



# Certificate of completion of an accredited internship in 2020

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.

This form is only suitable for use by interns completing an accredited internship in 2020. The form reflects the Board's temporary changes to intern requirements as a result of the COVID-19 pandemic.

The Board understands that COVID-19 may have impacted intern training in 2020. The Board will waive the usual rotation requirements for interns in 2020 and accept the following supervised clinical experience for general registration:

- at least 40 weeks full-time equivalent service (the reduction of seven weeks is to allow only for COVID-19 related isolation or sick leave)
- the clinical experience can take place in accredited and non-accredited positions
- the requirement for the usual rotations of medicine, surgery and emergency are waived. The Board will accept clinical experience in any supervised rotations.

## 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 completed towards 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 intern year

Term rotation (Unaccredited terms are acceptable for 2020 interns)	Was the term/ rotation accredited?	Dates of term	Organisation in which term was undertaken	Department or unit in which term was undertaken	No. of weeks completed <i>(Enter numbers, not words)</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

**Total number of weeks**  
(automatically calculated)

**1. Has the intern met the standard expected for general registration at the end of the intern year?**YES NO 

If the intern has not met the standard expected for general registration, please provide an additional report to the Board.

**2. Has the intern worked less than 47 weeks, but more than 40 weeks?**YES  *Go to the next question*NO  *Go to Hospital sign off***3. Was the reduction in weeks a direct result of COVID-19 related isolation or sick leave?**YES NO 

If the intern has worked less than 47 weeks and the reduction in weeks was not a direct result of COVID-19 related isolation or sick leave, they do not meet the requirements for general registration.

## Hospital sign off

I confirm that the information in this certificate is correct.

**Name****Position****Date** /  / **Signature of registrant**

SIGN HERE