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# Creating a Culture of Support

for medical students and graduates  
transitioning to practice

November 2021

## ACKNOWLEDGEMENTS

This document was developed by a working group under the auspices of Medical Deans Australia and New Zealand. We acknowledge and thank the group members for their contribution and commitment to this matter and to developing this document.

### Working Group members

- Professor Stuart Carney, University of Queensland (Chair)
- Dr Hash Abdeen, Chair AMA Council of Doctors in Training
- A/Professor Jo Bishop, Bond University
- Professor Ben Canny, University of Adelaide
- Jeremy Fernando, Vice President (External), Australian Medical Students' Association
- Sophie Keen, President, Australian Medical Students' Association
- Professor Sally Sandover, Curtin University
- Dr Margaret Sturdy, Chair Postgraduate Medical Council of WA
- Mary Anne Reid, Senior Policy Officer, Medical Deans Australia and New Zealand
- Helen Craig, CEO, Medical Deans Australia and New Zealand

We would also like to express our thanks to all those who provided feedback on the draft versions of this paper, and who generously took the time to share their views on this matter with us.

Suggested citation:

Medical Deans Australia and New Zealand (2021) *Discussion paper: Creating a Culture of Support for medical students and graduates transitioning into practice*. Sydney, Australia



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# Creating a Culture of Support

## for medical students and graduates transitioning to practice

### Introduction

A common feature of all good practice workplace cultures is that employees are supported by their employers to realise their full work potential. This is particularly true for healthcare services, where lack of support for the needs of health workers may have consequences for patients and their communities, as well as for health workers themselves.

Medical programs in Australia and New Zealand recognise this good practice principle and have committed considerable resources to supporting the wellbeing of medical students during their studies – knowing this will contribute to greater completion rates of safe and competent graduates.

There is increasing awareness that the transition from university to internship is a critically important event in the lives of medical students, and that universities and health services should have robust systems in place to ensure a supportive transition. A significant barrier to achieving this goal is that some students/graduates fear they will be stigmatised<sup>1</sup> if they ask for support to meet their individual physical or mental health needs or caring responsibilities when taking up internships. Employers, too, may have concerns about their capacity to provide additional support and the subsequent implications from an employment law perspective, including Equal Employment Opportunity law.

Medical Deans Australia and New Zealand (Medical Deans) has joined with representatives of student organisations, junior doctors, and prevocational medical councils to consider these issues<sup>2</sup>. We recognise that a fundamental pre-requisite of any effective system of transition to practice is the creation of a de-stigmatised culture, where those seeking support feel safe to do so in the knowledge that they will not suffer negative consequences, while those providing support recognise the institutional, individual and community benefits of a healthy workplace environment.

This discussion paper sets out:

- **principles** which the Medical Deans cross-sectoral working group believes can engender the cultural change required to support the sharing of information
- **proposals** endorsed by Medical Deans<sup>3</sup> as the features which should underpin systems implemented by the jurisdictions (with the detail of each system to be determined by the jurisdiction)
- the respective **roles and responsibilities** of medical schools, health services and students/graduates in a culture that supports the sharing of information.

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<sup>1</sup> Possibly resulting in poorer career progression or being perceived as less competent by colleagues.

<sup>2</sup> See Acknowledgements section, page 12.

<sup>3</sup> Not all proposals were endorsed by all members of the Medical Deans working group.



## Who needs support?

In preparing this paper, the cross-sectoral working group consulted representatives from Australian and New Zealand health jurisdictions to identify the extent to which these jurisdictions currently have systems in place to support the sharing of information at transition to practice. We also asked for feedback on the principles and proposals put forward by our working group.

Although we encountered a variety of views, all jurisdictions agreed on the importance of sharing information about the individual support needs of students/graduates, and all agreed this was not happening as it should.

A number of Australian health jurisdictions view this issue primarily in terms of a small group of students – a half to one per cent of the graduating cohort, say – who have significant support needs or performance issues and may choose not to share this information with their employers when they transition to practice. New Zealand tends to view the issue more broadly, looking to support a range of student/graduate needs, from small to substantial. The reality is that students/graduates are on a spectrum of support needs: at one end is a small group of individuals with relatively high needs who are likely to have been identified in medical school; alongside them is a larger group whose support needs drop down to minimal at the other end of the spectrum.

In New Zealand in 2021, about 10 per cent of graduates shared information on their support needs with health services, which is on par with the average percentage in the UK's mandatory system of disclosure. So, 10 per cent – rather than the smaller group of around one per cent – may be an indicator of the percentage of students we could expect to share information about their support needs where a functional system exists for students/graduates right along the spectrum of needs. In Australia, this would mean over 300 students/graduates per year.

