

## COMMITTEE OF PRESIDENTS OF MEDICAL COLLEGES

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Professor Andrew Wilson  
Chair, AHMAC Review of Medical Intern Training  
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22 April, 2015

Dear Professor Wilson

Professor Andrew Wilson  
Chair, AHMAC Review of Medical Intern Training  
E: [medicalinternreview@coaghealthcouncil.gov.au](mailto:medicalinternreview@coaghealthcouncil.gov.au)  
22 April, 2015

Dear Professor Wilson

The Committee of Presidents of Medical Colleges (CPMC) welcomes the opportunity to make a submission to the Review of Medical Intern Training as overseen by the Australian Health Ministers' Advisory Council. It should be noted that individual specialist Medical Colleges may also make their own submissions in relation to this matter.

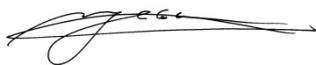
CPMC is the peak body representing specialist medicine in Australia. CPMC members educate medical practitioners to become the high quality specialists who deliver health care to the Australian public. Workforce policy and in particular, the capacity and distribution of Australia's health workforce is a key strategic issue for which CPMC provides a strong voice in the public policy space.

CPMC has reviewed the discussion paper ([www.coaghealthcouncil.gov.au/medicalinternreview](http://www.coaghealthcouncil.gov.au/medicalinternreview)) and concurs with the point that internship has remained an enduring part of the preparation for practice of medical graduates leading to general registration by the Medical Board of Australia. Over recent years the internship has been a focus of policy development to better define the scope with the creation of registration standards, national accreditation frameworks, standardised assessment processes and term outcome statements.

A short submission from CPMC is attached for your consideration.

Please do not hesitate to contact me should you wish to discuss any matter raised in this submission. I can be contacted through the CPMC Secretariat via [ceo@cpmc.edu.au](mailto:ceo@cpmc.edu.au)

Yours sincerely,



Professor Michael Hollands  
**Chair, CPMC**

## **Introduction**

The Committee of Presidents of Medical Colleges is the peak body representing specialist medicine in Australia. CPMC members educate medical practitioners to become the high quality specialists who deliver health care to the Australian public.

## **Terms of Reference**

CPMC notes the terms of reference for the Review are to examine the current medical internship model and consider potential reforms to support medical graduates to transition into practice and further training. There are a number of important issues which are highlighted as falling outside the specific scope of the Review namely the content of university medical education or vocational (specialist) training; the number of graduates and intern positions; the government's guarantee of positions for Commonwealth-supported graduates; and the way in which appointments are made across the country. In effect, the Review is limiting the process to simply examining the internship itself. However, what influences the quality of an internship is the system of governance and in particular what defined responsibilities these stakeholders have and how well they interact between medical school, internship and further training occurs. A key policy question to address system governance issues might be what formal communication structures are in place between these stakeholders to coordinate each stage of training?

## **Pressure on the training pathway**

The first year of postgraduate practice is an important transition for medical graduates entering the workforce and CPMC supports the provision of a guaranteed year of employment where doctors gain valuable work experience to consolidate prior learning. Unfortunately, there is a significant amount of pressure on the current system to deliver on any guarantee with the rising number of graduates compared to the limited number of positions available. For example, in 2008 there were 1,738 domestic undergraduate medical students (+ 401 international) compared to 3,177 in 2015 (+555 international), peaking to a total projected number of 3,824 in 2017. The numbers are projected to then flatten off until 2020 before peaking again in 2025.

Taking into consideration the above data and that in 2015 there are 500 medical graduates more than the available intern positions in public hospitals, it is reasonable to question whether the system can in fact continue to absorb this many graduates while also maintaining quality workplace learning. It is timely for government, universities, hospital administrators and the medical community to work more closely in determining system requirements to achieve a better balance in managing the growing supply of graduates. It is also timely for a creative look at the internship year in the context of what is required.

## **The purpose of an internship**

It is to provide the basic training requirements to enable a transition from theoretical university syllabus to dedicated practical experience underpinned by direct responsibility for patient care. An internship is worthwhile for all medical practitioners regardless of what career decisions may be made.

