



**Medical Board
Ahpra**

Medical Board of Australia

Registration standard

Granting general registration as a medical practitioner to Australian and New Zealand medical graduates on completion of postgraduate year one training

Effective from: 1 January 2024

Summary

Australian and New Zealand medical graduates must satisfactorily complete an accredited period of supervised clinical training in Australia (known as a medical internship or postgraduate year one (PGY1)) to become eligible for general registration.

This registration standard defines the Medical Board of Australia's (the Board's) requirements for granting general registration to Australian and New Zealand medical graduates on satisfactory completion of accredited PGY1 training.

Does this standard apply to me?

This standard applies to Australian and New Zealand medical graduates who have completed a program of study accredited by the Australian Medical Council (the AMC) and approved by the Board as providing a qualification for the purposes of general registration in the medical profession.

The Board publishes a list of approved programs of study.

What must I do?

When you apply for general registration

You must:

1. provide evidence of being awarded an approved qualification for the purposes of general registration as a medical practitioner
2. provide evidence of satisfactorily completing at least 47 weeks full-time equivalent experience as a PGY1 doctor in accredited supervised clinical practice, including the necessary term requirements. For details see 'PGY1 training requirements' below
3. comply with the Board's proof of identity policy as published on either the Board's or Ahpra's websites
4. meet the requirements in the Board's approved registration standards for:
 - a. English language skills
 - b. professional indemnity insurance
5. declare any criminal history in Australia and overseas and complete a criminal history check according to the Board's and Ahpra's published requirements. Any criminal history will be assessed to consider whether you are suitable for registration under the National Law
6. provide details of your registration history as a health practitioner. If you are currently registered or have previously been registered overseas as a health practitioner, arrange for a Certificate of Registration Status or Certificate of Good Standing to be sent directly to Ahpra from each registration authority you have been registered within the previous 10 years. The certificates must be provided in accordance with Board's and Ahpra's published requirements.

If you have previously been registered or are currently registered in a health profession in Australia under the National Law and have therefore provided information to a National Board previously, some of the requirements in this standard may be waived. If there is documentation that is subject to currency or time limited requirements such as English language skills test results, you may be required to submit updated documentation.

All documents submitted must comply with the Board's and Ahpra's published requirements for certifying and translating documents.

PGY1 training requirements

To be eligible for general registration, you must provide:

1. evidence of satisfactory completion of at least 47 weeks full-time equivalent (FTE) experience as a PGY1 doctor in supervised clinical practice, completed in accredited terms in hospital, general practice or community-based health services. The 47 weeks of experience:
 - a. must be completed within a period of no more than three years
 - b. excludes annual leave but may include up to two weeks of professional development leave
 - c. must include a minimum of four terms (of at least 10 weeks each term) in different specialties

d. must include direct clinical care of patients in each of the types of patient care below. You can count up to two types of patient care in each term, which will have been predetermined through the accreditation process:

- i. undifferentiated illness patient care
- ii. chronic illness patient care
- iii. acute and critical illness patient care, and
- iv. peri-procedural patient care.

2. written confirmation, in a form approved by the Board, and signed by the Director of Clinical Training, Director of Medical Services, the Assessment Review Panel Chair or other person acceptable to the Board confirming that you have been assessed as having reached an overall satisfactory rating on completion of your PGY1 training.

The rating will be made by an Assessment Review Panel based on structured assessments, including end of term assessments completed during PGY1 as described in the *AMC's National Framework for Prevocational (PGY1 and PGY2) Medical Training: Training and assessment – Training and assessment requirements for prevocational (PGY1 & PGY2) training programs* (as revised from time to time).

For the 47 weeks FTE experience, you can only practise a maximum of 25% in any one subspecialty and a maximum total of 50% in any one specialty (including its subspecialties). For example, you may not practise more than 50% in surgical terms or paediatric terms. This is to provide a breadth of exposure across a range of specialties.

If you have practised for less than 47 weeks (such as for sick leave, personal leave or carer's leave), the Board will consider whether to grant general registration on a case-by-case basis. It will take into consideration information provided by the Director of Clinical Training, Director of Medical Services or the Assessment Review Panel Chair (or other person acceptable to the Board) about your performance, whether or not you have met the required training standard and whether you have been recommended to the Board for general registration.