The goal envisioned by the Medical Deans working group is for health jurisdictions to embrace both groups – those with high support needs as well as the larger group who might also benefit from adjustments or extra support.



## 1. Why this is important

There are multiple reasons for creating a culture where it is safe for students and graduates to discuss mental and physical health and support needs when transitioning to practice:

**1. The student/graduate:** The stress of transitioning to practice compounds the mental health challenges often faced by medical students prior to graduation. Seminal research undertaken by Beyond Blue in 2013<sup>4</sup> showed that medical students, like doctors, had substantially higher rates of psychological distress, burnout and suicidal ideation than the general population. The study reported that one in five medical students had suicidal thoughts in the past year, while more than four in ten students were highly likely to have a minor disorder, like mild depression or anxiety. This knowledge forewarns health services that supporting the needs of their new interns should be a priority from the outset.

**2. The patient and the health service:** the health of medical graduates transitioning to the health workforce has a direct impact on the health of the patients they interact with. Consequently, an intern or pre-intern not coping with the stress of transition potentially presents a risk for the patients they work with<sup>5</sup>, and a lost opportunity for the health service to plan ahead in offering support.

**3. The legislation:** Workplaces have a clear responsibility to ensure that their employees operate in a safe, supportive and non-discriminatory environment. Understanding the individual needs of employees, which may be enabled via the effective sharing of information, allows them to meet this legal responsibility. A virtuous circle is created when the supported employee is better able to contribute as a member of the health workforce during and after transition.

**4. Building on the investment:** Ensuring successful transition for students/graduates provides support to a stretched health system and amplifies the return on the significant investment already made in medical training<sup>6</sup>. This investment should be nurtured through appropriate support at all points along the medical training pathway.

**5. The profession:** Medical professionals working alongside interns have a responsibility to consistently demonstrate and contribute to a supportive workplace culture, particularly for these new entrants to the profession. By prioritising the physical and mental wellbeing of new entrants, they model the care that medical professionals should extend to their peers as well as their patients.

<sup>4</sup> National Mental Health Survey of Doctors and Medical Students, Beyond Blue, October 2013.

<sup>5</sup> Louise H. Hall, Judith Johnson, Ian Watt, Anastasia Tsipa, Daryl B. O'Connor, *Healthcare Staff Wellbeing, Burnout, and Patient Safety: A Systematic Review*. Plos One (2018). <https://doi.org/10.1371/journal.pone.0159015>

<sup>6</sup> General medical graduates are the most expensive health professionals to train, at \$451,000 per completing student<sup>6</sup> and a mean cost of \$18,400 per year of practice (expected 24.5 years in general practice), according to an Australian study by Leonie Segal, Claire Marsh & Rob Heyes, *Journal of Health Services Research & Policy*, April 2017.



## 2. Principles

The following principles are recommended as the foundation for a cultural shift to better support students and graduates transitioning to practice:

**Privacy:** The personal or health information provided to medical schools and health services by students and graduates will only be shared with those who need to know. Only that information which is necessary to enable the required support or adjustment will be provided.

**Transparency:** Any system enabling the sharing of personal and health information must ensure that students and graduates are informed of who will have access to the information and consent to that access being provided. Students and graduates must also be notified of how and when the information is to be acted upon – whether at the time the information is first shared or at a later time.

**Accountability:** The protocols concerning who is able to access student and graduate information on support needs and how that information may be used must be adhered to. Any breach of these protocols must be addressed by the relevant health service or medical school.

**Empowerment:** Given the inherent imbalance of power between interns and more senior practitioners, it is important that students and graduates feel safe and empowered to express their support needs and know how and where to report any problems they may encounter in doing so. Equally, their supervisors should feel empowered and equipped to respond.

**Ongoing support:** Rather than aiming for a one-off process of sharing of information, there is a need for a cultural shift that will see graduates feeling safe and comfortable to share information and seek help for their support needs throughout their internship, their subsequent training and the rest of their careers.

**Continuous improvement:** stakeholders involved in implementing strategies (including sharing of information) to support students and graduates across the continuum of education and training will continue to evaluate the systems and protocols involved and implement improvements based on evidence and experience.

**Trust:** This most important principle depends on all the above being in operation. Before they are willing to share information with health services or seek help for their support needs, medical students and graduates need to trust that the information will in no way negatively impact them in the workplace or adversely impact their career progression; it will be used only to better support their needs in the work environment. Developing this trust is critical for a constructive dialogue on support needs, and will depend on health services having in place an effective and confidential process for sharing information



### 3. Proposals for Progress

Building on the principles above, the following proposals have been put forward by members of the working group as recommended features of jurisdiction-based systems for the sharing of information. Medical Deans endorses these proposals as the pathway forward.

