



**AUSTRALIAN MEDICAL ASSOCIATION**  
(SOUTH AUSTRALIA) INC.

18 February 2011

Prof Geoff Thompson  
Chairman  
SA Institute of Medical Education and Training  
Department of Health  
L6, CitiCentre Building  
11 Hindmarsh Square  
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Dear Prof Thompson

*Geoff*  
**Re: Review of Internship in South Australia – A network Approach**

I write further to the 'Review of Internship in South Australia' discussion paper which has been circulated to our Doctors in Training Committee as well as members of Council.

After consideration of the paper the AMA(SA) wishes to submit the following comments for the consideration of SAIMET.

Key areas of concerns in a networked approach to the internship include:

**1) Intern education, support and welfare**

The identification of the trainee in difficulty remains a key concern during the prevocational training years. Early identification of trainees in difficulty allows for supports to be instituted and remediation to occur. The current model of each individual hospital co-ordinating this would need to be reconsidered within the networks. The current approach taken by the TMO unit at Flinders Medical Centre has addressed these types of concerns with the rotation of interns to NHS and RGH. This occurs through the maintenance of a common intern tutorial on site at FMC and access to the educational component through modules. Through carefully considered models it would be possible to maintain the ability to identify and support the underperforming trainee or trainee in difficulty. The AMA(SA) considers the early detection and remediation of trainees in difficulty as key objective to be considered in the eventual model.

If a networked approach were to be undertaken it would be necessary to address the difficulties associated with rotating to different clinical sites geographically dispersed. This would require consideration of centralised allocation of parking, identification, OHS records and clinical credentialing. The AMA(SA) recommends a streamlining of the administrative processes to avoid trainees having to reapply for credentialing, providing records of immunisations etc at each site.

**2) 2 year contracts**

The AMA(SA) remains concerned regarding the need for the use of two year contracts. Whilst recognising the need for service delivery, the current problems associated with the movement of trainees can be addressed through other means.

The contractual arrangements should not be implemented in order to achieve a 'workforce solution' for any Department of Health staffing issues but on the merits for training outcomes.

We believe that the prevocational trainee should have better access to any career planning activities within the health service. Such advice should naturally consider more appropriate planning of rotations to meet career objectives by allowing the trainee to access the requisite posts for career progression. Pre-vocational trainees can then be streamed into their speciality preferences in order for the intern to assess their suitability and commitment to further training in that speciality. Such planning can also provide opportunity for college selectors to assess potential future applicants for postgraduate training.

The feedback received by the AMA(SA) is that such career counselling has been absent and the introduction of the above would in turn lead to better attraction and retention of the trainee workforce.

If two year contracts were to be implemented, it must not negate the responsibility of the networks to ensure *all* the required clinical posts to gain full registration with the Medical Board of Australia are provided for interns in their first post-graduate year (ie 48 weeks across Medicine, Surgery and ED/GP).

### **3) Intern allocation**

The SAIMET paper refers to the approach to intern allocation. The AMA(SA) can appreciate two main approaches to the allocation of interns – an optimised ballot and merit-based selection. An optimized ballot system is the quickest way to allocate internship positions with the least burden to students.

One of the most significant issues with merit-based allocation is what tool would be used to measure merit. The following are the most widely applicable tools currently used in Australia:

#### *Grades*

Currently, there are a significant number of universities in Australia that do not publicly provide grades for students. The lack of any nationally standardized examination or assessment to provide direct comparison between universities also raises issues.

#### *Interview*

There is robust evidence to suggest that interviews for any job application negatively select applicants for that particular job. There are also many logistical problems with undertaking interviews for students. In Victoria, many students have to take a week off to prepare and undertake their interviews for internships. For interstate applicants, this often means travel at personal cost. Some students may not be able to afford to do this, which would raise questions about the equity of the system. These issues must be addressed if South Australia would consider an interview based system.

### *Curriculum Vitae*

The AMA(SA) view is that CV assessment is the least useful method. In America, this leads to many students undertaking activities for the purpose of 'CV building'.

None of these tools in and of themselves adequately allows for merit-based selection and as such in the current climate an optimised preferential ballot system would appear as the most appropriate method.

The AMA(SA) believes any South Australian internship allocation system should fit into a national framework that includes the use of standardised timings, priority categories and systems to allocate internships. This is important for equity.

The requirement of the hierarchy of preferences dependent on residential status and location is recognised as a sensitive issue. The AMA(SA) supports the current preference status as depicted in the document for South Australia at this time, (p20 of 43).

#### 4) **Composition of the networks:**

Of the current proposed networks, the AMA(SA) recommends the most appropriate model to consist of three networks in South Australia covering Northern, Central and Southern. This model is consistent with our Local Hospital Networks Boundaries submission. The final composition must all have a balanced number of interns and, of critical importance, must also allow prevocational trainees access to *all major disciplines* including:

- a) Surgery
- b) Medicine
- c) Emergency Medicine
- d) Obstetrics
- e) Paediatrics
- f) Anaesthetics
- g) General Practice

### **Summary**

Internship allocation is a highly emotive topic for students and junior doctors. Although there are numerous models for internship allocation across Australia, the AMA(SA) is reasonably happy with the current South Australian model.

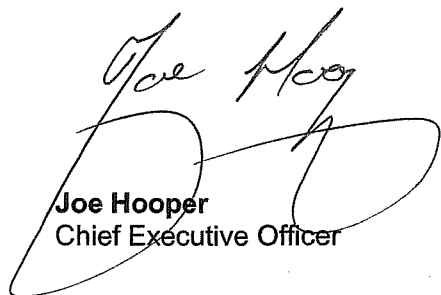
Irrespective of the final approach to the internship and prevocational training in South Australia, the AMA(SA) considers this review process to represent an opportunity for greater support to be put in place for prevocational trainees than presently exists. The AMA(SA) believes trainees would benefit greatly from structured career planning and advice, combined with a mechanism to ensure clinical rotations are allocated in sync with a trainee's long-term career goals. This is a critical element of the proposal and

any failing of this objective would undermine the premise of the model and lead to significant concerns for trainees. The AMA (SA) is therefore keen to ensure this aspect is more fully developed.

Finally, any changes undertaken must enhance the high quality clinical training and clinical services being delivered by the South Australian health system and not result in any lessening of supervision, clinical experience or education opportunities than presently exists.

Thank you for the opportunity to comment

Yours sincerely



**Joe Hooper**  
Chief Executive Officer