



Certificate of completion of an accredited internship in 2023

Profession: **Medical**

Part 7 Division 6 of the Health Practitioner Regulation National Law (the National Law)

The Medical Board of Australia (the Board) will use the information on this certificate and any additional information that you provide to decide whether to grant general registration.

Interns must meet the requirements in the registration standard *Granting general registration as a medical practitioner to Australian and New Zealand medical graduates* on completion of intern training. Interns must complete:

- at least 47 weeks full-time equivalent service
- all accredited core terms with a minimum of:
 - ten weeks in surgery
 - ten weeks in medicine
 - eight weeks in emergency medical care and
 - a range of other approved terms to make up a minimum of 47 weeks full-time equivalent service.

The Board expects that interns will complete the core terms and 47 weeks full-time equivalent (FTE) accredited supervised practice unless they had to take genuine COVID-19 leave (for COVID-19 illness or to isolate).

This applies to interns who started their internship from 1 November 2022.

Interns who had to take COVID-19 related leave (for COVID-19 illness or to isolate) are required to:

- complete at least 45 weeks FTE supervised clinical experience (a reduction of up to two weeks from the standard 47 weeks required), and
- must complete the accredited core terms.

The intern will need to provide details of when the leave was taken and explain the reasons.

Instructions

1. This certificate must be completed and signed by the Director of Training, Director of Medical Services or other person of a comparable level of seniority who has been authorised by the hospital.
2. Use a separate certificate for each intern.
3. Confirm the terms that the intern has undertaken, and the dates that each term was completed.
4. Indicate whether or not the intern completed each term satisfactorily. If the intern's performance was assessed as not satisfactory in one or more terms, please attach an additional report on the issues of concern, and include what remediation was undertaken and whether the issues of concern were resolved by the end of the intern year.
5. Confirm whether the intern has performed satisfactorily during the intern year. If the intern has not performed satisfactorily during the intern year, please attach an additional report on the issues of concern, including what remediation was undertaken and what the intern will need to do to meet the standard expected for general registration.
6. This certificate may be submitted no earlier than four weeks from the end of the final term of the intern year to allow sufficient time for the Board to grant general registration. Please include the expected date that the intern will complete the final term. If anything changes (e.g. the intern does not complete the term satisfactorily) please provide a report to Ahpra urgently as this may affect the intern's eligibility for general registration.
7. Ensure that all sections are completed and sign the certificate

Intern's full name

Provisional registration number

Parent Health Service for the intern

Date internship completed

Final term completed

OR

Expected completion date of final term

Details of internship year

Term/rotation	Was this term/rotation accredited?	Dates of term/rotation	Location (e.g. Name of hospital or health service) where the term was undertaken	Department or unit in which term was undertaken	No. of weeks completed <i>(Enter numbers, not words. Do not include part weeks.)</i>	Satisfactory completion of term/rotation
	<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No

Total number of weeks
(automatically calculated)