#### 1. Information to be self-disclosed by students

- Students and graduates to have responsibility for disclosing any support needs requiring their work conditions or environment to be modified when transitioning to practice.
- Jurisdictions to consider an option for students and graduates to disclose to a qualified third party – such as an Occupational Health and Safety professional within the health service – who will determine and communicate any reasonable adjustments required.

*Message: if students/graduates don't disclose, employers can't support them.*

#### 2. Information should relate to support required

- Students and graduates to disclose that information required to facilitate additional support or reasonable adjustments. This includes:
  - physical health issues which may require workplace modifications (e.g. adjustments when assisting in theatre or other situations where the individual would be standing for long periods of time)
  - mental health issues which may impact performance and require workplace adjustments (e.g. an acute mental health condition which temporarily impacts the individual's ability to work full-time or in a particular location; a chronic mental health issue requiring extra health supports in the longer term)
  - caring responsibilities which may require work roster adjustments (e.g. in relation to night shifts or rural placements).

*Message: the reason for disclosure is to ensure adjustments can be made and students/graduates get the support they need.*

#### 3. Timing of disclosure should not impact employment

- Medical students/graduates operate in a particularly competitive environment. Disclosure should ideally occur after intern/pre-intern job offers have been made and accepted, so as not to impact a graduate's chances of securing their first preference internship.

*Message: employers only need to know this information to ensure students/graduates are entering into a work environment which is safe for them.*

#### 4. Information must be kept confidential

- Information can only be used for the purpose for which it was provided.
- Tight controls must apply to who has access to the information regarding reasonable adjustments, how that access is granted, and communication of any changes to that access.
- A rigorous confidentiality process must apply for staff who have access to the information, with appropriate consequences for breach of confidentiality.
- A robust process for escalation must apply if a more senior officer (e.g. the Director of Medical Services) is required to approve changes needed to make a safe environment.

*Message: students' and graduates' privacy will be protected under Australian and New Zealand legislation, with clear consequences for any breach of privacy.*





## 4. Role and Responsibilities

If students and graduates are to feel safe and empowered to share their personal or health information, medical schools and health services must agree on, and meet, their respective roles and responsibilities in the safe sharing of information. Students too have responsibilities – to patient safety and minimising risk to themselves and others.

Medical Deans considers the following roles and responsibilities to be indicative of a healthy workplace culture in which students and graduates are supported in transitioning to practice.

### Medical Schools

- Model the highest standards of behaviour and practice in dealing with confidential information
- Introduce the principle of confidential self-disclosure by students of information about their support needs at the beginning of the medical program and reinforce it throughout the program.
- Educate both staff and students about the reasons for and benefits of students self-disclosing their individual support needs. This should be made clear to applicants prior to enrolment in a medical degree, and to staff and students at regular intervals throughout the medical program.
- Inform staff and students that the Australian/New Zealand Privacy Principles apply to any personal or health information students share, including in regard to disclosure to third parties.
- Ensure students know how to share information about their support needs (e.g. the appropriate staff member).
- Encourage students to share information about their support needs with their employer when transitioning to practice.
- Work with government and health services to develop a medical training culture where graduates and interns feel safe and empowered to disclose information about their support needs, knowing there will no negative impact on their job or career progression either in the short or longer term.

### Employers

- Model the highest standards of behaviour and practice in dealing with confidential information.
- Clearly communicate to all staff that self-disclosure of support needs by students, interns and other doctors in training improves safety outcomes as well as learning outcomes within the workplace; non-disclosure interferes with the efficient and effective management of safety and learning risks.
- Clearly communicate to successful applicants that self-disclosure of additional support needs helps ensure a safe working and learning environment for interns and is encouraged by their employer.
- Consider including a third party – such as an Occupational Health and Safety professional within the health service – as the point for students/graduates to share information about their support needs.
- Enable the sharing of information by developing and implementing an effective process whereby prospective and current employees are:
  - informed of who will have access to their information and consent to that access being provided



- notified of how and when that information is to be acted upon – whether at the time the information is first shared or at a later time
- protected by protocols on who is able to access their information and how that information may be used.
- Ensure the process includes appropriate consequences for any breach of these confidentiality protocols.
- Ensure students and interns know who to share information with in the first instance. Develop and communicate escalation protocols in case students or interns have difficulty in securing support from the nominated staff member.
- Encourage new practitioners to seek help for their support needs throughout their internship and subsequent training as junior doctors.
- Ensure staff are empowered and enabled to provide the support and reasonable adjustments required by interns and doctors in training.
- Evaluate the systems and protocols for sharing of information about support needs and implement improvements based on evidence and experience.

