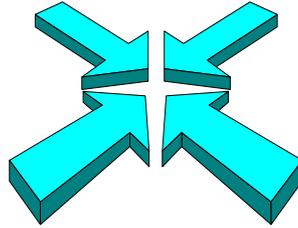


Confederation of Postgraduate Medical Education Councils



Internships and Vocational Training for Australian Medical Graduates

This statement outlines CPMEC's position on internships for graduates of Australian medical schools. It also highlights the need for a policy response to a number of key issues arising from the increase in numbers of medical graduates.

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 there will be 3430 graduates (2912 Australian resident and 518 IFFPS) followed by a gradual increase to 2014 (3786 graduates (3108 and 678)). This expansion of Australian medical schools has created a requirement for a significant expansion of postgraduate training places. The Australian Medical Association held a meeting in Canberra on September 29 to discuss concerns about the availability of internships for Australian residents and IFFPSs graduating from Australian medical schools over the next 4 years, and expansion of vocational training over the next decade.

CPMEC was represented by Professor Geoff Thompson, the Chair of the South Australian Institute of Medical Education and Training (SAIMET), and Dr Jag Singh, the General Manager of CPMEC. The meeting was also attended by representatives of a number of Colleges, the Australian Medical Council (AMC), the Australian Medical Students Association (AMSA), Medical Deans of Australia and New Zealand (MDANZ), the AMA Council of Doctors in Training, the AMA Council of Salaried Doctors, the private hospital sector, the Department of Health and Ageing (DoHA), State Health Departments and Health Workforce Australia (HWA).

Internships for Australian resident graduates

CPMEC and its member Postgraduate Medical Councils and Institutes of Medical Education and Training (PMCs) are 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 has been a strong advocate for delivery of a significant component of the intern year (and other pre-vocational and vocational training programs – see below) in ambulatory and subacute settings to better prepare trainees for the work that most doctors do after completion of training. The recent expansion of the Prevocational General Practice Placements Program (PGPPP) is warmly welcomed but much more needs to be done.

Through the Council of Australian Governments (COAG), State and Territory governments have guaranteed that accredited intern positions will be available for all Commonwealth Supported Place (HECS) graduates in each jurisdiction. Over the last few years CPMEC and its member PMCs have worked with State and Territory Health Departments to expand accredited intern positions. PMCs have faced major challenges identifying and accrediting new positions with broad clinical exposure and good supervision. However, most of the additional positions needed for 2013 have been accredited and it is increasingly clear that the COAG commitment will be met.

CPMEC would like to reassure all CSP medical students that they **will** be offered an accredited intern position when they graduate and that they will be eligible for full registration by the Medical Board of Australia when they have completed the intern year. We are also confident that there will be internships for non-CSP Australian resident graduates.

Internships for international full fee paying students

Australian medical schools have enrolled significant numbers of IFFPSs over the last decade. There will be 512 IFFPS graduates in 2010, 468 in 2011, 518 in 2012, and 678 in 2013 and 2014. Medical schools' recruitment of international students is a response to a number of driving forces, including the need to compensate for Australia's low level of funding for domestic medical students.

Surveys of IFFPSs suggest that approximately two thirds wish to complete an intern year in Australia. In recent years there has been a surplus of accredited intern positions after placing Australian resident graduates, so that there have been enough intern places for all graduating IFFPSs. A review of the progress of State and Territory intern allocations for 2011 suggests that most, possibly all, IFFPSs graduating in 2010 who have applied for Australian internships in 2011 will be successful.

However, State and Territory governments have not made any commitments to provide accredited intern positions for IFFPSs. Without a change to current policy settings it is likely that many IFFPSs graduating in 2011 and subsequent years will not be able to obtain accredited Australian intern positions.

The Australian community continues to experience significant medical workforce shortages, particularly in outer metropolitan, regional and rural locations. State and Territory governments continue to invest substantial resources in recruitment and training of International Medical Graduates (IMGs) to address these workforce shortages. Many of these doctors are recruited from developing countries with much more severe medical workforce shortages than Australia.

Experience over the last decade has demonstrated that IFFPSs are very well trained and have an excellent understanding of Australian society and the Australian health system. Many IFFPSs who undertake an intern year in Australia stay on to complete postgraduate training and contribute to the Australian medical workforce, often in areas of workforce need.

CPMEC believes that this issue should be addressed as a matter of urgency through a more coordinated approach. An obvious starting place is to define the national medical workforce need. Junior doctor workforce requirements are largely determined by immediate service demands. A more rational approach would consider also the overall medical workforce requirement and use this as a major determinant, not only of intern numbers but also of undergraduate places and, in turn, vocational trainee numbers. HWA has begun to undertake this task and will be necessary to work with both levels of government, medical schools, PMCs, Colleges, medical students and junior doctors to find a mutually satisfactory solution. This solution should be based on an analysis of medical workforce needs over the next decade and may involve an agreed upper limit on the number of internships available for IFFPSs. A cap on internships for IFFPSs would have significant implications for recruitment of IFFPSs by medical schools and therefore for funding of Australian medical schools.

Expansion of vocational training

A significant expansion of vocational training programs is required if the Australian community is to benefit from the expansion of medical schools. CPMEC believes that this is now the most critical issue facing medical education in Australia; we need two to three times the current number of vocational posts to train all of the medical students graduating from our universities over the next 5 years.

The length of postgraduate training programs varies from 4 to 8 years, which means that we need to create several hundred **new** accredited vocational training posts **every year** for most of the next decade. Recent Commonwealth government announcements of an expansion in general practice, emergency medicine and specialist registrar training are very welcome but will only provide training programs for one quarter to one third of the additional graduates.

This is a major challenge for Australian medical training. Some jurisdictions have already responded with funding approaches that recognise the need for additional vocational training places for each new intern post. Nevertheless it

seems unlikely that current training programs, which are mostly based in acute metropolitan hospitals, will be able to absorb the number of junior doctors applying for training positions over the next 5 to 10 years.

The need for new training positions is also a once in a generation opportunity to address some long standing, previously intractable workforce and training problems:

- workforce maldistribution with severe shortages in rural, regional and outer metropolitan Australia;
- severe shortages in several specialties, including general practice, aged care, general medicine, psychiatry, and academic medicine;
- a declining number of generalists – both general practitioners and generalist specialists - to manage the increasing burden of patients with multiple medical problems;
- inappropriate clinical exposure in many hospital-based vocational training programs – many trainees receive relatively limited training in ambulatory medicine, which will occupy most of their time after completing their training;
- limited use of the private health system for training – both private hospitals and specialists' rooms.

The expansion of Australian medical schools means that many of these issues can finally be addressed by well planned, targeted vocational training programs. Development of these training programs will require a comprehensive analysis of workforce and training needs at national, regional and discipline levels, and a much more flexible approach to vocational training than currently exists. Without a significant change in approach it will be very difficult for graduates of the new regional and outer metropolitan medical schools to complete more than a few months of their vocational training in the outer metropolitan, regional and rural settings where they are needed most. The quality and relevance of their training would be considerably improved if they were able to undertake at least some of it in ambulatory settings, including specialists' rooms, and in private hospitals. There is potential for reducing the length of training by development of robust processes for recognition of prior learning.

HWA has recently announced that it will develop a national health workforce training plan with the goal that the Australian health system should be self sufficient by 2025. CPMEC strongly supports this approach and is ready to work with Colleges, PMCs, both levels of government, the private healthcare industry and the broader medical community to achieve this goal.

9 November 2010