

## **COAG Health Council response to the Review of Medical Intern Final Report Recommendations**

Health Ministers have considered the Review of Medical Intern Training Final Report recommendations.

The purpose of the Review was to examine the current medical internship model and consider potential reforms to support medical graduate transition into practice and further training and to ensure that the workforce continues to be well trained, fit for purpose and equipped to meet the changing health needs of the Australian population.

The Review was undertaken in 2015 by Professor Andrew Wilson and Dr Anne-Marie Feyer. The Reviewers were supported by an Expert Advisory Panel. Panel members had expertise in medical intern training, undergraduate and postgraduate medical education and training, health workforce policy and funding, regulation and accreditation and health service delivery.

The Review involved an extensive consultation process and included Forums in each State and Territory that brought together medical students and junior doctors; public and private health services; universities and workforce policy representatives. Seventy written submissions were received on the discussion paper. The Review also examined transition to practice models in other jurisdictions, mainly in Canada, New Zealand and the United Kingdom.

The Final Report identified the features of the current model that were highly valued by doctors in training: structured, supervised practice that combines on the job training with educational support; high quality supervision and feedback on performance; broad exposure to the practice of medicine to build general capability and the ability to make informed career choices. The Reviewers agreed that these are valuable and that many could in fact, be done better. The Report also noted that the current pathway from medical school to internship and vocational training is neither integrated nor efficient. The recommendations when implemented will result in better integration of training in the continuum from medical school through to vocational training.

The Review supports the retention of a general internship as a requirement for general registration, and with general registration remaining at the completion of the first postgraduate year. However, it recommends providing better exposure to the full patient journey, more emphasis on capabilities and performance and improving supervision and assessment.

Health Ministers' have accepted ten recommendations, accepted in principle one recommendation, accepted with qualification one recommendation and deferred a decision on one recommendation until other changes are in place, not accepted two recommendations and noted two recommendations. Health Ministers' also noted that two recommendations have been completed. The response of Health Ministers to the recommendations is set out in Attachment 1. The recommendations have been grouped together in the following themes:

1. Underlying principles
2. Two year transition to practice model
3. E-portfolio
4. Registration and Accreditation
5. Work readiness
6. Career advice
7. Expansion of training settings
8. National training survey and data collection

The next phase of this project will be led by New South Wales on behalf of the Australian Health Ministers' Advisory Council.

**COAG Health Council (CHC) response to the Review of Medical Intern Training Final Report  
Recommendations**

<b>Recommendation</b>	
<b>Underpinning Principles</b>	
<p><b>Recommendation 1</b></p> <p>That the internship be changed to:</p> <ul style="list-style-type: none"> <li>• Provide clinical experience in the full patient journey and exposure to a variety of patient care settings, with at least some time outside of a single care setting.</li> <li>• Require demonstration of specific capabilities and performance, within a time-based model.</li> <li>• Ensure robust assessment of capabilities and feedback on performance.</li> <li>• Ensure doctors in training have sufficient responsibility, under supervision, to develop competence and confidence while maintaining patient safety.</li> <li>• Enable and require a philosophy of individual accountability for learning.</li> </ul>	<b>Accepted</b>
<b>Two year transition to practice model</b>	
<p><b>Recommendation 3</b></p> <p>That the current model of internship move to an integrated, two-year transition to practice model, with the first postgraduate year continuing as a prerequisite for general registration and with a certificate of completion, auspiced by the Australian Medical Council, to confirm a set of agreed outcomes aligned to vocational training. This should occur within 2-5 years.</p> <p>We recommend a model based on the first two postgraduate years and which maintains the current flexibility to enter into vocational training from the second postgraduate year. We also recommend testing the option of the two-year period being the final year of university and first postgraduate year.</p>	<p align="center"><b>Accepted</b></p> <p>Noting that implementation of this recommendation is dependent on various elements of Recommendation 4, particularly the development of the capability and performance framework and revision of the intern registration standard, which will guide the nature of the experience and requirements of the model.</p>
<p><b>Recommendation 4 b</b></p> <p>Development of a detailed and measurable two-year capability and performance framework, that builds on existing curriculum frameworks - to be undertaken through a national process involving jurisdictions, the Australian Medical Council, employers, colleges, postgraduate medical councils, universities and others, within 1-2 years.</p>	<b>Accepted</b>
<p><b>Recommendation 4 c</b></p> <p>Development of a certification process for the two-year transition to practice model, to be undertaken by the Australian Medical Council in conjunction with Postgraduate Medical Councils, jurisdictions and others, within 1-2 years.</p>	<p align="center"><b>Accepted</b></p> <p>Noting that the certificate is for completion of the second year of transition to practice and is not a registration requirement.</p>
<p><b>Recommendation 4 d</b></p> <p>Evaluation of different models of capability assessment, including resource requirements - to be undertaken across a number of jurisdictions and patient care settings within 2-5 years.</p>	<b>Accepted</b>