### Students/graduates

- While at medical school:
  - proactively share information about any additional support or reasonable adjustments needed to complete each year of study
- When transitioning to practice:
  - proactively share information with the new employer about any additional support or reasonable adjustments required
  - comply with the Medical Board of Australia's *Good Medical Practice* code of conduct by consulting a doctor, "if you know or suspect you have a health condition or impairment that could adversely affect your judgement, performance or your patient's health"<sup>7</sup>. This includes consulting the doctor on whether reasonable adjustments or extra support are needed and if so, informing the health service.

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<sup>7</sup> *Good Medical Practice: A code of conduct for doctors in Australia*, Medical Board of Australia, P. 26  
<https://www.bing.com/search?q=good+medical+practice+code+of+conduct&form=ANNH01&refid=6105bb21990a4a35a6a0980bf780148d&sp=-1&ghc=1&pq=good+medical+practice+code+of+conduct&sc=1-37&q&n&sk=&cvid=6105bb21990a4a35a6a0980bf780148d>



## 5. Across the health jurisdictions

In this section we look at the status quo for the sharing of information in the various health jurisdictions. We also summarise feedback from the health department representatives we consulted about the principles and proposals in this discussion paper.

### South Australia

The South Australian Medical Education and Training (SA MET) Advisory Council endorsed a Transfer of Information guideline in June 2020 [see *Attachment 1*], which sets out the principles supporting transfer, the respective responsibilities of students, universities and health services, and a template for the information being shared. The guideline covers an ongoing, voluntary process for students to transfer information to health services that may impact their:

- ability to work full time
- ability to work a rotating or after-hours roster
- requirement for extra health or educational supports
- requirement for equipment or adjustments to support their work as an intern.

SA MET staff engaged the medical programs in South Australia to promote the guidelines in the second half of 2020 and delivered information sessions for students. There has been only a small take-up of this procedure for sharing information by students and graduates to date.

**Feedback:** The SA MET's guideline on transfer of information resonates with the principles and proposals contained in this discussion paper. However, SA representatives are concerned about the small take-up by students to date. They suggest the following as possible options for the future:

- Consider moving from a deficit-based model (where only students with support needs fill out a form) to a strengths-based model (where all students fill out a form on their strengths and weaknesses).
- Consider an interim step: when students apply for an internship, they tick a box to say they have had a conversation with their year coordinator about their strengths and weaknesses, and what they need to do to get their internship application ready to go.

The SA MET Transfer of Information Guideline is provided at *Attachment 1*.

### New South Wales

The NSW Ministry of Health began work on a transfer of information initiative in 2019 but discontinued due to student concerns about possible stigma for those declaring support needs. The Ministry is looking to partner with key stakeholders to find ways to increase the sharing of information at transition to practice.

**Feedback:** Representatives from NSW Health, whilst supportive of many of the principles and proposals in this paper, remain concerned that self-disclosure has not delivered sufficient sharing of information to date, leaving health services unable to plan reasonable adjustments and ensure patient safety through closer supervision where appropriate. They want to know what additional steps can be taken to encourage higher levels of self-disclosure.



## Victoria

The SA MET's Transfer of Information guideline was very much informed by a similar voluntary process introduced by the Postgraduate Medical Council of Victoria (PMCV) in 2017. A key feature of the PMCV's process was for information to be exchanged after students were matched with a particular health service. Despite some excellent outcomes for those students/graduates who used the process to get support for their mental or physical health needs, only a very small number of students participated in 2017 and 2018, and the policy was withdrawn in 2019.

**Feedback:** The highly distributed nature of the health system in Victoria, with hospitals running as relatively autonomous units and hiring interns directly, presents additional challenges for implementation of a state-wide system for supported transition to practice. One suggestion was to consider introducing an independent champion for students/graduates, to be based within Vic Health, who would negotiate with health services on behalf of intern applicants and transfer appropriate information on behalf of these student/graduates. This would help ensure internships and appropriate support for all students/graduates.

## Queensland

In 2019, it was agreed at a jurisdictional level that medical graduates in Queensland should be encouraged to voluntarily share information about their support needs with the Directors of Clinical Training at Hospital and Health Services (HHSs), once the graduates had been allocated to an individual training provider. Queensland's Medical Schools Consultative Committee (comprising representatives from the four medical schools) is working to raise the profile of this issue.

