

Review of Medical Intern Training Discussion Paper Written Submission Template

The Review of Medical Intern Training has been commissioned by the Council of Australian Governments (COAG) Health Council to examine the current medical internship model and consider potential reforms to support medical graduate transition into practice and further training.

A discussion paper has been released as part of the initial consultation process for this review. This template provides organisations and other stakeholders with an interest in the Review the opportunity to provide written comments and feedback on the matters raised in the discussion paper. Questions raised in the discussion paper are listed below as a guide to responses.

Submissions are due by close of business **Friday 10 April 2015** and can be addressed to:
Medical Intern Review
C/o NSW Ministry of Health
Level 8, 73 Miller Street,
NORTH SYDNEY NSW 2060

To provide a written submission please complete this template and e-mail to medicalinternreview@coaghealthcouncil.gov.au.

Please note: electronic submissions are preferred.

The discussion paper on which this submission template is based is available on the COAG Health Council website: www.coaghealthcouncil.gov.au/medicalinternreview

If you require any further advice or assistance please do not hesitate to contact the Review Team on medicalinternreview@coaghealthcouncil.gov.au or 02 9391 9708.

Publication of Submissions

It is intended that submissions will be made publicly available as part of the review process. Please indicate if you would **not** like your submission to be made public:

Please tick if you do not want your submission to be publicly available

Stakeholder Details	
Name of organisation (if applicable)	Medical Deans Australia and New Zealand Inc
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Review of Medical Intern Training Discussion Paper

Written Submission Template

Term of Reference 1: Purpose of internship and whether current model remains valid and fit for purpose

Discussion Points

1. What is the purpose of internship, given that independent practice as a medical practitioner is now only possible after a minimum of 4 years of vocational training?
2. Is internship in its current form fit for purpose? Should the current model change? How should it change?
3. Is the training component of internship able to be separated from the clinical work role?
4. If the internship should continue largely as is, are there any changes that could improve this model?

Medical Deans Australia and New Zealand (Medical Deans) believes

- The current health system and the competencies now achieved at each phase of medical training no longer align with the expectation of full general registration at the end of PGY1. Medical Deans support the consideration of some form of registration at the end of the professional entry level phase and again at the completion of vocational or CMO training.
- However, Medical Deans agrees that PGY1 ie student to doctor is an essential transition phase where junior doctors take on the responsibilities of being a doctor and learn to be an active member of the health care provider team

Term of Reference 2: Effectiveness of the intern year in producing doctors with appropriate skills & competencies to meet national healthcare needs and support generalist practice

Discussion Points

5. Is the intern year effective in building and assessing the skills required for future practice, both general clinical skills and professional skills?
6. Is the duration of internship sufficient to enable effective transitioning into clinical practice?
7. Does the variation in clinical exposure of the current intern model matter?
8. Should all interns have rural, general practice, private health and/or community based experience during their internship? Why?
9. Do the mandatory rotations in fact provide the experience in their nominal specialties? Should all interns do a surgical term? A medical term? An emergency medical care rotation? Should other rotations be mandatory?
10. Should we consider streaming directly into specialty or GP training? What implications and opportunities would this have for service delivery and length of training?
11. To what extent does internship training prepare doctors for emerging models of clinical practice and for vocational training?

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Medical Deans believes

- The expectations of the role of a junior doctor exiting PGY1 are now very different to when the model was designed many decades ago. PGY1 is now just one year of many years that prepare a junior doctor for independent practice as a specialist or senior CMO. (noting that the use of independent here is not to suggest specialists work in isolation from other health care professionals)
- The predominance of intern placements in urban public hospital settings continues to fail to prepare junior doctors for careers outside this dominant setting. In doing so these processes will also ultimately fail to address the mal-distribution problems with the current medical workforce.
- Universities and medical schools have strong clinical educator/ trainer networks outside these traditional settings that could assist in broadening the prevocational experience

Term of Reference 3: The role of internship in supporting career decision making by doctors

Discussion Points

12. How important is it for the general registration process to support doctor's career decisions, including specialty or location of practice?
13. Are there alternative ways to facilitate such career decisions if the structure of internship was to change?
14. Can or should the internship system be a mechanism for attracting doctors into specialties/locations of workforce need?
15. From a careers point of view what might be the risks and benefits of early streaming?

For Career Decisions Medical Deans believes

- All stages of the education/training continuum should provide some support for vocational career choice for junior doctors. How this is achieved is not easy as all would acknowledge. Evidence from MSOD data suggests that PGY1 (as it is currently structured) is still the period where **most** junior doctors make their vocational career choice. Having said that it is also clear that some future doctors are very clear about this choice in medical school and others not until a few years post graduate, and even a few actually change vocational careers after a period.
- Evidence from MSOD and related studies also show that there are **many factors** influencing a doctor's career choice and these factors have different impact at different times.
- Given this, PGY1 should ideally provide some flexibility of choice of rotations (specialty and location) to assist junior doctors in this choice but shouldn't be viewed as the only way to influence students or junior doctors in this process
- Medical Deans with its 20 members does not have an agreed statement on the place of early streaming in the professional-entry phase. Having said this, there is strong support from many schools to assist students who wish to pursue careers outside major urban settings. In addition many schools already provide additional pathway support for students interested in a research or clinical academic career. All of these schools would acknowledge that without ongoing support for these pathways in the pre vocational phase many of these junior doctors are unable to fulfil these aspirations and are lost from these pathways or streams.

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Term of Reference 4: Models to support expansion of intern training settings

Discussion Points

16. What models might be viable to expand intern positions beyond the largely public health system model we have today?
17. How could/should internships in the private and community sectors be funded and supported?
18. Would there be value in linking availability of a paid intern year to a subsequent year of service in an area of workforce need?
19. What options could be considered to fund training opportunities for medical graduates?

Other Comments

Medical Deans represents the professional-entry phase of education and training and is keen to work with the reviewers and subsequent bodies should there be any changes to PGY1 that would impact up stream on medical school training.

Medical Deans can assist these processes through the provision of relevant data arising from

- The MSOD dataset that includes over 30,000 participants
- The outcomes of benchmarking processes that examines the performance of final year medical students across Australia and New Zealand. This process allows schools to benchmark their performance against others as an important quality assurance process and as a way to demonstrate externally the consistency of the product that exits the professional-entry phase.
- The Competency project that examined the ways medical schools provided consistent educational processes to achieve key competencies prior to entering the pre vocational space.

Medical Deans acknowledges the funding support from these projects from HWA and the Commonwealth Department of Health.

Please email this submission to medicalinternreview@coaghealthcouncil.gov.au

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