The location of training, the PGY1 program and all terms must be accredited against approved accreditation standards by an organisation accredited by the AMC and approved by the Board.

Notes

1. Each accredited term may include more than one type of patient care. For example, it could include both undifferentiated illness patient care and peri-procedural patient care. You can count up to two types of patient care per term when making up the requirements. The type of patient care you can count will have been defined through the accreditation process.
2. It is possible to complete the experiential parts of the requirements (undifferentiated illness, chronic illness, acute and critical illness and peri-procedural patient care) in less than 47 weeks. However, this standard requires that you complete both the 47 weeks FTE experience and the types of patient care to be eligible for general registration.

Are there exemptions to this standard?

PGY1 training completed in New Zealand

Australian and New Zealand medical graduates who provide evidence of having satisfactorily completed accredited PGY1 training as an intern in New Zealand can be granted general registration without completing PGY1 training in Australia. The PGY1 program undertaken in New Zealand must be accredited by the Medical Council of New Zealand.

PGY1 training undertaken outside of Australia or New Zealand

Australian and New Zealand medical graduates who have completed PGY1 training outside of Australia or New Zealand will be eligible to apply for provisional registration and will be required to satisfactorily complete at least 47 weeks FTE of Board approved supervised practice to familiarise themselves with the Australian health care system before being eligible for general registration.

For the purpose of granting general registration, the Board will accept satisfactory PGY1 training undertaken outside of Australia or New Zealand, for a term not exceeding 12 weeks FTE experience, where that term has been prospectively accredited to Australian standards by an authority accredited by the AMC and approved by the Board.

If you satisfactorily complete up to 12 weeks FTE of accredited PGY1 training outside of Australia or New Zealand as described above, the 47 weeks FTE of supervised practice in Australia can be reduced by the number of weeks FTE accredited training that you have completed.

More information

Part-time training

PGY1 training undertaken part-time must be completed within three years of commencement.

PGY1 training requirements not completed within anticipated timeframe

Australian and New Zealand medical graduates must apply for provisional registration to undertake PGY1 training. Under the National Law, provisional registration can only be renewed twice (three years of registration in total). Most medical graduates will satisfactorily complete PGY1 training within 12 months and will not need to renew provisional registration.

If you have not completed the PGY1 training requirements within the anticipated timeframe (maximum timeframe of three years), you can make a new application for provisional registration.

Background to PGY1 training

PGY1 training or medical internship is a period of mandatory supervised general clinical experience required to become eligible for general registration. It allows medical graduates to consolidate, apply and enhance clinical knowledge and skills while taking increasing responsibility for the provision of safe, high quality patient care. A medical graduate with general registration is expected to have the skills, knowledge and experience to work as a safe entry level medical practitioner, able to practise within the limits of their training.

PGY1 training can help to inform career choices for many graduates by providing experience in different medical specialties and provides grounding for subsequent vocational (specialist) training.

The requirements for PGY1 training are established in the *AMC's National Framework for Prevocational (PGY1 & PGY2) Medical Training* (as revised from time to time). The Framework includes a suite of documents that define the requirements and standards for training programs, terms, assessments, and accreditation standards for organisations that accredit intern training programs.

What happens if I don't meet this standard?

The National Law establishes possible consequences if you don't meet this standard, including that the Board can impose a condition or conditions on your registration or can refuse your application for registration or renewal of registration, if you do not meet a requirement in an approved registration standard for the profession (sections 82, 83 and 112 of the National Law).

Authority

This registration standard was approved by the Ministerial Council on 13 December 2023.

Registration standards are developed under section 38 of the National Law and are subject to wide-ranging consultation.

Definitions

Acute and critical illness patient care is described in the *AMC's National Framework for Prevocational (PGY1 and PGY2) Medical Training: Training environment – National standards and requirements for prevocational (PGY1 and PGY2) training programs and terms* (as revised from time to time). It includes assessing and managing patients with acute illnesses, including participating in the care of the acutely unwell or deteriorating patient. This experience could be gained working in a range of settings such as acute medical, surgical or emergency departments.