**Feedback:** Queensland is supportive of the principles and proposals within this paper and suggests implementation in small steps to gain confidence in the system.

## Western Australia

Prior to 2020, WA asked final-year medical students to indicate on their internship applications whether there had been concerns about their performance or professionalism or reports to the Dean. This was taken out of the application process last year, amid concerns that disclosure at the time of application might jeopardise the chances of graduates being offered their first preference internship. Graduates are now encouraged to disclose information that may require consideration by the employer after the job offer is made.

**Feedback:** WA representatives say that due to the relatively small size of the jurisdiction, the directors of postgraduate medical education in the health services have taken on a pastoral care role for their interns/junior doctors, creating a supportive culture. The management of PGY 1/2 doctors is relatively distant from the rest of the medical staff, and there are reportedly good relationships with the junior doctors; however, students/graduates don't know this until they start work. There is still an initial reluctance to disclose information but once they know it is a safe environment, interns are very willing to volunteer information. WA is in favour of the introduction of a formal system of transfer of information and supports the principles and proposals in this report.



## Tasmania

There is no formal system of transfer of information in Tasmania. Graduates tend to practice where they did their student clinical training years and so many are known to the hospitals that employ them.

**Feedback:** There are very good supports available for interns, through the Postgraduate Medical Education Council of Tasmania (PMCT) and Directors of Clinical Training and Medical Education Officers, and that is reflected in the feedback received.

But it is quite possible to know someone in an academic or professional sense and not necessarily be cognisant of their needs. Also, there is a transition point where the needs as a clinical student are very different to the needs after transition practice. Some needs don't reveal themselves until somebody is working long hours or feeling the pressure of deliverable timeframes that aren't just exams. With no formal system of transfer of information at transition, there is a risk of assuming that the information is going to be communicated. Tasmania would benefit from more formalised processes rather than relying on networks.

## Australian Capital Territory (ACT) and Northern Territory (NT)

- (i) The ACT has no formal arrangements between students, hospitals and universities in regard to sharing of information at transition to practice.
- (ii) With only 36 interns per year in two hospitals, the NT has a personalised system of transition to practice where most interns have done clinical training in the hospitals where they intern. The final year of the medical program, and particularly their last rotations, are structured as a transition to practice, with students gradually starting to gain responsibilities with the support of junior doctors and consultants. Transition is less abrupt, and consequently the fear of stigma due to asking for support does not generally seem to be an issue in the NT.

**Feedback:** The two territories report having less of an issue with the disclosure of support needs as their students/graduates have often done some or all of their clinical training in the hospitals that employ them as interns, and are known to hospital staff. The ACT reports having supported a relatively large number of complex educational, social and health situations without great difficulty; the NT is focused on developing a nurturing training continuum from medical school to practice, with support for each individual. Even within these more personalised systems, there is support for the introduction of a formal system of sharing information, as proposed in this report, to avoid any gaps that may still be occurring.

## New Zealand

Trainee interns (TIs) in New Zealand are usually placed in clinical settings attached to university campuses. After some months, TIs are allocated a PGY1 (house surgeon) position and enter an employment contract with the relevant District Health Provider, which includes a health declaration.

- The Medical Council of New Zealand / Te Kaunihera Rata o Aotearoa (MCNZ) has a Memorandum of Understanding (MOU) with medical schools about what information should be provided for those who have struggled in medical school and are likely to need additional support in internship.



- Most District Health Providers have their own Occupational Health and Safety questionnaire as part of the job application process, which generally goes to an occupational health nurse and is escalated to an occupational physician (where there is one) if needed.
- The MCNZ has retained the disclosure questionnaire about health conditions on both its registration form and practising certificate.
- About 10 per cent of the new graduates who applied for internship in 2021 made a disclosure about support needs.

**Feedback:** The feedback from the MCNZ comes from a system of sharing information that is working fairly well:

- Although the MCNZ does get information from the country's medical deans, through its MOU with medical schools and the statutory pathway, students can almost always be encouraged to voluntarily disclose information about their support needs to their intern supervisor and take control of that discussion.
- Those who might have had nerves going into the process often reflect back and are appreciative: "More than a few doctors have said to us, 'it was great that happened because I needed that support'."
- A key issue is how medical programs instil that sense of responsibility and trust in the system for students to use it without the obvious concerns that it's going to be detrimental to their career.

## United Kingdom

We include a note here on the UK system for the purpose of comparison. The UK has taken a mandatory approach to the sharing of information with a well-developed process called Supporting Trainees Entering Practice (STEP)<sup>8</sup>.

