



GUIDE FOR INTERNS IN THE NORTHERN TERRITORY

Developing and supporting our doctors of the future

Updated March 2025

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Contents

1. Overview	3
Internship at a glance	3
Accreditation of intern education and training programs	4
Regional Health Service Terms and Conditions of Employment	4
Allocation of intern terms/rotations	4
Registration as a medical practitioner.....	5
The goals of internship	6
Education and Training opportunities for Interns	6
Take notice of the Grand Rounds on offer at your health service, these are run regularly and an email will usually identify in advance what will be on offer so that you can arrange your schedule to attend with permission from your supervisor.Learning objectives	6
2. The NT Accreditation Standards	8
Specific accreditation assessment of terms	8
3. Terms/Rotations	9
Supervision	9
Terms and Rotations requirements.....	9
Rural Offsite terms/rotations.....	10
4. Practical Skills	11
Communication Skills	11
Common Procedural Skills.....	11
Teaching.....	11
Medical Student placements.....	11
Professional Standards.....	12
Privacy and Confidentiality	12
5. What's My Role	12
Scope of Work	12
The Who's who in supporting YOU (There are lots!!).....	13
Where to go for help if you need it.....	14
Contact Details.....	15

The purpose of this booklet

The prospect of starting any new job is daunting. As a new medical graduate, you may well feel both excitement and trepidation at the thought of starting your medical career.

This guide aims to provide you with some basic information before you start the next stage of your journey towards becoming a fully qualified medical practitioner – your intern year.

The information in this guide is general in nature. Before you start any rotation you should seek more specific information about your new clinical unit and job. Most hospitals have manuals and protocols that can help in each rotation. It is also always helpful to talk to other doctors who have completed the rotation before you.

You will be faced with many new challenges during the course of your internship. Most of these will be exciting and positive. You will be working with people who understand that you are still learning. If in doubt, ask them for advice and assistance and be courteous and respectful at all times to patients and to members of staff with whom you work.

Enjoy your internship.

1. Overview

Internship at a glance

The intern year marks your transition from medical student to medical practitioner. It builds on the theoretical framework you developed as a medical student and gives you experience in applying that theory to the treatment of patients, as a responsible professional. Internship is usually completed in a year (47 weeks minimum) and the internship will be referred to in this guide as the 'Intern year' however the writers acknowledge that it may be completed within three years as per the Medical Board of Australia general registration requirements where necessary and authorised.

The purpose of the internship is to provide you with structured experiences that enable you to consolidate and extend your theoretical knowledge and technical skills. It is an opportunity to learn in a relatively protected environment.

You will have the opportunity to learn technical skills and to exercise greater judgment than can be applied in a student situation. Your experiences during the intern year should contribute towards you acquiring some of the core competencies and capabilities identified within the Australian Curriculum Framework for Junior Doctors. The [Australian Medical Council \(AMC\) outcome statements](#) describe the capabilities of an Intern and are complemented with entrustable professional activities (EPAs), which describe common essential tasks that prevocational doctors undertake as part of providing health care.



Your intern year combines service and training roles. You will contribute to patient care as a member of your hospital's professional staff. You will also be required to be actively involved in your and others training and professional development. You will undertake rotations in which you have responsibility for patient management, but which are also aimed at providing you with a broad experience as a basis for further career development. Your role in caring for your patients will be your greatest source of learning. You will also have the opportunity to undertake other educational activities that contribute to your total experience for the year.

Postgraduate Year 1 (PGY1) involves at least 47 weeks of satisfactory, supervised practical clinical experience, completed in accredited terms in a hospital, general practice or community based health service. You will be required to complete a minimum of 4 terms of at least 10 weeks, with a maximum of 25% in any one subspecialty and a maximum of 50% in any one specialty (including its subspecialties). During the year you must have exposure to the four clinical experience categories:

- patients presenting with undifferentiated illness
- patients with chronic illness
- patients with acute and critical illness
- peri-procedural patient care.

After the successful completion of the required 47 weeks of full time equivalent service the prevocational training provider will provide written confirmation of an overall satisfactory completion of the internship to the Australian Health Practitioners Regulation Agency (AHPRA). You should then be granted your general registration as a medical practitioner.