Approved qualification means a qualification obtained by successfully completing a program of study accredited by the AMC and approved by the Board as providing a qualification for the purposes of general registration in the medical profession. The Board publishes a list of approved programs of study for registration.

Assessment Review Panel means a panel established by the PGY1 training provider according to the *AMC's National Framework for Prevocational (PGY1 and PGY2) Medical Training: Training and assessment – Training and assessment requirements for prevocational (PGY1 & PGY2) training programs* (as revised from time to time). The panel is responsible for making a global judgement about whether a prevocational doctor has achieved the prevocational outcome statements at the end of PGY1 training. Satisfactory completion of PGY1 training is

required for eligibility for general registration.

Australian or New Zealand medical graduate means a person who has satisfactorily completed an AMC accredited program of study approved by the Board and leading to the award of an approved qualification for the purposes of general registration in the medical profession.

Chronic illness patient care is described in the *AMC's National Framework for Prevocational (PGY1 and PGY2) Medical Training: Training environment – National standards and requirements for prevocational (PGY1 and PGY2) training programs and terms* (as revised from time to time). It includes caring for patients with a broad range of chronic diseases and multi-morbidities. This experience could be gained working in a range of settings such as a medical ward, general practice, outpatient clinic, rheumatology, rehabilitation or geriatric care.

National Law means the Health Practitioner Regulation National Law, as in force in each state and territory.

Intern means a doctor in their first postgraduate year (PGY1) and who holds provisional registration with the Medical Board of Australia.

Peri-procedural patient care is described in the *AMC's National Framework for Prevocational (PGY1 and PGY2) Medical Training: Training environment – National standards and requirements for prevocational (PGY1 and PGY2) training programs and terms* (as revised from time to time). It includes caring for patients undergoing procedures, including before and after the procedure. This experience could be gained working in a range of settings such as interventional cardiology, radiology, anaesthetic units or surgical units.

PGY means Postgraduate year, usually used with a number to indicate the number of years after graduation from medical school. PGY1 is the first postgraduate year, also known as internship.

Specialty means a specialty approved under section 13 of the National Law for the purposes of specialist registration in the medical profession. The Board publishes a *List of specialties, fields of specialty practice and related specialist titles*. For the purposes of this standard, terms may include experience in areas of clinical practice that are not included in the Board's list of specialties but which are usually overlooked by an AMC accredited specialist medical college. A list of examples is included in the *AMC's National Framework for Prevocational (PGY1 and PGY2) Medical Training: Training environment – National standards and requirements for prevocational (PGY1 and PGY2) training programs and terms* (as revised from time to time).

Subspecialty means a field of specialty practice approved under section 13 of the National Law for the purposes of specialist registration in the medical profession. A field of specialty practice is a branch of a specialty. The Board publishes a *List of specialties, fields of specialty practice and related specialist titles*. For the purposes of this standard, terms may include experience in areas of clinical practice that are not included in the Board's list of specialties but which are usually overlooked by an AMC accredited specialist medical college. A list of examples is included in the *AMC's National Framework for Prevocational (PGY1 and PGY2) Medical Training: Training environment – National standards and requirements for prevocational (PGY1 and PGY2) training programs and terms* (as revised from time to time).

Types of patient care means:

1. undifferentiated illness patient care
2. chronic illness patient care
3. acute and critical illness patient care, and
4. peri-procedural patient care.

Undifferentiated illness patient care is described in the *AMC's National Framework for Prevocational (PGY1 and PGY2) Medical Training – Training environment – National standards and requirements for prevocational (PGY1 and PGY2) training programs and terms* (as revised from time to time). It includes caring for, assessing and managing patients with undifferentiated illnesses. This means caring for a patient at the point of first presentation and when a new problem arises. This experience could be gained working in a range of settings such as an emergency department or in general practice.

Review

This registration standard will be reviewed from time to time as required. This will generally be at least every five years.

Last reviewed: 1 January 2024

This standard replaces the previous registration standard approved by Ministerial Council on 9 November 2012.