The mandatory terms rotations for intern training generally occur in larger regional health services with rotations in general practice or small rural hospitals.

There are five accredited programs in Victoria. These are located in the Hume region (known as Murray to the Mountains intern training program), in East Gippsland (Bairnsdale and Sale), South West Victoria (Warrnambool), the Grampians (Ballarat, Ararat and Maryborough) and the Loddon Mallee region (Echuca).

## 5. Other aspects of intern training

### Informed Consent

The issues surrounding obtaining consent from patients before intervention, have become more complex, more demanding, and more important. As an intern, you are not expected to obtain primary consent from patients, including emergency admissions. It is normally expected that consent for surgical or other major procedural intervention will be obtained by the registrar or the surgeon. If this policy is not being implemented, you are advised to advise of your Term Supervisor or Supervisor of Intern Training.

In addition, as an intern you will not be expected to seek patient consent for emergency procedures. This particularly applies to ensuring patients give their consent for theatre when you are on call in the evenings, nights and weekends. The appropriate surgical registrar or surgeon should be contacted to gain consent of the patient before theatre. If this policy is not being implemented, you are advised to draw this to the attention of the Head of Unit.

### Clinical Handover

It is essential for you to recognise the importance of clinical handover in patient safety (Intern Outcome Statement 2.1) and develop the skills to effectively identify and handover patients for ongoing monitoring at the end of your shift.

ISBAR (Identify, Situation, Background, Assessment and Recommendation) is a mnemonic created to improve safety in the transfer of critical information and is generally used to facilitate clinical handover between shifts within health services. However, health services will generally have specific clinical handover policies and guidelines with which you should make yourself familiar. You also need to be mindful of the importance of the role of the GP and other health professionals in the transfer of patients back to the community.

An important aspect of handover is the recognition of deteriorating patients and the role of early escalation to ensure patient safety. You need to familiarise yourself with relevant protocols (e.g. MET, Code Blue) within your health service and don't be afraid to ask for help if you are unsure.

Finally, make sure you arrange to receive handover from the previous junior doctor when you change rotations. This process is often facilitated by a ROVER (Rolling hand over) document which gives you valuable information on how the unit functions.

## 6. Looking After Yourself

### Who's Who

A range of people will have a role in your internship, although their particular responsibilities and titles could vary between hospitals. Get to know your local support and how you can access the help, and during orientation make sure you note the names and contact details of key people.

#### 1. You.

Overwhelmingly the value you derive from your internship will depend on you. You will encounter many opportunities for learning, but relatively few of them will be presented to you formally. The extent to which you learn from your experience will depend on:

- How clear you are about what you want and expect to learn.
- How assertive you are in seeking your learning by, for example, asking questions, asking to be taught procedures, reading, and discussing issues with others.
- Reflection on your experience and its implications.
- Being organised to take advantage of learning opportunities.
- Seeking and being open to feedback.

#### 2. Your peers.

No-one understands your situation as well as your colleagues who are going through the same experiences as you. Talk about the highs and lows of your experience. Share your concerns and discuss appropriate action if a situation needs to be addressed.

#### 3. Your term supervisor.

Is the designated person responsible for managing your work-based learning and progress throughout your term. Your term supervisor is also responsible for ensuring the adequacy and effectiveness of supervision and support for you to function safely within your term. They should ensure that you are orientated to your unit, discuss with you the skills, knowledge, and experience to be gained during your term and provide formal and informal assessment and feedback during the term. The term supervisor is often the unit head or a delegated person within the unit.

#### **4. Your unit registrar.**

Will usually be your day-to-day supervisor and the primary source of teaching on the job. The registrar is expected to ensure you have a clear understanding of his/her expectations and receive appropriate experience and opportunities for learning. He/she is expected to guide you and provide informal feedback to you on your performance, throughout the term.

#### **5. Consultants and specialist medical staff.**

All senior medical staff in your unit also have a responsibility for providing you with on-the-job training, guidance and feedback.