Accreditation of intern education and training programs

Each intern term/rotation has been assessed and accredited by the Prevocational Accreditation Committee (PAC) of the Northern Territory Prevocational Medical Assurance Services (PMAS). The MBA has accredited the PMAS to undertake the accreditation of the Prevocational Training Programs (PGY1 & PGY2) in the Northern Territory. These training programs include and are a combination of the education and training both formal and informal, the terms/rotation workloads and case mix. These areas and more are discussed later in this guide.

The PAC bases its assessment of prevocational training programs and terms on the following:

- **Standard 1:** Organisational purpose and the context in which prevocational training is delivered
- **Standard 2:** The prevocational training program – structure and content
- **Standard 3:** The prevocational training program – delivery
- **Standard 4:** The prevocational training program – prevocational doctors
- **Standard 5:** Monitoring, evaluation and continuous improvement

Regional Health Service Terms and Conditions of Employment

Your terms and conditions of employment will be outlined to you at the time of offer or shortly after you have accepted your offer of employment. Each regional health service will provide information on the following:

- Salary rates and other matters related to your salary
- Your duties and registration requirements
- Criminal history and working with children requirements
- Recreational leave entitlements
- Immunisation status
- Eligibility for relocation support
- Eligibility for accommodation assistance

There will be forms you will need to complete and return to the health service prior to your commencement.

For more information see the current [NT Medical Officers Enterprise Agreement](#).

Allocation of intern terms/rotations

After you have accepted your offer of employment from a NT regional health service they will request from you your term/rotation preferences for that regional health service. Where possible your preferences will be met however be aware that not everyone's preferences can be accommodated due to competing health service needs.

If you have any concerns regarding your elective terms/rotations that have been offered to you please speak to the Junior Medical Officer Manager (or equivalent) for any clarification regarding the terms/rotations allocated to you for your intern year.

Registration as a medical practitioner

The MBA grants provisional registration after you graduate from medical school to allow you to undertake a period of internship. As an intern, you are only entitled to work within your allocated hospital and the positions the PAC has approved for intern training. It is not lawful for you to work in another institution or as a locum. You cannot practice privately whilst undertaking your internship.

As of 1 January 2024, the newly revised MBA Registration Standards came into effect to align with the [AMC's National Framework for Prevocational Doctors \(PGY1 and PGY2\) Medical Training \(The AMC Framework\)](#).

Successful completion of the internship leads to general registration. General registration indicates that the practitioner has the skills, knowledge and experience to work as a safe entry level medical practitioner able to practise within their limits of their training.

The MBA requires all interns to undertake at least 47 weeks of satisfactory, supervised practical clinical experience. The 47 weeks of experience:

- a) Must be completed in a period of no longer than **3 years**
- b) Excludes annual leave but may include up to 2 weeks of professional development leave
- c) Must include a minimum of four terms (of at least 10 weeks each term) in different specialities
- d) Must include direct clinical 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.

If you do not satisfactorily complete any or all of the components of your internship, you could be required to undertake further training before being eligible for general registration. If you have a return of service obligation (RoSO) with the Northern Territory Government you will need to notify PMAS regarding the extension of your internship or any other extended leave entitlements i.e. parental leave, bereavement or extended sick leave.

At the completion of your intern year, the Director of Medical Services (or equivalent) of your parent hospital is required to certify that you have completed your internship satisfactorily. The MBA will grant you general registration after:

- receiving confirmation that your internship has been satisfactorily completed
- you have completed an application
- you have signed the mandatory disclosure form; and
- you have paid the scheduled fee.

To ensure you meet all requirements for general registration go to the MBA website. You must ensure that you have been granted general registration before commencing your next health service position.

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

It is your legal responsibility to notify the MBA of any change to your postal address within 14 days, so that the Board can communicate with you when necessary. The Board will send you regular bulletins and your renewal of registration.

The MBA is administered by the Australian Health Practitioner Regulation Agency (AHPRA) the NT office is located at Level 5, Harry Chan Avenue, Darwin City NT 0800.

For further information regarding the local board and other registration enquiries contact AHPRA on **1300 419 495**.

The goals of internship

Internship offers the opportunity to consolidate the theoretical knowledge gained as a student and apply it to caring for patients. Ultimately, internship marks the beginning of your journey towards becoming an independent, competent and safe medical practitioner.

