# Confederation of Postgraduate Medical Education Councils

## Policy Statement – Medical Internships in Australia

This updates CPMEC's previous statement on medical internships released on 9 November 2010. In recent months the difficulties of finding internships for a number of this year's domestic and international fee-paying graduates from Australian medical schools have been highlighted by a number of stakeholders in medical education and training. There have also been modifications to the priority rankings in some jurisdictions that have placed international fee-paying graduates ahead of interstate domestic graduates.

CPMEC has noted previously that over the past seven years Postgraduate Medical Councils or equivalent agencies (PMCs) have worked closely with their respective state and territory health departments to incrementally expand internship places to accommodate increased numbers of doctors graduating from Australian medical school. This has required accreditation of new training sites and expansion of intern placements into new and innovative rotations.

The scope of work undertaken to achieve this is evidenced by the fact that in 2005 1,587 doctors graduated from Australian medical schools (1320 Australian residents and 267 non-resident international full fee paying students (IFFPSs)). In 2012 this number will have increased to 3512 graduates (2960 Australian resident and 552 IFFPS). During this period the number of accredited internships has risen from 1,622 to 3034 places with the possibility that the number is likely to rise further this year.

Another significant development in relation to the medical workforce has been the release of the Health Workforce Australia's *Health Workforce 2025 (HW2025) Volume 1* report which provides medium to long-term national workforce planning projections for doctors. The report anticipates a short-term minimal oversupply of junior doctors and also suggests continued reliance on international medical graduates to deal with workforce shortages and maldistribution.

These developments have raised a number of policy issues that require comment from CPMEC as the peak body for prevocational training in Australasia.

*The Internship Year*

CPMEC and its member PMCs remain strongly committed to a generalist intern year. A year of supervised, workplace-based training, incorporating clinical experience in emergency medicine, internal medicine and surgery is one of the strengths of Australian medical training. CPMEC believes that the intern year has a significant impact on the safety and quality of healthcare delivered by junior doctors. It develops the generalist base that allows junior doctors to practise in a range of medical workplaces throughout Australia, and provides the foundation for further career development, either as a vocational trainee or a career medical officer.

The Confederation continues to advocate strongly for the delivery of a significant component of the intern year in ambulatory and subacute settings to better prepare trainees for the work that most doctors do after completion of their training. The expansion of the Prevocational General Practice Placements Program (PGPPP) by the Australian Government has been a welcome development in this regard.

*Accreditation*

Rapid expansion of new training posts has the potential to place junior doctors in placements that do not have the appropriate level of supervision nor provide significant educational content. Accreditation is therefore a quality assurance process that establishes and monitors standards for intern training positions to assist in the attainment of a high standard of clinical training for junior doctors. Accreditation helps health services to create the best possible working environment for the supervision and training of interns by ensuring that they receive appropriate orientation, clinical experience, education, training, supervision, assessment, evaluation, and support (including resources), to enable them to function in a safe manner.

Robust and independent accreditation processes ensure that the education and training received by junior doctors allows them to meet the requirements of Medical Board of Australia for general registration and to progress to vocational training. Accreditation promotes an appropriate balance between service and training requirements for prevocational doctors, who play a key role in the delivery of health care. A key component of accreditation is to ensure that that the rotations will provide an educational experience consistent with the *Australian Curriculum Framework for Junior Doctors* with appropriate supervision and welfare support.

CPMEC also notes that most of the activities undertaken by PMCs in accrediting the substantive number of additional intern positions have not been supported by any significant increase in funding allocation to PMCs to date. However, very few PMCs are currently in the position of being able to react to a short notice request to accredit a significant number of additional intern positions without further support. The creation of additional intern positions for 2013 sufficient to accommodate all Australian medical graduates would be a significant undertaking in terms of both time and resources. The later this issue is left, the harder it will be to create and accredit the positions, as most accreditation activities take several weeks if not months of planning and implementation. This is likely to be exacerbated by the fact that in some states all of the already accredited training facilities are at capacity and new positions would need to be created in facilities which are currently not accredited. This is not a problem that can be solved by only providing salaries for these new intern positions.

*Coordination of Training Places*

It has become apparent that the initial work undertaken to expand places has ensured that all Commonwealth Supported Place (HECS) graduates in each jurisdiction have found internships. This has also been true for non-CSP Australian resident graduates until now. However, for the 2013 clinical year and beyond the situation is likely to change both for IFFPS and non-CSP domestic graduates.

It has been frustrating to note that attempts to develop a coordinated long-term solution to the issues have been hampered by a number of factors. These include the short-term planning by state and territory health departments in relation to internship numbers; the absence of any agreed upper limit on the number of IFFPSs training in Australian universities, and a corresponding lack of agreement on internship availability for this cohort; and no clear statement of junior workforce requirements as

determined by service needs. A further complication has been the move to Masters of Medicine programs by some medical schools, creating an additional and numerically undefined graduate pool. The release of the *Health Workforce 2025 (HW2025) Volume 1* is an obvious starting place to consider the national junior medical workforce needs in future.

There have also been calls to develop a national intern allocation system and CPMEC is pleased to note that HWA has provided funding for a scoping exercise in this regard that will be undertaken through the NSW Health and Education Training Institute and supported by CPMEC's National Intern Allocation Working Party.

*Expansion of vocational training*

CPMEC reiterates junior doctor concerns that the expansion of vocational training programs is required if the Australian community is to benefit from the expansion of medical graduate numbers. We note that the Volume 3 of the *Health Workforce 2025 Report* will contain detailed supply and demand projection results for the medical workforce, by specialty and is expected to be delivered to Ministers in late 2012.

Just as we have advocated the need for planning and coordination of undergraduate and prevocational workforce numbers, it is equally imperative that this is also undertaken with regard to vocational training places. This will require greater flexibility in vocational training approaches, expanding settings for training, and looking at the potential to reduce training duration through robust processes for recognition of prior learning.

For junior doctors, there is also the need to develop a central career planning portal that outlines various career options as competition for specialist training places becomes more intense.

*Models of Care*

A further opportunity that increased graduate numbers provide is the redesign of work systems and equipping trainees with the requisite skills that will allow for the implementation of different and changing models of care. Changes in healthcare demands require that both delivery and training systems should reflect the fact that health service will be increasingly delivered in the community and other settings. It will also require addressing long standing problems including severe shortages in several specialities, dealing with the declining number of generalists, limited training in ambulatory medicine, and limited use of the private health system for training.

*Clinical Supervision and Support*

Interns making the transition from being students to becoming doctors require significant levels of supervision and support. There are significant risks to health services of not having adequate supervision and support for interns. This is particularly the case of clinical placements in new settings which have not developed a strong culture of educational supervision. It becomes imperative therefore that those responsible for the educational and clinical supervision of interns should also be provided with the necessary professional support and resources to undertake their tasks effectively.

**Prof Simon Willcock**
**Chair, CPMEC**
**Released 5 July 2012**