

TRAINING OF MEDICAL PRACTITIONERS IN AUSTRALIA

1. The initial training of doctors, which ultimately leads to the completion of postgraduate specialist qualifications, broadly follows a common path, irrespective of the medical speciality that is ultimately obtained.
2. There are now two types of initial medical degree available in Australia. Traditionally, a six year Bachelor of Medicine and Bachelor of Surgery (MBBS) was the primary means of securing undergraduate training in medicine. Students entering this course are required to have successfully completed Year 12 of secondary education to a high level and, more recently, are then required to undertake a UMAT test to enter a University Medical School. The test looks at the candidate's aptitude to be a medical practitioner and the results are used as criteria, in addition to academic results, in the selection process for medical schools.
3. In recent years a number of universities, including the University of Queensland, Flinders University and Sydney University, have introduced a 4 year graduate entry medical degree. Applicants for this course have an initial degree, often in a health science, and upon completion of the GAMSAT test (the graduate entry equivalent to UMAT), may be admitted to the medical school. Medical schools are accredited by the Australian Medical Council (AMC) and the nature of the medical course is required to meet a range of learning outcomes determined by the AMC.
4. Upon completion of the medical degree, graduates enter the medical workforce - primarily in the major public teaching hospitals - as Interns for a period of twelve months. It is only upon the satisfactory completion of the Intern year that the junior doctors receive full medical registration with the relevant State Medical Board or Council. This does not mean, however, that they are able to enter into private practice under the Medicare system. Under the provisions of the *Health Insurance Act 1974 (Commonwealth)*, doctors must successfully complete full postgraduate vocational medical training and achieve a Fellowship of a relevant medical College in order to practise medicine under Medicare.

5. The Intern year involves a series of work rotations to specific clinical departments in the hospital, broadly in line with AMC guidelines on intern training and/or guidelines set by the State Postgraduate Medical Education Council (PMEC) or other equivalent body. The aim is expose the junior doctor to a range of clinical situations and environments as part of the initial on-the-job apprenticeship style training process. The PMECs have evolved over the last decade to have responsibility for the training and development of Interns, (often referred to as Post Graduate Year I or PGY1) and doctors in the PGY2 and beyond who are not involved in formal postgraduate vocational training in a program run by a medical College.
6. Following successful completion of the Internship and registration by the State Medical Board, junior doctors usually spend a number of years rotating between clinical departments and between hospitals in the public hospital system. This often includes rotations to regional and rural hospitals, both to meet the service and workforce needs of the hospital system, as well as to expose the junior doctor to a range of clinical settings. Doctors in this period of “pre-vocational” on-the-job training are generally referred to as Resident Medical Officers (RMO), although the term Hospital Medical Officer (HMO) is used in Victoria. These terms are generally recognised as classifications in industrial awards and agreements.
7. By the end of PGY2 or PGY3, ie the completion of their Internship and one or two years additional experience as an RMO, most junior doctors will have commenced seeking admission to a vocational training program run by one of the medical Colleges. Programs are offered by each of the Medical Colleges listed in Attachment A. Some Colleges, including the Royal Australasian College of Surgeons (RACS), have recently introduced a “basic training program” that may be undertaken by a Resident Medical Officer in the lead up to applying for advanced training in the College program.
8. The next stage of a junior doctor’s training and career path involves being accepted into and commencing the College training program. Many Colleges require the junior doctor to undertake a “primary examination”, including the Australasian College for Emergency Medicine, the Royal Australasian College of Surgeons and the Australian

and New Zealand College of Anaesthetists. Upon successful completion of the primary examination or other entry requirements, the junior doctor must apply for and secure employment in a Registrar position, accredited for training by the relevant College, which are generally found in the major public hospitals. The term Registrar is generally recognised as an industrial classification under various awards and industrial agreements. Not all Colleges accredit training positions, but may require the trainee to show evidence certified by a Fellow of the College, who may be their supervisor, of the completion of specific clinical activities during the course of their employment as a Registrar in the public hospital system.