<b>Recommendation</b>	
<b>E-portfolio</b>	
<p><b>Recommendation 4 e</b> Evaluation of options for an e-portfolio to provide greater individual accountability for learning and support the assessment process – to be undertaken within 2-5 years.</p>	<p><b>Completed</b> Development of specifications to be developed together with the development of the capability framework. Individual Postgraduate Medical Councils to determine if invest in custom built e-portfolio or use e-portfolio specifications to modify existing Learning Management Systems to support needs of interns.</p>
<b>Registration and Accreditation</b>	
<p><b>Recommendation 4 a</b> Revision of the intern registration standard to emphasise capabilities and performance and experience in the full patient journey and de-emphasise time-based elements – to be undertaken by the Medical Board of Australia in close consultation with jurisdictions, employers and others, within 1-2 years.</p>	<p><b>Accepted with qualification</b> To be commenced after the development of the Capability and Performance Framework.</p>
<p><b>Recommendation 4 f</b> Identification of accreditation arrangements for a two-year transition to practice model – to be undertaken by the Australian Medical Council in collaboration with jurisdictions, universities, postgraduate medical councils and others, within 2-5 years.</p>	<p><b>Accepted</b></p>
<p><b>Recommendation 4 g</b> Examination of the capacity to assess and certify the capabilities and performance required for general registration within university programs – to be undertaken across different medical programs and health service settings within 2-5 years.</p>	<p><b>Defer consideration until other changes are in place</b></p>
<b>Work readiness</b>	
<p><b>Recommendation 2</b> That the internship should have entry requirements that reflect agreed and defined expectations of work-readiness that graduates must meet before commencing. Specification of the expectations and certification of work-readiness should be undertaken collaboratively by employers, universities and the Australian Medical Council within 1-2 years.</p>	<p><b>Accept in principle.</b> <b>To be progressed at a local not national level.</b> States and Territories together with their Post Graduate Medical Councils to:</p> <ul style="list-style-type: none"> <li>• Define expectations that medical graduates must meet before commencing internship in their jurisdiction;</li> <li>• Develop a feedback mechanism with universities that supports articulation of expectations of work readiness of medical graduates and advice when they are not met.</li> </ul>

<b>Recommendation</b>	
<b>Career advice</b>	
<p><b>Recommendation 5 a, b, c, d</b> That career planning across the medical education continuum is better aligned with societal health and medical workforce needs. Specifically, that:</p> <ul style="list-style-type: none"> <li>a. Universities provide targeted career information to medical students, within 1-2 years.</li> <li>b. Colleges make available information on entry requirements and success rates for selection into vocational training programs, within 1-2 years.</li> <li>d. Jurisdictions provide best available data on projected workforce demand at regular intervals, such as every 3-5 years, within 2-5 years.</li> </ul>	<b>Accepted</b>
<b>Expansion of training settings</b>	
<p><b>Recommendation 6 a</b> That expansion of prevocational training settings is further supported through:</p> <p>Jurisdictions and the private and not for profit sector identifying and, where feasible and affordable, implementing opportunities to expand suitable prevocational placements in private, not for profit and community settings, within 1-2 years.</p>	<b>Noted</b>
<p><b>Recommendation 6 b</b> That expansion of prevocational training settings is further supported through:</p> <p>The Commonwealth Government providing targeted access to Medicare billing arrangements for PGY2 doctors placed in general practice settings, within 1-2 years.</p>	<b>Noted</b>
<p><b>Recommendation 6 c</b> That expansion of prevocational training settings is further supported through:</p> <p>Analysis of interns' service contribution in different settings to inform discussion on their role and help define benchmarks for private sector contribution to their training, within 1-2 years.</p>	<b>Not accepted</b>
<b>National Training Survey and data collection</b>	
<p><b>Recommendation 7 a</b> That the following research and development activities occur to support the change process:</p> <ul style="list-style-type: none"> <li>a. Identification of requirements for, and possible approaches to a national training survey to capture ongoing performance data, within 1-2 years.</li> </ul>	<p style="text-align: center;"><b>Completed</b></p> <p>The requirements for a national training survey have been identified. The Medical Board of Australia (MBA) has committed to implementing a National training Survey.</p>
<p><b>Recommendation 7 b</b> That the following research and development activities occur to support the change process:</p> <p>Identification of other relevant data indicators, and implementation of these, to support ongoing monitoring and evaluation of the change process, within 1-2 years.</p>	<b>Accepted</b>

<b>Recommendation</b>	
<p><b>Recommendation 7 c</b> That the following research and development activities occur to support the change process: Provision of dedicated, time-limited support for local innovation initiatives that have the potential to create sustainable improvements in the training experience, within 2-5 years.</p>	<p><b>Not accepted</b></p>