Students are required to fill out a STEP form [see Attachment 2] about their support needs when transitioning from medical school to employment as a doctor in training. The information submitted is confidential, only to be used by the Foundation School (responsible for PGY1 and PGY2) to ensure that doctors in training get the right educational and pastoral support during their two-year foundation program, including any reasonable adjustments needed to complete the program. Student participation in this process is on par with New Zealand – about 10 per cent of students/graduates share information about their support needs.

## Conclusion

Medical Deans is committed to supporting the principles and proposals in this report through advocacy and stakeholder engagement. We look forward to engaging with the medical schools and universities, jurisdictional health departments, health services, student peak bodies, training peak bodies and other organisations who can work together to create a culture where medical students and graduates feel safe to ask for the support and adjustments they need when transitioning to practice.

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<sup>8</sup> <https://foundationprogramme.nhs.uk/resources/preparing-for-f1/>

# TRANSFER OF INFORMATION GUIDELINE

## Introduction and Background

The purpose of this process is to support the transition of medical graduates who are commencing internship. Information provided about medical graduates is for the dual purpose of ensuring:

- the intern is adequately supported throughout their internship, and;
- patient safety is optimised at all times.

Medical graduates have described the transition to internship as:

*“physically, psychologically, cognitively and emotionally exhausting. They also described an abrupt change in focus from what had mattered as a medical student to their new priorities as an intern, and an abrupt change from self-confidence to self-doubt and uncertainty.”*  
(Sturman et al.)

## Principles

It is a professional responsibility of all medical practitioners to ask for assistance in order to provide safe and effective patient care. The Transfer of Information (TOI) process is designed to support medical graduates in their transition from graduating university to the medical workforce. This guideline supports graduates to transfer select information including achievements and strengths, as well as areas for development to health networks to facilitate appropriate support in internship. It is a voluntary process which is separate from both the employment and the AHPRA registration processes.

Health networks, graduating universities and the South Australian Medical Education and Training (SA MET) Health Advisory Council are committed to providing an environment for medical students and doctors in training to allow them to thrive. The disclosure of information will be done without fear of consequences to training and career progression. Transferring information to an employing health network allows for identification and implementation of strategies to address the needs of new graduates.

If a graduate has an issue which may impact on either patient safety or the ability to maintain personal psychological and physical health, the first step should be a confidential discussion with either appropriate graduating university Dean (or equivalent) or Director of Clinical Training/Medical Education Officer of the employing health network.

## General

### Exclusions

Circumstances which have affected the academic performance and results of a graduate, but are unlikely to impact on the ability to work as a medical professional and/or in a particular location will not be considered under this guideline. A graduate may refer to such circumstances as part of their job application process.

A graduate who has any conditions imposed on their registration, should disclose the circumstances to a health network e.g. in the job application.

### Inclusions

The circumstances under which a graduate may seek to transfer information should be of an ongoing nature and may impact the graduate's:

- Ability to work full time in any accredited internship position
- Ability to work a rotating or after-hours roster

- Requirement for extra health, psychological or educational supports
- Requirement for special equipment or adjustments to support the work of an intern

## Governance

While the SA MET Health Advisory Council has assisted in the development of this guideline, the SA MET Health Advisory Council does not have a role in gathering or transmitting information regarding medical graduates TOI.

## Processes/Procedures

Transfer of information to the employing health network will occur after the intern match has been finalised by the SA MET Unit.

### Responsibilities of the graduate

Medical graduates will reflect on professional practice thus far, including performance during university, and provide relevant information in the TOI template. Medical graduates can choose to provide the TOI directly to the employing health network or to use the TOI template as a guide for a confidential face-to-face discussion with the Director of Clinical Training (DCT) or Medical Education Officer (MEO) within the employing health network.

As a clinician and professional, reflective practice will become an important aspect of career development. The primary rationale for reflective practice is that experience alone does not necessarily lead to learning; deliberate reflection on experience is essential and entering into internship is no exception.

### Responsibility of the University

University staff (e.g. medical Dean), are the initial contact person to discuss the TOI process and to assist the graduate to complete the TOI template.

The university has a responsibility for counselling medical graduates and specifically when there may be a need for additional support in the workplace.

### Responsibility of the health network

The employing health network will be responsible for receiving the completed TOI. The health network will be responsible for considering the TOI and the degree, if any, of support appropriate for each individual.