#### **6. Allied health and nursing staff.**

These staff play key roles in the clinical team and can provide you with support and advice.

#### **7. Supervisor of Intern Training (SIT) or Director of Clinical Training (DCT).**

Throughout Victoria, hospitals have a diverse range of education structures and titles for personnel in teaching and supervisory positions.

In some cases the roles of SIT and DCT are combined. Regardless of how these positions are titled or structured, hospitals must ensure that clinical, educational and pastoral support is provided for junior medical staff.

If you have any concerns about supervision, the demands of a particular term, or lack of guidelines, you should first seek the advice of the SIT. The SIT also has a pastoral role and is there to help you if you are having problems.

#### **8. Medical Education Officer (MEO).**

Most health services have appointed a medical education officer to facilitate the continuing education of interns, PGY2s, and those PGY3s who are not in vocational training. They work with senior medical staff who are responsible for the supervision and education of pre-vocational doctors (e.g. Directors of Clinical Training, Supervisors of Intern Training, physician and surgical training) to maximise and promote teaching and learning for this group. The MEO is unique to each setting and responsive to the needs of that setting.

## **9. Medical Administration/Workforce.**

Staff in medical administration (including the Director of Medical Services or equivalent) manage the medical and legal aspects of running the hospital, including medical staff and (usually) rosters. Rosters are often the responsibility of the Hospital.

Medical Officer (HMO) Manager working in medical administration. Some hospitals have asked managers of clinical services units to oversee the rosters of junior doctors working in their area. It is very important that you notify the Medical Director (or equivalent person) of any issues that might cause the hospital to have a legal or insurance problem as soon as possible.

## **10. Your General Practitioner.**

It is very important that you have your own GP. Your GP has also been an intern at some stage and is someone outside the hospital system who can provide you with support and counselling, as well as attend to your health needs in general.

## 7. Where to go for help

A number of sources of help are available, including:

- your registrar
- the Supervisor of Intern Training and/or Director of Clinical Training
- medical administration and other in-hospital resources (e.g. Medical Education Officer or HMO Manager)
- Postgraduate Medical Council of Victoria Inc (PMCV)
- Australian Medical Association Victoria (AMA Victoria)
- your general practitioner.

### **Victorian Doctors' Health Program (VDHP)**

The VDHP is a free and confidential service that has been established to assist Victorian doctors and medical students suffering from health problems including mental or physical health, substance use and anxiety and stress. The clinicians of VDHP can refer you to an appropriately qualified health professional and can be contacted on +61 3 9495 6011.

Medical practitioners are encouraged to identify their health concerns as early as possible and to seek help, assessment, appropriate referral, and where necessary ongoing monitoring of their health. This is particularly important if you have a pre-existing physical or psychological condition or if you are experiencing difficulty with your patients, peers, or with other staff. You should consider seeking help if you find that you are becoming isolated at work or home, or if you feel you need to take time off because of the pressures you are dealing with at work.

If you are aware of another intern who is experiencing problems you should suggest that they seek help or consider discussing their situation with someone they can trust at your hospital.

Employers and managers of doctors in training are expected to have identified at least one appropriately qualified person who can act as an initial reference and point of contact to assist you if you are experiencing difficulties. This person may be able to assist you in seeking appropriate consultation with

other people (e.g. VDHP) and will do so to ensure that the management of any problem is confidential, independent of your medical training, dealt with compassionately and continually re-evaluated. Refer the VDHP website: [www.vdhp.org.au/website/home.html](http://www.vdhp.org.au/website/home.html)

## **Australian Medical Association (AMAVIC) - Peer Support Service**

An anonymous and confidential peer support service for doctors by doctors over the telephone available from 8.00am to 11.00pm every day. Volunteers are trained in Lifeline model of telephone counselling. Further information AMA Victoria website:

<https://amavic.com.au/assistance-for-doctors/Support-Programs/peer-support-service>