The first year after graduation should be a time when you:

- consolidate and build on the theoretical knowledge you gained as an undergraduate and learn to apply it to caring for patients
- develop the technical, clinical, personal, and professional skills that form the basis of medical practice
- take increasing responsibility for patient care, as your experience and understanding allows
- start to develop professional judgment in the appropriate care of patients and the use of diagnostic and consultant services
- work within the ethical and legal framework taught at medical school
- contribute to a multidisciplinary health care team
- explore personal career goals and expectations
- encounter and develop strategies to deal with the professional and personal pressures associated with being a medical practitioner.

Education and Training opportunities for Interns

- Teaching (once a week) is compulsory and is protected time from your pager. Divert your pager to your resident/registrar for this hour. It is a good break from the ward and the topics are useful. Always offer constructive feedback on these sessions to those who organise them and help them to continuously improve what is on offer for these sessions.
- Be proactive – there are a wide range of skills you can learn in your intern year such as chest drains, ascetic taps, nerve blocks, lumbar puncture, suturing, tying, cutting and central lines to name a few but not limited to.
- If you have suggestions for education activities, please contact your DCT and/or MEO.

Take notice of the Grand Rounds on offer at your health service, these are run regularly and an email will usually identify in advance what will be on offer so that you can arrange your schedule to attend with permission from your supervisor.

Learning objectives

To a large extent, the benefit you derive from your internship will depend on how you manage it. You will have many learning opportunities but they may be lost unless you recognise them and actively engage in them. One of the most powerful, but simple tools to ensure you gain the most from your internship is to be clear about **what you want to achieve**. Read the [Guide to Prevocational Training in Australia for PGY1 and PGY2 Doctors](#) to assist you to understand what outcomes you should expect from your internship.

In a busy unit your learning needs may be overlooked from time to time. ***This is more likely to occur if they have not been explicitly discussed, agreed and recorded.***

In considering your learning objectives for a rotation, **think** about:

- The topics, behaviours and skills identified within the [prevocational outcome statements](#) and [entrustable professional activities](#). Your strengths and weaknesses, including gaps in your knowledge and skills base. Give priority to addressing your weaker areas.
- The opportunities within the rotation. These may not be immediately obvious but could derive from the nature of the term or the hospital and its patients, other staff and their particular interests, and special projects being undertaken.
- The opportunities you are likely to encounter in other rotations. Take advantage of opportunities that are unique to each rotation. Consider how your skills and knowledge will develop over the year.
- Your medium and long-term goals. Your internship should be a time when you gain as ***broad an experience as possible***. Although you may have a strong preference for your long-term career direction, ***exposing yourself to other aspects of medical practice*** can provide insights into patient care that will be valuable in the long term. If you don't have a strong career preference, your early postgraduate years ***can provide experience to help you choose***.

Once you have a clear idea of what you want from your rotation, discuss it with your registrar and consultant or other senior medical staff. Write down your agreed objectives and review them periodically throughout the rotation, noting your progress towards them and whether they should be changed in light of experience.

As an intern, your workload could vary considerably between rotations, but ***most rotations are busy***. You could easily find your days filled with a variety of tasks, giving you little time to reflect on what you are doing and why. ***Reflection is essential*** for learning. If you are going to derive full benefit from your intern year you will need to manage your day effectively to include time to perform your duties and reflect on what you are learning.

If you are having difficulty managing your workload, talk to other interns, Prevocational Medical Officers, Medical Education Officer (MEO) and the Director of Clinical Training (DCT) who may assist you with strategies as how to cope in your new environment.

As a prevocational medical officer you are required to meet certain clinical standards and training/educational objectives. Your clinical standards will be assessed during and at the end of each term by a senior member of your team (usually a consultant/supervisor). During these assessments your senior is given the opportunity to highlight areas that need improvement and areas in which you did well. These are aligned with the newly revised [AMC National Framework for Prevocational Doctors \(PGY1 and PGY2\) Medical Training](#).

2. The NT Accreditation Standards

The standards for prevocational training programs for PGY1 and PGY2 doctors are made up of 5 standards with a total of 74 criteria. Press each standard to view the criteria.

- [Standard 1: Organisational purpose and the context in which prevocational training is delivered](#)
- [Standard 2: The prevocational training program – structure and content](#)
- [Standard 3: The prevocational training program – delivery](#)
- [Standard 4: The prevocational training program – prevocational doctors](#)
- [Standard 5: Monitoring, evaluation and continuous improvement](#)

Prevocational training programs and terms are assessed on a cycle of up to four years, and are monitored during the accredited period of accreditation.

