



Health Care Consumers' Association ACT INC
100 Maitland Street, HACKETT ACT 2602
Phone: 02 6230 7800 Fax: 02 6230 7833
Email: adminofficer@hcca.org.au
ABN: 59 698 548 902
hcca.org.au | hcca-act.blogspot.com |
[facebook.com/HCCA.ACT](https://www.facebook.com/HCCA.ACT) | [@HealthCanberra](https://twitter.com/HealthCanberra)

10 April 2015

RE: Submission to Council of Australian Government on Review of Medical Intern Training

The Health Care Consumers' Association (HCCA) provides a voice for consumers on local health issues and now provides opportunities for health care consumers in the ACT to participate in all levels of health service planning, policy development and decision making. HCCA involves consumers through consumer representation, consultations, community forums, and information sessions about health services and conduct training for consumers in health rights and navigating the health system.

HCCA welcomes the opportunity to provide input into the **on Review of Medical Intern Training**.

Key issues for consumers in this review are outlined below;

Length of internship

We recognise that there has been a trebling of numbers of interns and the change in health service delivery as more people are going to hospital for short lengths of stay and outpatients. This raises the question, how do we make sure that interns get adequate face to face training?

We are generally supportive of extending this to two years to ensure that a generalist approach is taken. This would include 6 month rotations Surgical, medical, community (general practice, aged care) and Emergency. . GP super clinics and private practices where created for prevocational registered practitioners like interns and we ask you to consider repurposing the GP Super Clinics to include intern positions.

Supervision

Supervision is not part of the current internship training funding model, there is an expectation that senior staff will provide this crucial service and absorb the cost. The dual

role of service and education is not currently acknowledged with the intern training model or the role of research in informing intern education or models of care for patients who are cared for by trainees.

Medical Internship programs must be focused to provide quality training. Providing training for an intern is an investment that is worth making. This needs regulation of both the content of an intern year and in the skills of intern supervisors. The new model must recognise that you need to support someone to become competent before you can become productive.

Some suggestions for further development of the intern training model is as follows; the introduction of intern standards that must be met throughout training, an acknowledgement of the role and capacity of Colleges to train junior doctors, as much of the supervision happens with Basic and Advanced Trainees in specialist education programs and consideration of the range of settings interns can work and learn in.

We also recognise that providing high quality supervision and supporting clinicians to further their skills in supporting interns through CPD is a challenge due to the health systems service focus.

Quality and Safety

There is research to suggest adverse events and complications go up in July and in the new academic year as interns begin in their roles. Consumers recognise that for interns this is an important year of practice and transition.

We advocate for the new training model to allow for the staggering of rotations within cohorts, as rotation entry to programs is a risk to patient safety as stated in the literature. This issue again highlights the shortage of supervisors for interns during these transitions, which poses significant risk to the consumer. We encourage collegiality, allowing interns to seek advice and guidance from specialists and generalists, possibly providing incentives for supervisors to participate in this through funding or CPD credits.

Workforce

HCCA recognises that there are a number of doctors who decide to be generalists and do not specialise. Doctors and Interns need more data and access to workforce information to make informed decisions about their roles, we advocate for more transparency around data and workforce needs so doctors can meet the needs of the community and Australia.

We would welcome any opportunity to provide further specific comments on the review of Medical Intern Training and would be happy to meet with you to discuss this further.

Yours sincerely,

A handwritten signature in blue ink, appearing to read "Darlene Cox", is centered below the closing. The signature is fluid and cursive, with a large initial 'D' and a long, sweeping tail.

Darlene Cox
Executive Director

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