## ***beyondblue Support Service***

A 24 hour phone service is available: Call 1300 224 636. *beyondblue* aims to reduce the impact of anxiety, depression and suicide in the community by raising awareness and understanding, empowering people to seek help, and supporting recovery, management and resilience. There are a range of fact sheets (e.g. covering depression, anxiety, suicide prevention, pregnancy and early parenting) available on the *beyondblue* website:

[www.beyondblue.org.au](http://www.beyondblue.org.au)

## **Other resources**

### **LifeLine**

13 11 14 . Lifeline provides a 24/7 crisis support ad suicide prevention services. Further information at Lifeline website: [www.lifeline.org.au](http://www.lifeline.org.au)

### **Man Therapy**

1300 22 2638

Further information at beyondblue website: <https://www.beyondblue.org.au/who-does-it-affect/men>

### **SANE Australia**

1800 18 SANE (7263)

SANE Australia provides a helpline by telephone or online chat to speak with a mental health professional, weekdays 10.00am to 10.00pm(AEST). Further information SANE Australia website: [www.sane.org](http://www.sane.org)

### **R-Cubed**

R-Cubed provides GP Registrars, medical students and prevocational doctors with strategies to build resilience in busy times. It is an initiative set up by General Practice Registrars Australia (GPRA) in direct response to feedback from GP Registrars and Medical Students about the pressure they are often under and the need to be able to manage this effectively and stay well. Further information: <http://www.rcubed.org.au/>

### **Are you Okay?**

This website promotes the health and wellbeing of junior doctors and enable you to access a range of self-assessment tools (such as P<sub>Ro</sub>QOL, Kessler 10) and to view short vignettes of relevance to junior doctors (such as rural placements, night shift, relationships, anxiety, depression, bullying by seniors, drugs and alcohol, compulsive obsessive disorder and eating disorders.

<http://www.jmohealth.org.au/>

## Rural Service Supports

### CRANA Bush Support Services

Phone: 1800 805 391. Toll free, every day of the year.

A confidential, free 24-hour, nation-wide telephone service that is staffed by 9 registered psychologists who have experience working in remote and rural areas. Topics include – self-care and prevention, stress and burnout and post-traumatic stress disorder, bullying and conflict in the workplace. For ALL remote health workers/service providers and their families.

Website: <https://crana.org.au/support>

### Rural Health Continuing Education (RHCE)

The RHCE Stream One program funded by the Commonwealth Department of Health awards both individual and project grants. Individual grants assist specialists with accessing existing Continuing Professional Development (CPD) activities. Project grants develop and deliver CPD activities for specialists and multi-disciplinary teams. website: <http://rhce.ruralspecialist.org.au/>

### Australian College of Rural and Remote Medicine (ACRRM)

website: [www.acrrm.org.au](http://www.acrrm.org.au)

### Rural Family Medical Network

Victoria: +61 03 8610 6318

The Rural Medical Family Network assists the spouses and families of doctors and medical students when moving to rural locations in NSW, Queensland, Victoria and WA.

Rural Medical Family Network services vary according to state and include:

- Family and kids programs at CPD conferences
- Grants to facilitate face-to-face networking of medical spouses, partners and families
- Spouse retraining and/or education grants
- Newsletters
- Crisis assistance for rural doctors and their families who are stressed or ill
- Gatherings to lessen feelings of loneliness and isolation

### Rural Doctors Association of Australia

website: <http://www.rdaa.com.au/>

### **National Rural Health Students Network**

The National Rural Health Student Network is a multi-disciplinary health network comprising of 28 rural health clubs located at universities around Australia. Website: <https://www.nrhsn.org.au/>

### **Medical Indemnity Agencies**

There is a range of medical indemnity agencies across Australia and New Zealand that provide support services and counselling programs to their members.