As terms are re-accredited, health services will be expected to provide evidence of the structures and processes they have in place and practice to address the criteria. It is not expected that all health services will be in a position to fully meet all criteria but they will be expected to be working towards this goal. Each health service/facility may meet the standards differently dependent on how they deliver their service provision however they must all meet the standards to at least the minimum rating to achieve accreditation status.

For more details of the standards listed above, including the criteria and evidence requirements, visit the [Northern Territory Prevocational Medical Assurance Services' website](#) and follow the accreditation link to the standards.

PMAS is always looking for junior doctors to be involved in accreditation survey events. These may be where you will be part of a team visiting a health service or may be a desktop survey event. To be a prevocational surveyor you will need to complete a 3 hour training course. If you are interested please get in contact with the PMAS office via email METC.DoH@nt.gov.au.

Specific accreditation assessment of terms

When accrediting prevocational doctor positions and training programs, the PAC considers other factors that have been shown to affect the quality of intern learning, including:

- the complexity and volume of the unit's workload
- the prevocational doctor's workload and the experience they can expect to gain
- how the prevocational doctors will be supervised and by whom
- what term documentation is available that indicates the term education and training
- the feedback the prevocational doctor receives and is asked to provide (including who will and does provide this feedback to the prevocational doctor)

The PAC also considers other issues consistently raised as concerns by prevocational doctors, including clarity of objectives, menial tasks, hours worked, social support, welfare and advocacy, and employing facilities.

During an accreditation visit, prevocational doctors are asked to provide confidential feedback about their experiences during the year [this can be written or verbal]. The members of the Committee place great value on this information when deciding on accreditation of prevocational positions.

3. Terms/Rotations

The suitability of particular terms/rotations is determined by the PAC on a case-by-case basis, taking into account the main discipline of the term/rotation, workload, the nature of the work, opportunities for involvement in ward rounds, supervision, education, and assessment.

At the beginning of each term/rotation, you can expect to receive a term description that includes the skills and procedures you will be expected to experience. Some procedures may need to be directly observed by a supervisor during the term and that you should review with your supervisor at your mid and end-of-term feedback meetings with your term supervisor.



Supervision

In any accredited term, you can expect to be supervised by an appropriately qualified and experienced staff member with full registration and a minimum of three years' experience in Australia or other countries with similar health care systems. You can expect your supervisor to be available to supervise you, to perform a daily ward round with you and be available for some time each day for consultation and advice. If this does not occur regularly you may need to be pro-active and request and action a meeting with your supervisor and/or Term supervisor.

Terms and Rotations requirements

During a 47-week intern year you will be required to complete a minimum of 4 terms of at least 10 weeks, with a maximum of 25% in any one sub speciality and a maximum of 50% in any one speciality (subspecialties) e.g. you may not work more than 50% of the year in surgical terms or paediatric terms.

Regional Health Services will review the specific roles and responsibilities of prevocational doctors providing direct clinical care of patients in a given term. Primary (and sometimes secondary) areas of clinical experience that prevocational doctors are expected to gain during a term are identified by the regional health service. These [clinical experience categories](#) are:

- a: Undifferentiated illness patient care
- b: Chronic illness patient care
- c: Acute and critical illness patient care
- d: Peri-operative/procedural patient care

Rural Offsite terms/rotations

As a prevocational doctor you may be provided with the opportunity to complete a rotation in a rural offsite unit. Exposure to the craft of rural practice and your time spent in the community will enhance your understanding of:

- the patient in their context
- the difference between illness and disease
- your role in the continuum of care.

Each health service has regional hospitals which are accredited as prevocational rural terms/rotations. Contact your JMO Manager to find out what offsite rural opportunities are available to you.

Entrustable Professional Activities (EPAs)

The National Framework includes 4 EPAs that describe the most important components of your work as a prevocational doctor. Assessments of these EPAs document your level of *entrustability*, which is your assessor's judgement of how much supervision you need to safely perform the piece of work that has been observed.

EPA 1 Clinical assessment	Conduct a clinical assessment of a patient incorporating history, examination, formulation of a differential diagnosis and a management plan, including appropriate investigations and communication with the patient and their family or carers.
EPA 2 Recognition and care of the acutely unwell patient	Recognise, assess, escalate appropriately and provide immediate management to deteriorating and acutely unwell patients. (This EPA recognises that PGY1 and PGY2 doctors are often called after hours to assess patients whose situation has acutely changed.)
EPA 3 Prescribing	Appropriately prescribe therapies (drugs, fluids, blood products and inhalational therapies including oxygen) tailored to patients' needs and conditions.
EPA 4 Team communication – documentation, handover and referrals	Communicate about patient care, including accurate documentation and written and verbal information to facilitate high-quality care at transition points and referral.

