



The AMA Council of Doctors in Training (AMACDT) is a national AMA Group that represents junior doctors through a hospital and state-based representative structure.

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## **THE AMA PUSHES FOR A GREATER ROLE FOR THE MTRP**

Representatives of AMA and AMA Council of Doctors-in-Training (AMACDT) attended a special meeting of the Medical Training Review Panel (MTRP) in Melbourne last week, and pushed home the message that the MTRP should be preserved and its role expanded.

The Commonwealth has taken action to double the number of medical school places by 2012. It is for this reason that the AMA believes that, not only does the MTRP have a future, but that there is now a strong case to significantly expand the role its role well beyond vocational training. The MTRP can play a critical role in ensuring that there are enough training place in the future to meet demand.

The MTRP is the only body that brings together all relevant stakeholders including jurisdictions, medical colleges, medical schools, postgraduate medical councils, relevant unions, supervisors, junior doctors, and medical students.

## **AMA SUPPORTS THE AMC IN ACCREDITING PMCs**

It just makes sense for the Australian Medical Council (AMC) to accredit Postgraduate Medical Councils (PMCs). The AMC already accredits universities and medical colleges, however an obvious gap exists with the pre-vocational years. This accreditation would improve the continuity of medical education and training by increasing the AMC's links with the middle stage of medical education. It also would enable a closer working relationship between the AMC and Confederation of Postgraduate Medical Education Councils (CPMEC), heighten recognition at the national level of the importance of pre-vocational training, and provide increased transparency of accreditation practices.

Last month, AMA Federal Council backed an AMACDT policy proposal for the AMC to accredit PMC systems and processes.

## **EMERGENCY EXPERIENCE IN INTERN YEAR IRREPLACEABLE**

Research published in the Medical Journal of Australia in May 2008  
[http://www.mja.com.au/public/issues/188\\_09\\_050508/zhu11159\\_fm.html](http://www.mja.com.au/public/issues/188_09_050508/zhu11159_fm.html)

[http://www.mja.com.au/public/issues/188\\_09\\_050508/zhu11159\\_fm.html](http://www.mja.com.au/public/issues/188_09_050508/zhu11159_fm.html) Zhu et al) has added to the body of evidence that demonstrates the value of the emergency term in the intern year. In the face of an increasing number of interns, the core term in emergency medicine is the one that is most under scrutiny and at threat of being replaced due to the fact that available intern places are less plentiful than in medicine and surgery.

In line with AMA policy and previous research conducted into the area, this latest research shows that the emergency term 'exposes interns to a broad range of activities' and that removing the term may 'deprive interns of the valuable learning experience.' The AMA Position Statement <http://www.ama.com.au/web.nsf/doc/WEEN-73P6BP> Core Terms in Internship was formalised in 2007 and has been sent to Health Departments, Medical Boards, Colleges and Postgraduate Medical Councils.

## **CONTACT US**

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