CPMC recommends some restructuring is required to manage an expanded number of placements and settings within which internships can occur however, there should not be any consideration to eliminate the internship or to allow early streaming into specialised areas. This is because an intern requires a period of workplace learning to consolidate their knowledge and develop skills which will be useful in further training, as well as experience in how to function within an often high stress environment. As PGY1 the intern is working in a hospital environment, providing knowledge and skills developed from medical school and therefore should be employed and paid accordingly.

CPMC recommends the internship period remain as outlined by the Medical Board of Australia's Registration Standard which came into effect in January 2014 and requires interns to undertake a minimum of 47 weeks full time equivalent service including mandatory terms of at least 8 weeks in emergency medical care and at least 10 weeks each in general medicine and surgery. CPMC concurs with the concern to ensure the internship is not utilised as a general ad hoc resource for relief duties where there is little alignment with their defined program of development.

The *Intern training- term assessment form* made available by the Australian Medical Council has a series of competencies to be assessed to provide feedback to interns on their performance and to support the decision about satisfactory completion of internship.

- CPMC recommends asking consultants, registrars and term supervisors whether this new tool has been effective in structuring the workplace learning, whether more time is requested in basic training areas and whether other areas should be added to the basic rotations to address emerging health care issues, for example mental health, or chronic disease management.
- CPMC recommends a survey of interns who completed terms in 2014 where the tool was used be conducted to address any issues with existing training locations from the intern's perspective and about gaps in preparedness and how these might be addressed.

Terms of reference 4 looks at models to support expansion of intern training settings because of the problem of under-capacity to provide the placement given the number of graduates requiring them.

CPMC recommends no dilution to the existing training locations because of the infrastructure that has been built up over time, and goodwill forms a large part of the education and training of medical graduates so it seems reasonable for funding to be increased to these settings first.

CPMC does not support the removal of the emergency medicine rotation as the exposure is vital in the development of a medical practitioner. Instead this rotation should be staged to occur where convenient in the clinical year and after the intern has undergone basic procedural clinical skills development which is assessed afterwards.

CPMC views the internship as a year of continuous learning building upon experiences in a graduated way. If there were to be any serious policy consideration to remove the internship altogether, or particular rotations simply because of capacity issues, then this would undermine the development of vital training skills. It would also undermine the spirit and integrity of the medical education and training model so successfully implemented in Australia.

On the topic of providing internships in private, general and community settings, CPMC recommends these locations are explored further given the Commonwealth has supported access to such positions for international full fee paying students in private facilities and rural and regional locations already. These placements would require accreditation and would need to be framed in a policy context in the same way as the existing settings have been. The limitations on independently ordering private services can be addressed by having the interns make recommendations to the supervising and treating clinician, or indeed by receiving input specifically on this matter.

In consulting with CPMC on 19 February 2015, the Review team was provided with some more specific feedback to the issues raised above, namely the need to ensure a depth of experience is available for all interns to acquire basic training in medicine and surgery as well as emergency care because of the benefits this workplace learning has on consolidating university based learning and gaining confidence in the soft skills development which cannot be gained other than through interpersonal communication with patients. In addition, that any expansion into private settings must be undertaken with regard to adequacy of supervision and safety and that possible options might include those hospitals which are co-located to the public and therefore usually have the same consultant available to manage care.

CPMC recommended consideration be given to expanding placements into regional community centres as they would provide excellent training opportunities in general practice and depending upon the size of the regional centre, certain sub-specialties. It was pointed out that interns probably do not need to be trained specifically in obstetrics and gynaecology in PGY1 beyond what they gain throughout medical school as should the intern wish to move into the training pipeline to pursue that particular specialty, the acute care experience (medicine and surgery and emergency care) is essential and once in the specialty the O&G exposure will be sufficient at that stage. CPMC is also concerned to ensure there is some exposure to participating in research which may be occurring when rotating as part of a team.

### **Conclusion**

CPMC views the internship as an enduring part of the preparation for practice of medical graduates leading to general registration with the Medical Board of Australia, and recognising the expanded number of graduates there is support for the Review Team to consider new placement locations.