## Appendix:

1. Postgraduate Medical Education Unit Contacts
2. Tool for universities about Transfer of Information (TOI)
3. FORM: Request for Transfer of Information (TOI)



**Appendix 1**  
**Postgraduate Medical Education Unit Contacts**

**Central Adelaide Local Health Network (CALHN)**

**Postgraduate Medical Education Office (RAH)**  
Telephone: (08) 7074 2941

**Clinical Education Centre – Medical (TQEH)**  
Telephone: (08) 8222 7921

**Northern Adelaide Local Health Network (NALHN)**

**Postgraduate Medical Education Unit**  
Telephone: (08) 8282 0844

**Southern Adelaide Local Health Network (SALHN)**

**Flinders Medical Centre**  
Telephone: (08) 8204 7692

**Women’s and Children’s Network (WCHN)**

**Women’s and Children’s Hospital**  
Telephone: (08) 8161 6927

**Flinders and Upper North Local Health (FUNLHN) & Eyre and Far North  
Local Health Network (EFNLHN)**

**Northern Gulf Eyre Regional Training Hub**  
**Whyalla Regional Hospital Switchboard**  
Telephone: (08) 8648 8300

**Limestone Coast Local Health Network (LCLHN)**

**Flinders University Rural Clinical School**  
Telephone: (08) 8726 3903

## Appendix 2

### Tool for universities about Transfer of Information (TOI)

**1. Graduating university provides an information session on the transfer of information (TOI) process. The session should focus on:**

- > Why it is important to share information with the employing health network
- > Who will have access to the information
- > How sharing information will help medical students transition into the workplace



**2. A medical student enters the TOI process understanding the purpose. All students are provided with a copy of the TOI template and asked to reflect on their professional practice recognising there is a legitimate purpose for sharing information if it:**

- > Promotes capability development of medical graduates during internship
- > Promotes patient safety
- > Protects the medical graduates health and wellbeing
- > Supports employers to be more effective at addressing potential risks and reduce harm



**3. The graduating university will support medical students to complete their TOI and provide:**

- > Counselling to medical students about the TOI
- > Encouraging participation of medical students:
  - o to promote successful transition into internship,
  - o who would benefit from transition to practice support
- > Medical student and graduating University Dean (or delegate) signs off declaration



**4. The TOI is provided to the Director of Clinical Training (DCT) by the medical student.**

- > The DCT and medical graduate communicate strengths and areas for development
- > The DCT and medical graduate communicate how the transition into the workplace can be supported
- > The graduating university may be included in communications to support interactions and identify appropriate options

**Appendix 3**  
**FORM: Request for Transfer of Information (TOI)**

Instructions: Please complete the relevant sections of the form and provide information as requested. Sections 1, 2, 3, 4, 7, and 8 are mandatory.

Please complete at least one of the section(s) 5 and/or 6 which are relevant to your circumstances. Section 7 requires you to declare that the information provided is true and correct and can be shared with your permission to relevant parties as per the guideline.

Sign off: Section 8 provides substantiation from the graduating university.

**1. Your personal information:**

Name of student/graduate	
Graduating university	
Expected date of graduation	

**2. Health network/intern programs:**

List the health network that you intend to provide the TOI form to or discuss the TOI form in person.

Health Network	
Contact name and role	

**3. Achievements and Strengths**

Please provide specific details of achievements and strengths during your medical training which will provide the employer details of what motivates you and an opportunity for the employer to provide feedback and guidance on how you can perform at your best.

**4. Skills/Knowledge/Behaviour Development**

Please provide specific details on the skills/knowledge/behaviour development which you have identified during your medical training which will assist the employer to provide feedback and guidance on how to build your capabilities in these areas.

**5. Health and Wellbeing (complete this section only if relevant)**

Please provide specific details of the medical issue(s) and/or any supports/or adjustments that were made during your medical training that may need to be continued into your Intern training program.

If applicable, please also provide details on the impact this may have on the way you work during your intern training program.

**6. Educational Progress (complete this section only if relevant)**

Please provide details of any additional educational support or adjustments made during your medical training that may need to be continued into your intern training program.

If applicable, please also provide details on the impact this may have on the way you work during your intern training program.

**7. DECLARATION BY STUDENT**

I confirm that the information I have provided in this form is true and correct.

I agree that this information may be used for the purposes for which it is provided and in accordance with the Transfer of Information guidelines.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**8. DECLARATION BY GRADUATING UNIVERSITY DEAN**

Please provide comments or additional information that may assist and support *[Insert name of medical student/graduate]* during their transition/ intern training period.

On behalf of the graduating university, I endorse the accuracy of the information provided in this form.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## UNITED KINGDOM

### STEP: Supporting Trainees Entering Practice Form

The STEP process is designed to support medical students during their transition from medical school to employment as a doctor in training, in the first year of the Foundation Programme (F1).