For further information, see the [Guide to Prevocational Training in Australia](#).

Each primary employing regional health service have Directors of Clinical Training (DCT) and a Medical Education Officer (MEO). Both have an important role in supporting and enhancing the prevocational education program which includes the intern education and training program. The DCT and MEO offer assistance and advice on the processes of teaching, assessment and evaluation. They are staff that will provide support for the personal welfare of prevocational doctors, and provide advocacy when required.

4. Practical Skills

To function as a safe and competent practitioner you will need to develop a broad range of skills. As well as mastering clinical and procedural skills, you will need to be able to communicate effectively and understand the importance of good communication for optimising patient outcomes. You will also be assuming the mantle of professionalism – learning administrative systems and patient management protocols as they apply within your different terms/rotations, working in multidisciplinary teams, being timely in your work, learning how to act in an ethical fashion, taking responsibility for your ongoing professional education, and learning the legal requirements of being a doctor.

Communication Skills

Communication skills are vital in coordinating patient management. You will be expected to communicate effectively with:

- Patients and their relatives
- Peers and colleagues
- Supervisors and other health care professionals
- Other department staff



Common Procedural Skills

You may expect to be shown how to perform a procedure and have possible complications explained to you. You should be supervised until you demonstrate proficiency.

Developing a good working relationship with your supervising registrar is often the key to developing your confidence and competence in procedural skills.

A term description provided for each term/rotation you are rostered to will give you a list of expected procedures you should come across whilst working in that term/rotation.

Presentation Skills

During your internship, you should have the opportunity to practise and improve your presentation skills. You may be expected to:

- Present patient case histories and clinical details at the bedside during ward rounds
- You may also be required to present at unit and other department/division meetings, as well as to other clinical staff when requesting consultations from or transfer to other units/hospitals.

Teaching

While as an intern you are not expected to take on formal teaching responsibilities, your close contact with your patients will often mean that your advice and knowledge is sought by medical and other health care students.

Medical Student placements

Improve this experience for the students attached or assigned to you or your work area.

Professional Standards

Language

- High level of professionalism
- Use appropriate language when speaking with patients and other staff

Manners

- Be polite to all members of staff

Pagers

- You are required to be contactable during your rostered hours and must answer your pager promptly.
- Mandatory training for prevocational doctors is pager protected time

Punctuality

It is important that you aim to be punctual by:

- Being on time to your shift
- Have all relevant information available when interacting with other health professionals and referring patients
- If you don't agree with a decision, ask questions away from the patient

Privacy and Confidentiality

Please refer to the most current [NT Health Privacy Policy](#) and [Medical Records Privacy Policy](#) for the most up to date information.

5. What's My Role

Scope of Work

As a prevocational doctor, you are part doctor, part administrator and often the primary point of contact for patients and their families. Working as a prevocational doctor in the hospital system you are required to complete various tasks.

