

Standard in Focus

AMC's Intern training - Guidelines for Terms

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The Australian Medical Council has issued prescript guidelines outlining the clinical experiences in medicine, surgery, and emergency medicine, commonly known as core terms. Providers seeking accreditation of a term meeting core status need to demonstrate that they have the processes to monitor the clinical experiences of interns in a term and that those experiences are congruent with the guidelines as set out in the AMC document [Intern training – Guidelines for terms](#). These guidelines do not dictate any specific training setting for either core or non-core terms, and in fact recognise a need for flexibility in the location and nature of clinical experiences throughout the intern year. This ensures that both public and private facility terms are equally accreditable as long as they meet the standards.

The AMC states that experiences in each discipline should be planned, continuous or longitudinal and that unrelated duties, such as extended periods of relieving, should not significantly interrupt the term. Each term should have clear and explicit supervision, orientation and feedback processes to ensure priorities are appropriately balanced between the service needs of the unit, the scope of practice of the intern and the training needs of the program.

It is the responsibility of each provider with core terms to continually monitor the clinical experiences of interns in their core terms to ensure that as units evolve, change and further refine their practices and models of care, that the experiences continue to meet the Standard. This will require the provider to maintain frequent contact with each term supervisor, conduct regular detailed reviews, survey interns and / or conduct observational assessments to ensure that each term continues to meet the clinical standards for core status.

When considering if a term meets core status, it is helpful to consider the following:

1. interns must have opportunities to provide care throughout the course of the patient journey,
2. interns must have access to undifferentiated and deteriorating patients under close supervision,
3. core terms are not to be interrupted by significant periods of relieving or ward call that detract from the overall term experience and learning, and
4. interns must have purposeful and planned access to different elements of terms – eg, clinics, theatre, resuscitation experiences, full spectrum care of patients, etc.

Providers have access to several resources that have been developed with the aim of ensuring interns are achieving the necessary outcomes in addition to the Guideline for terms. The *Intern training – Intern outcome statements*, the *Intern training – National standards for programs*, the *Registration standard – Australian and New Zealand graduates* are all helpful documents to review when determining the necessary clinical experiences within a term. These documents ensure alignment between clinical experiences and outcomes which is reflected specifically in Standard 3.1.1. This standard requires providers to demonstrate that terms meet the structure and composition as outlined in the Guideline for terms.