9. Advanced vocational training in a College program usually takes between three and five years. Doctors training in General Practice, however, undertake their advanced training in designated private GP training practices in a community setting, while the majority of other doctors training in hospital based medical disciplines undertake their training in the public hospital system.
10. Upon successful completion of the vocational medical training and the other requirements of the relevant College, a doctor will be awarded a Fellowship of the College and be recognised under various industrial instruments, the *Health Insurance Act 1974*, and in some cases, State Medical Boards, as a Specialist in that particular discipline. Additional sub-speciality training may then also be undertaken, for example, Anaesthetists may undertake additional training in intensive care and Surgeons may undertake additional training in neurosurgery.
11. There is a large number of specialist disciplines recognised in Australia. These include anaesthetics, intensive care, dermatology, emergency medicine, general practice, medical administration, obstetrics, gynaecology, ophthalmology, pathology, adult medicine, paediatrics, occupational medicine, public health medicine, rehabilitation medicine, psychiatry, radiology, radiation oncology and surgery. There are many more sub-specialities – in surgery including, for example, general surgery, cardiothoracic surgery, neurosurgery, orthopaedic surgery, otolaryngology, paediatric surgery, plastic and reconstructive surgery, urology and various further “super” sub-specialities of these.

12. Up to this point in their training and career path, most doctors other than GP trainees (who undertake their training in private GP training practices), will have almost exclusively worked as employees in the public hospital system.

13. Upon completion of Specialist or GP training, the options open to these doctors - now often in their 30s - broaden to include private medical practice, a combination of private medical practice with a Visiting Medical Officer (VMO) engagement at one or more public hospitals, or employment as a Staff Specialist in a public hospital or health facility, with options under their employment contract to undertake limited private practice. These broad medical practice categories are generally available to all Specialists, irrespective of the discipline in which they are qualified.

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	Organisation	Speciality	Qualification
1	Australasian College of Emergency Medicine	Emergency Medicine	Fellowship (FACEM)
2	Australasian College of Rehabilitation Medicine	Rehabilitation Medicine	Fellowship (FACRM)
3	Australasian Faculty of Occupational Medicine	Occupational Medicine	Fellowship (FAFOM)
4	Australasian Faculty of Rehabilitation Medicine, The Royal Australasian College of Physicians	Rehabilitation Medicine	Fellowship (FAFRM)
5	Australian and New Zealand College of Anaesthetists	Anaesthesia Intensive Care	Fellowship (FANZCA)
6	Faculty of Intensive Care, Australian and New Zealand College of Anaesthetists	Anaesthesia Intensive Care	Fellowship (FFICA NZCA)
7	Faculty of Anaesthetists, Royal Australasian College of Surgeons	Anaesthesia Intensive Care	Fellowship (FFARACS)
8	Royal Australasian College of Surgeons	Cardio-thoracic Surgery General Surgery Neurosurgery Orthopaedic Surgery Otolaryngology Paediatric Surgery Plastic and Reconstructive Surgery Urology	Fellowship (FRACS)
9	The Australasian College of Dermatologists	Dermatology	Fellowship (FACD)
10	The Royal Australasian College of Physicians	General Medicine Cardiology Clinical Haematology Clinical Immunology (including Allergy) Clinical Pharmacology Endocrinology Gastroenterology Geriatrics Infectious Diseases Intensive Care Medical Oncology Neurology Nuclear Medicine Paediatric Medicine Renal Medicine Rheumatology Thoracic Medicine	Fellowship (FRACP)

	Organisation	Speciality	Qualification
11	The Royal Australasian College of Radiologists	Diagnostic Radiology Radiation Oncology	Fellowship (FRACR)
12	The Royal Australian and New Zealand College of Psychiatrists	Psychiatry	Fellowship (FRANZCP)
13	The Royal Australian College of Obstetricians and Gynaecologists	Obstetrics and Gynaecology	Fellowship (FRACOG)
14	The Royal Australian College of Ophthalmologists	Ophthalmology	Fellowship (FRACO)
15	The Royal College of Pathologists of Australasia	General Pathology Anatomical Pathology Clinical Chemistry Cytopathology Forensic Pathology Haematology Immunology Microbiology	Fellowship (FRCPA)
16	The Royal Australasian College of Dental Surgeons	Oral and Maxillofacial Surgery	Fellowship (FRACDS (OMS))
17	Australasian Faculty of Public Health Medicine	Public Health Medicine	Fellowship (FAFPHM)