Avant helpline, 24/7, Contact: 1800 128 268  
website: <http://www.avant.org.au/>

MDA National, 24/7, contact 1800 011 255  
website: <https://www.mdanational.com.au>

Medical Indemnity Protection Society, contact: 1800 021 223 (Clinical legal support); 1800 061 113 (General Enquiries)  
website: <https://www.mips.com.au/home/professional-indemnity-insurance-policy>

Medical Insurance Group Australia, 24/7, contact: 1800 777 156  
website: <https://www.miga.com.au/>

### **Bullying and Discriminatory behaviour**

A review of the Intern standards was undertaken by the Australian Medical Council during 2016 and there will be an enhanced focus on trainee wellbeing and patient safety. This focus will also follow through in the Victorian survey visits to facilities and we will review how a facility (i.e. employer) informs you about the confidential pathways for reporting and addressing bullying and discriminatory behaviour and how they provide you with support.

## Specialty Training in Australia

### COMMITTEE OF PRESIDENTS OF MEDICAL COLLEGES (CPMC)

The Committee of Presidents of Medical Colleges (CPMC) is the unifying organisation of, and support structure for the specialist Medical Colleges of Australia. Visit the CPMC website: [www.cpmc.edu.au](http://www.cpmc.edu.au)

### NATIONAL MEDICAL TRAINING MEDICAL NETWORK (NMTAN)

The main function of the NMTAN is to provide policy advice on medical workforce planning and produce medical training plans to inform government, health and education sectors. In addition, the NMTAN will develop policy advice about the planning and coordination of medical training in Australia, in collaboration with other networks involved in the medical training space. The committee is also responsible for producing an annual report of medical education and training, including undergraduate, postgraduate and vocational training projections (Note: This was previously undertaken by the Medical Training Review Panel) but is now overseen by the Data Subcommittee.

The website includes useful resources including:

**Health Workforce Reports** (Currently ED, Psychiatry, Dermatology and Anesthesia and Doctors)

**Fact Sheets on Medical Specialties** (Includes information gathered on the existing prevocational doctor workforce in Australia).

<http://www.health.gov.au/internet/main/publishing.nsf/Content/nmtan>

### MEDICAL SPECIALITIES

The Medical Board of Australia provides a list of specialties, fields of specialty practice and related specialist titles. To view a copy go to the Medical Board of Australia website:

<http://www.medicalboard.gov.au/Registration/Types/Specialist-Registration/Medical-Specialties-and-Specialty-Fields.aspx>

### VOCATIONAL COLLEGES WEBSITES

The vocational colleges provide information on their websites regarding their training program, application processes and costs of training. The website details for the CPMC member college organisations are set out below.

## **Addiction Medicine**

Information regarding the Australasian Chapter of Addiction Medicine can be found via the Adult Medicine section of the RACP website:

<https://www.racp.edu.au/about/racps-structure/adult-medicine-division/australasian-chapter-of-addiction-medicine>

## **Adult Medicine**

The Adult Medicine Division encompasses a broad spectrum of medical specialties - as diverse as Cardiology, Medical Research, Sexual Health and Palliative Care and can be found via the Adult Medicine section of the RACP website:

<https://www.racp.edu.au/about/racps-structure/adult-medicine-division>

## **Anaesthetics**

Australian and New Zealand College of Anaesthetists (ANZCA):

<http://www.anzca.edu.au/>

## **The Australian Society of Anaesthetists (ASA)**

Trainees can join GASACT (i.e. Group of ASA Clinical Trainees) who provide variety of exam and training support and access to events. Check out the membership section of the ANZCA website: [www.asa.org.au](http://www.asa.org.au)

## **Cardiology (Advanced training- Adult and Paediatrics)**

RACP website:

<https://www.racp.edu.au/trainees/advanced-training/advanced-training-programs>

## **Dermatology**

The Australasian College of Dermatologists (ACD) website:

<http://www.dermcoll.edu.au/>

## **Emergency Medicine**

The Australasian College for Emergency Medicine (ACEM):

<https://acem.org.au>

### **Gastroenterology (Advanced training)**

Visit the RACP website:

<https://www.racp.edu.au/trainees/advanced-training/advanced-training-programs/gastroenterology>

### **General Practice**

There are two colleges offering general practice training:

The Royal Australian College of General Practitioners (RACGP):

<http://www.racgp.org.au/>

### **Australian College of Rural and Remote Medicine (ACRRM):**

<https://www.acrrm.org.au/>

The General Practice Registrars Association (GPRA) is an organisation run for Registrars by Registrars and produces a number of educational and professional resources for GP registrars, including a series of publications, several events and regular newsletters to optimise registrars' training experience. Visit the GPRA website: <http://www.gpra.org.au/>

The guide, General Practice: A guide for students and junior doctors outlines the journey towards general practice from the end of medical school until you're a qualified GP. To view a copy go to the RACGP website: <https://www.racgp.org.au/becomingagp/students/>

### **Intensive Care Medicine**

College of Intensive Care Medicine of Australia and New Zealand (CICM):

<http://www.cicm.org.au/>

### **Medical Administration**

The Royal Australasian College of Medical Administrators (RACMA) was established with the aim of promoting and advancing the study of health services management by medical practitioners:

<http://www.racma.edu.au/>

### **Obstetrics and Gynaecology**

The Royal Australian and New Zealand College of Obstetricians & Gynaecologists (RANZCOG):

<http://www.ranzcog.edu.au/>

### **Occupational and Environmental Medicine**

Information regarding the Australasian Faculty of Occupational and Environmental Medicine can be found via the RACP website:

<https://www.racp.edu.au/about/racps-structure/australasian-faculty-of-occupational-and-environmental-medicine>

### **Ophthalmology**

The Royal Australian and New Zealand College of Ophthalmologists (RANZCO):

<http://www.ranzco.edu/>

### **Paediatrics and Child Health**

Paediatrics and Child Health is one of two Divisions within the RACP:

<https://www.racp.edu.au/about/racps-structure/paediatrics-child-health-division>

### **Palliative Medicine**

Information regarding the Australasian Chapter of Palliative Care Medicine can be found via the RACP website:

<https://www.racp.edu.au/about/racps-structure/adult-medicine-division/australasian-chapter-of-palliative-medicine>

### **Pathology**

The Royal College of Pathologists of Australasia (RCPA):

<https://www.rcpa.edu.au/>

The College has a series of materials/brochures on the different pathology streams (e.g. Clinical Pathology, Anatomical Pathology, Haematology)

<https://www.rcpa.edu.au/Library/Promotional-Material/Other-Brochures-and-Posters>

### **Physician Training**

The Royal Australasian College of Physicians (RACP) offers 60 training programs across two Divisions, three Chapters and three Faculties:

<http://www.racp.edu.au/>

### **Psychiatry**

The Royal Australian and New Zealand College of Psychiatrists (RANZCP):

<https://www.ranzcp.org/Home.aspx>

The Australian Government Department of Health and Ageing has published a report - Australia's Future Health Workforce which provides an analysis of the psychiatry workforce with indications of a future undersupply of 125 by 2030 for psychiatry.

To view the report visit the Department of Health and Ageing website:

<http://www.health.gov.au/internet/main/publishing.nsf/Content/Australias-future-health-workforce%E2%80%93psychiatry>

Eight Ways to make the most of your Psychiatry rotation

Read the article published by RANZCP:

<https://www.ranzcp.org/Files/PreFellowship/Students-and-graduates/Eight-ways-to-make-the-most-of-your-psychiatry-rot.aspx>

### **Psychiatry Interest Forum (PIF)**

If interested in Psychiatry, join the RANZCP Psychiatry Forum:

<https://www.ranzcp.org/Membership/Psychiatry-Interest-Forum.aspx>

### **Public Health Medicine**

Information about Public Health Medicine can be found via the RACP website:

<http://www.racp.edu.au/trainees/advanced-training/advanced-training-programs/public-health-medicine>