The information you submit in the STEP form is confidential and will only be used by your foundation school to ensure that you get the right educational and pastoral support during your two-year programme and to see if you will require reasonable adjustments to complete the programme. \*\*\*\*

Please read the STEP guidance notes prior to completing this form. (Guidance available via the UK Foundation Programme Office [www.foundationprogramme.nhs.uk](http://www.foundationprogramme.nhs.uk))

Please complete every section of the form.

### General Information

Full name of graduate/Student					
Email address (must be valid once you graduate)					
GMC number					
Allocated Foundation School (Please select only one)					
East Anglia	North West London	Oxford	South Thames	West Midlands Central	
Essex, Bedfordshire & Hertfordshire	North West of England	Peninsula	Trent	West Midlands North	
Leicester, Northamptonshire & Rutland (LNR)	Northern	Scotland	Wales	West Midlands South	
North Central & East London	Northern Ireland	Severn	Wessex	Yorkshire & Humber	
If you are a Defence Deanery applicant, which Foundation School are you allocated to?					
Allocated Employer/Trust (if known):					
Name of graduating medical school and address:					
Country of study:					
Medical school start date: (Please give as month and year: mm/yyyy)					
Date (or expected date) of graduation: (Month and year: mm/yyyy)					

### Section 1: Health

If you provide any information in this section, please ensure that you also make a corresponding declaration on your Occupational Health form which will be sent separately to you by your employer.

I have, or have had, a health condition(s) which required me to change one or more aspects of my medical education and training, to enable me to work safely with patients or to continue my training.	Yes	No
I have, or have had, a health condition(s) which has resulted in an interruption to, or breaks in my medical education and training, including retaking any part of my course or assessments/exams, or requires regular follow up/hospital appointments	Yes	No
I have, or have had, a health condition(s), which has resulted in the use of reasonable adjustments	Yes	No

If you have ticked YES to any of the above, please provide more details in the box below. You do not need to declare the specific health condition or disability that you have if you do not want to but you must explain how it has impacted your ability to study. (MAX word limit 250 )

I have a Student Health passport	Yes	No
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### Section 2: Welfare

I have, or have had, personal circumstances that has affected my ability to study and train that I would like to share with my foundation school. Examples of personal circumstances may include – family bereavement, mental health conditions or physical health conditions that do not fit the requirements in the health section, caring responsibilities	Yes	No
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If you have ticked YES to the above, please provide more details in the box below. You do not need to declare the specific health condition or disability that you have if you do not want to but you must explain how it has impacted your ability to study. (MAX word limit 250 )



### Section 3: Personal Performance and Skills

Have you had any reasonable adjustments made or received any additional educational support at medical school to help you meet educational outcomes that may need to be continued into foundation training? E.g. provision of auxiliary aid to help you carry out clinical procedures, support with time management, support with communications skills	Yes	No
---	-----	----

If you have selected 'yes' please provide details: (MAX word limit 250 )

### Section 4: Professionalism

Whilst at medical school, have you received a written warning or sanction following an investigation into your professional behaviour or fitness to practise?	Yes	No
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If you have selected 'yes' please provide details: (MAX word limit 250 )

**Student Declaration:**

I confirm that all information provided is accurate		
Signed:	Date:	
I agree that information in this form may be used for anonymised statistical purposes	Yes	No
I agree that information in Section 1 can be shared with Occupational Health without further discussion with me and that copies of my Occupational Health records from my training institution can be disclosed to the Occupational Health service in my employing NHS Trust	Yes	No
Remember: Completion of the STEP form DOES NOT replace the need to specifically report and fitness to practise issues to the GMC or health issues to your employing Local Education Providers (LEPs), HR/Occupational Health departments. These must be made via separate declarations.		

If you have answered YES to any sections in the form, would you consent to your Foundation School Director contacting you to discuss the form if necessary. <b>Please ensure you provide an up to date email address on this form.</b>	Yes	No
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**Medical School Declaration:**

Name of graduate/student:	
Comments or additional information about issues directly relating to patient safety and/or the provision of reasonable adjustments (Occupational health can also feed in comments if that would be helpful and the student agrees):	
On behalf of the medical school, I endorse the accuracy of the information provided in this form:	
Name	Signed:
Job title:	Date:
Email address:	

This form will be handled and stored as defined in the General Data Protection Regulations Act 2018. For more information about how and why we process this information, please refer to the STEP guidance on the UKFPO website. Further information on our Privacy Policy can be found at the following link on the UKFPO website: <http://www.foundationprogramme.nhs.uk/content/privacy-notice>



[www.medicaldeans.org.au](http://www.medicaldeans.org.au)  
[consult@medicaldeans.org.au](mailto:consult@medicaldeans.org.au)

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