Workload

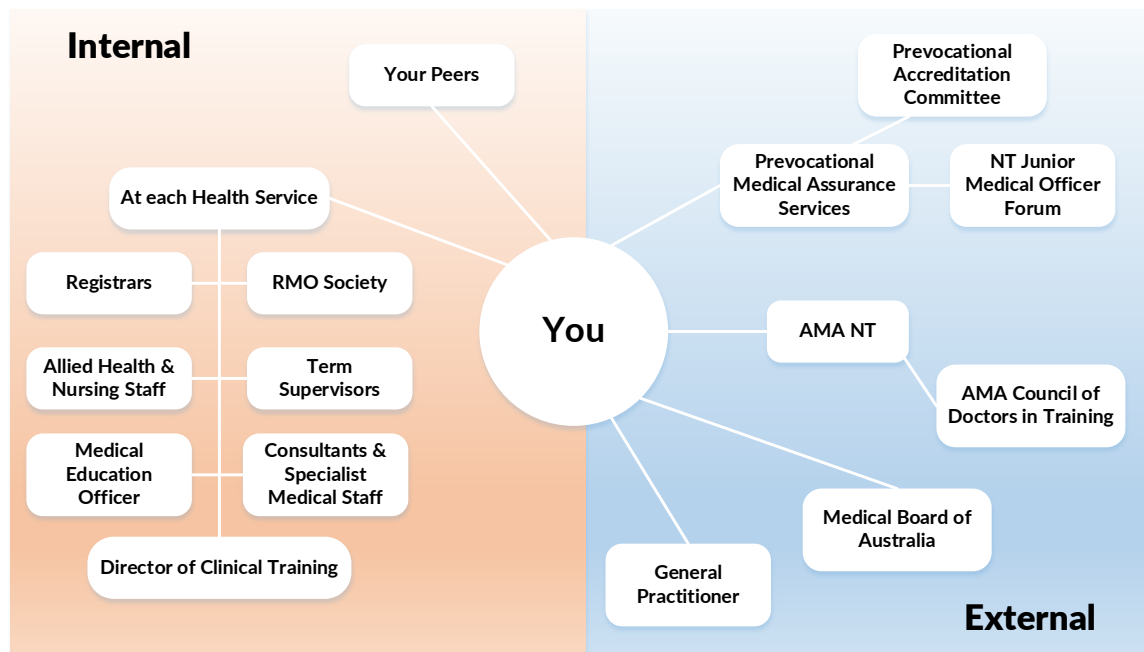
Hours of work vary depending on the prevocational training provider but may be up to 40 to 50 hours per week.

Tips for prevocational doctors

Your years are an exciting time during which you will be presented with many challenges and learning opportunities. Remember to:

- Be organised and prepared
- Prioritise jobs
- Be succinct but thorough with your colleagues
- Write your notes
- Communicate
- Consult with colleagues
- Take on learning opportunities
- Manage ward cover
- Seek help early

The Who's who in supporting YOU (There are lots!!)



External

[NT Junior Medical Officer Forum \(NT JMOF\)](#)

[Australian Medical Association NT \(AMANT\)](#)

[Australian Medical Association Council of Doctors in Training](#)

[Prevocational Accreditation Committee \(PAC\)](#)

[Prevocational Medical Assurance Services \(PMAS\)](#)

What is Mandatory Reporting About?

Here are some basic facts about mandatory reporting, in case fears are stopping you from seeking care. The threshold for making a mandatory report is high.

In relation to impairment, a treating doctor is only required to make a mandatory report if their patient-doctor has an impairment that has *placed the public at risk of substantial harm*.

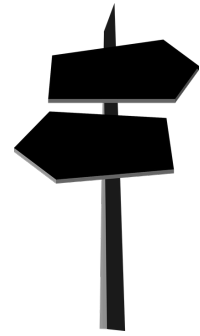
Notifiable concerns have a specific meaning under the National Law. There are four concerns that may trigger a mandatory notification, depending on the risk of harm to the public:

- Impairment
- Intoxication while practicing
- Significant departure from accepted professional standards, and

All practitioners have a professional and ethical obligation to protect and promote public health and safety. They may make a voluntary notification or encourage the practitioner or student they are treating to self-report.

How does the law translate in practice?

- The MBA encourages all doctors to take care of their health and wellbeing. This means having a regular treating GP, and seeking help when you need it.
- If you are suffering stress, burnout, anxiety or depression, talk to someone or seek help.
- You can access confidential advice and support through the doctors' health advisory and referral services. Contact details for Doctors' Health Services in each state and territory are available at [DRS4DRS – Help doctors stay healthy](#). The MBA funds these services through an Australian Medical Association (AMA) subsidiary company, DrHS, at arm's length from the MBA.
- A doctor who seeks help for stress or burnout does not meet the definition of impairment under the law unless their capacity to practise is significantly affected.
- A doctor suffering from anxiety or depression who is being treated by another practitioner and is following their doctor's advice, does not meet the threshold for a mandatory report.



You can read more about mandatory notification requirements on [AHPRA's website](#).

Where to go for help if you need it

We have already looked at a number of options to receive support and help. See the [Health & Wellbeing resources](#) on the NT PMAS website.

The [Beyond blue Doctor's Mental Health Program](#) is a free and confidential service that has been established to assist doctors and medical students suffering from health problems including mental health and substance use. The clinicians of Beyond Blue can refer you to an appropriately qualified health professional and can be contacted 24 hours a day on **1300 2 4636**.

Contact Details



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