### **Radiation Oncology**

Information can be found via the RANZCR website:

<http://www.ranzcr.edu.au/training/radiation-oncology>

### **Radiology**

The Royal Australian and New Zealand College of Radiologists (RANZCR):

<http://www.ranzcr.edu.au/>

### **Rehabilitation Medicine**

Information regarding the Australasian Faculty of Rehabilitation Medicine can be found via the RACP website:

[https://www.racp.edu.au/trainees/advanced-training/advanced-training-programs/rehabilitation-medicine-\(paediatrics\)](https://www.racp.edu.au/trainees/advanced-training/advanced-training-programs/rehabilitation-medicine-(paediatrics))

### **Rheumatology**

Information regarding advanced training in Rheumatology can be found via the RACP website:

<https://www.racp.edu.au/trainees/advanced-training/advanced-training-programs/rheumatology>

### **Sexual Health Medicine**

Information about the Australasian Chapter of Sexual Health Medicine can be found via the RACP website:

<https://www.racp.edu.au/trainees/advanced-training/advanced-training-programs/sexual-health-medicine>

### **Sport and Exercise Medicine**

Australasian College of Sports Physicians (ACSP):

<http://acsp.org.au/>

### **Surgical training**

Royal Australasian College of Surgeons (RACS):

<http://www.surgeons.org/>

Surgical specialties include: Cardiothoracic surgery, General surgery, Neurosurgery, Orthopaedic surgery, Otolaryngology - Head and Neck Surgery, Paediatric surgery, Plastic and Reconstructive surgery, Urology and Vascular surgery.

RACS has published two sets of guidelines to provide medical students and prevocational doctors with information which may assist in their decision regarding selection into surgery.

### **Essential Surgical Skills Booklet**

This booklet identifies the recommended skills to be gained by the end of PGY2 and prior to entry into SET. To view a copy, go to: [https://www.surgeons.org/media/473135/2015-01-27\\_gdl\\_essential\\_surgical\\_skills\\_document.pdf](https://www.surgeons.org/media/473135/2015-01-27_gdl_essential_surgical_skills_document.pdf)

**JDocs Framework**

The JDocs Framework, aligned to the College's nine surgical core competencies, describes the many tasks, skills and behaviours that the junior doctor should achieve at defined levels during postgraduate years (PGY) 1 to 3 and beyond. This will assist doctors in the development towards a career in surgery, as well as supporting those who follow other proceduralist careers. Visit the JDocs website for further information: <http://www.surgeons.org/becoming-a-surgeon/surgery-as-a-career/>

