



## MEDICAL EDUCATION

### The 2-year internship training

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The Medical and Dental Professions Board of the Health Professions Council of South Africa (HPCSA) has been reviewing the undergraduate curriculum in medicine over the past number of years. After extensive consultation and deliberations, the 2-year internship training will be introduced as from 1 July 2004.

#### Initial review of the internship training

Internship training in medicine was first introduced in South Africa during the 1950s. At that stage medical students felt that the introduction of internship training was resulting in adverse effects on their professional lives. However, internship training was nevertheless introduced and the then South African Medical and Dental Council took responsibility for conducting and overseeing the programme. Today nobody argues about the need for internship training.

During the early 1990s growing concerns were raised by various disciplines about the effectiveness of the system of internship training. Serious questions were also asked about whether or not the original goals of internship training were being achieved, namely to assist young graduates to obtain hands-on experience under supervision in 'approved' hospitals as clinical preparation for entering medical practice.

Furthermore, the nature of the rotations through the different disciplines was severely questioned. These rotations were thought to result in inadequate exposure of interns to the practice of medicine and most other relevant disciplines. Interns could, for example, spend 6 months each in medicine and surgery, with no exposure to the paediatrics, obstetrics and gynaecology that would make up 80% or more of their practice as general practitioners.

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The Medical and Dental Education Committee was, in the meantime, having ongoing discussions on a review of the curriculum in medicine and subsequent internship training. The Committee agreed to a review and the following aspects, among others, served as guidelines for the proposed investigation into internship training, namely: (i) to re-assess the original aims and objectives of the year of student internship and internship training; (ii) to determine whether the original aims and objectives were being met and whether or not the year of student internship and internship training supplement or duplicate each other; (iii) to determine specifically what the educational components of internship training should be, whether these objectives were being met in practice and whether or not interns were being regarded and treated merely as service deliverers, or as trainee medical practitioners; (iv) to assess the existing policies, criteria and procedures for the certification and re-certification of facilities for internship training (since referred to as accreditation); (v) to investigate the existing conditions of employment and the working conditions pertaining to interns; and (vi) on the basis of the above and in view of the policy of community service rendering, to investigate the need, or not, for a second year of compulsory internship training.

The Medical and Dental Education Committee and subsequently the Technical Group on the New System of Registration and Vocational Training in Medicine continued to look at medical education, which they considered to be an ongoing process of lifelong learning that would be based on four major pillars.

Firstly, it was recommended that undergraduate education and training be fully restructured to extend over a minimum period of 5 years. That curriculum would differ considerably from the previous model and would be integrated, student-centred and problem-based, with a focus on self-directed learning and community-based outcomes.

Secondly, it was recommended that there be a 2-year internship training with a better structured programme of rotations which would ensure exposure of interns to the main domains of training.

Thirdly, ongoing education and training could proceed via preparation for practising as a family physician, a specialist or even a subspecialist in medicine.

Fourthly, lifelong education and training would be through a system of continuing professional development (CPD).



## Introducing a period of vocational training

The Technical Group consulted broadly, including holding discussions with representatives of student bodies and faculties of medicine at each of the relevant teaching institutions. During this period of consultation it was realised that a more permanent relationship should be established between the Subcommittee for Internship Training and the Junior Doctors Association of South Africa (JUDASA).

JUDASA has enjoyed full membership of the Subcommittee and has, through its representative, participated in the further development of the proposals pertaining to internship training.

After the consultation process, the Technical Group submitted its full report to the then Interim National Medical and Dental Council of South Africa in October 1997. On that occasion, the Interim Council resolved that: (i) the minimum period of undergraduate education and training in medicine be reduced from 6 to 5 years; (ii) a 2-year period of vocational training be introduced to replace the year of student internship and internship training; and (iii) the total period of undergraduate education and training in medicine should not exceed 8 years.

## Rationale behind a 2-year period of internship training

As indicated above, concerns raised about the inadequacies of internship training as it was structured and implemented, highlighted the need for a complete revision of the system. This view was supported by the fact that during the inspection process for accreditation of training facilities, it had become abundantly clear that in many instances the training of interns was of a suboptimal standard.

Thereafter, the Subcommittee for Internship Training has again reviewed the implementation of the original proposals for the rotations during the 2-year period of internship training. Obviously, the demands for exposure to the different domains are such that even 2 years of internship training would be inadequate to comply with those demands.

For example, those in major domains such as medicine were of the view that exposure should be at least of 6 months' duration in order to be of proper value to the individual's professional development. Furthermore, it was said that limited exposure to anaesthesiology of even 2 months, instead of the present 2 weeks, would be dangerous in that it might create the impression that at the end of that period the intern

was ready to practise that discipline independently, which of course is not the case.

However, the Subcommittee realised that it was impossible to comply fully with all these demands and therefore resolved that persons graduating after 1 July 2004 would commence an internship training programme structured as follows:

- Medicine — 4 months
- Obstetrics and Gynaecology — 4 months
- Paediatrics — 4 months
- Surgery — 4 months
- Family Medicine/Primary Care (including exposure to the domain of mental health)
- Anaesthesiology — 2 months
- Orthopaedics/Trauma — 2 months

Guidelines on the nature and content of the exposure of interns during the said periods of rotation are specified in detail in the *Guidelines for Internship Training*.

## Students' memorandum to the Minister

On 19 September 2002 a group of medical students presented a memorandum to the Minister of Health in which she was requested to reconsider the 'exploitation' of newly qualified medical practitioners.

Based on the rationale and the process that led to a 2-year internship training, it is rather difficult to imagine what 'exploitation' the memorandum might be referring to. The extended period of internship training is merely addressing shortcomings in the present system which, it is hoped, will prepare future interns more adequately to serve their profession and patients.

The *Guidelines for Internship Training* and a complete review of the system of accreditation of facilities for internship training have resulted from those initial proposals to improve the system in order to better equip young graduates for their careers and to provide competent and appropriate health care to patients.

The Medical and Dental Professions Board is fully aware that many aspects of internship training still need to be improved. Not all the aspects, such as staff shortages, can be resolved easily. Nevertheless, considerable progress is being made and the Board and its Subcommittee for Internship Training will continue to work towards a system that serves medicine and health care in South Africa in the best possible way.