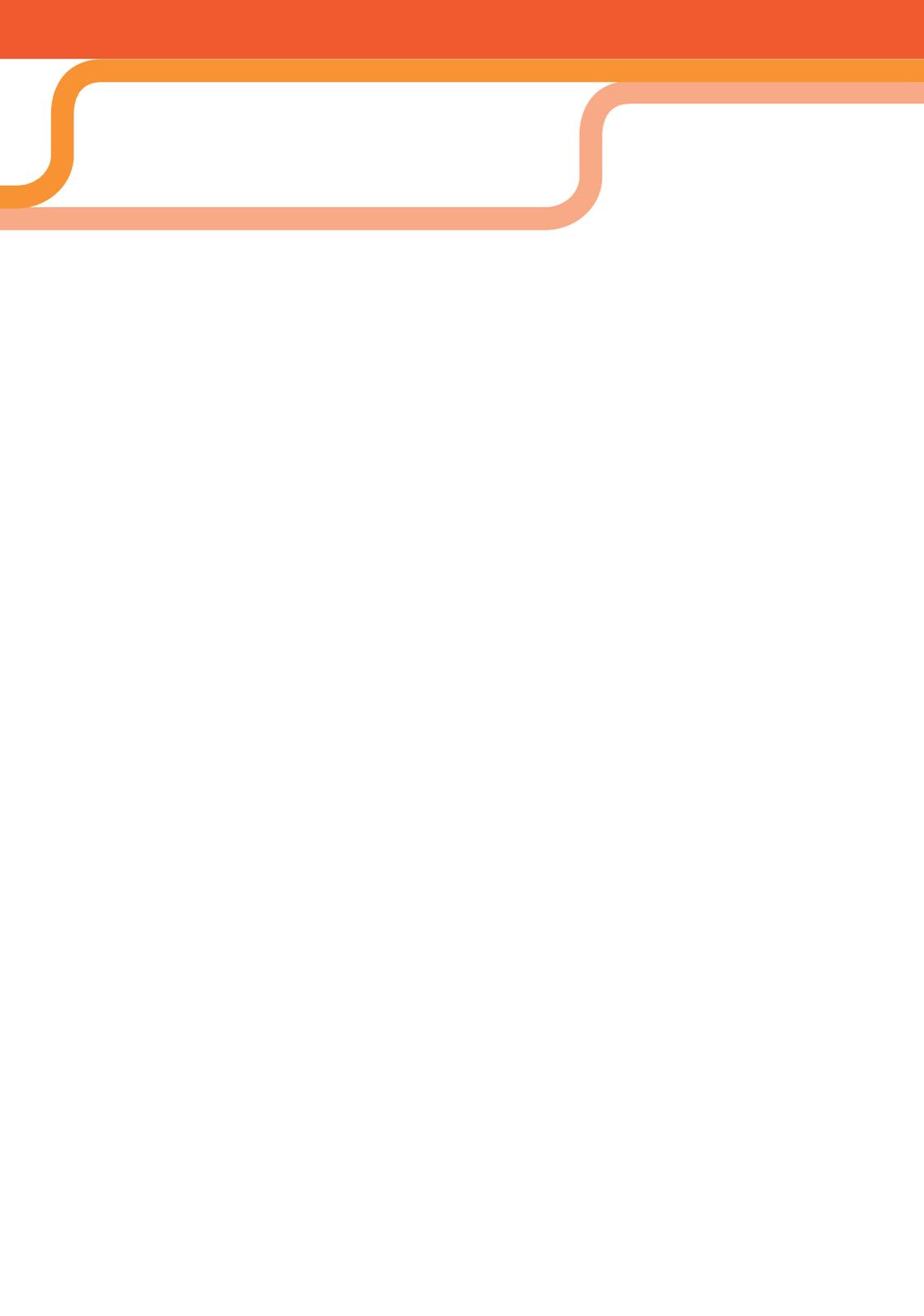
**Annual Report**

Includes data on SET Training numbers, the number of applications and applicant data.

<http://www.surgeons.org/government/workforce-and-activities-reports/#Activities>

**Surgical Workforce projections and data**

<http://www.surgeons.org/government/workforce-and-activities-reports/>





**Postgraduate Medical Council of Victoria Inc.**

Location:

Level 8, 533 Little Lonsdale Street  
Melbourne Vic 3000

Postal:

PO Box 13330 Law Courts Vic 8010

Telephone: + 61 3 9670 1066

Fax: + 61 3 9670 1077

Email: [pmcv@pmcv.com.au](mailto:pmcv@pmcv.com.au)

Website: [www.pmcv.com.au](http://www.pmcv.com.au)

**Medical Board of Australia**

(in partnership with the Australian Health Practitioner  
Regulation Agency (AHPRA))

Phone 1300 419 495 (from outside Australia)

Call +61 3 8708 9001

Website: [www.medicalboard.gov.au](http://www.medicalboard.gov.au)

Registration information

[www.medicalboard.gov.au/Registration.aspx](http://www.medicalboard.gov.au/Registration.aspx)

**The Victorian Board of the Medical  
Board of Australia**

Location:

Level 8, 111 Bourke Street Melbourne Vic 3000

Mailing address:

AHPRA

GPO Box 9958 Melbourne Vic 3001