# REGIONAL INTERNSHIP WORKING GROUP

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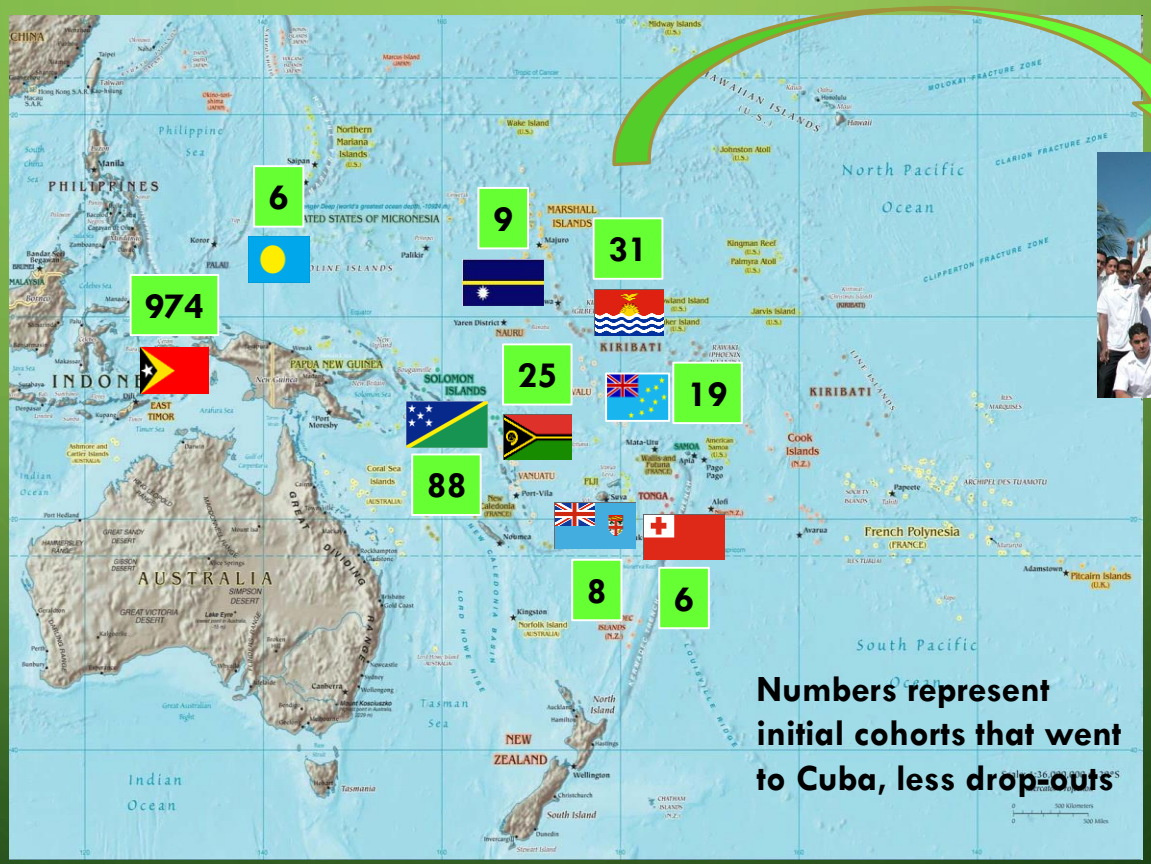
**MEETING IN SUVA, 29-30 MARCH 2016**

# Historical Background

- Previously ~level playing field for undergraduate and post-graduate medical training
  - Mainly FSMed and UPNG
  - Smaller numbers via Australian, NZ, other universities
- New players emerging:
  - Umanand Prasad Medical School (UPMS), University of Fiji
  - *Escuela Latino-Americana de Medicina*, Cuba
  - I-Shou and other universities, Taiwan
  - Oceania University of Medicine (OUM), Samoa
  - Others (China, Russia, Morocco, DWU Madang, etc.)

# Increasing prominence of Cuba as a trainer of doctors in the region




# Cuban Health System


Many good achievements

- Av life expectancy 77 years
- IMR 6.0, U5MR 7.7 per 1,000

Medical workforce

- Low salaries (~USD 150/month) ➞ high doctor-to-population ratio
- Highly (sub-)specialised ➞ domestic redundancy ➞ work with Cuban Medical Brigade overseas

Undergraduate medical training

- Strong community medicine and humanitarian focus
- Differences in burden of disease, e.g. no malaria, little TB
- Highly theoretical, short on practical skills

**PIC graduates trained in one system to work in another**

# Response of MOHs in Pacific

- Created new Internship Programs
  - Kiribati – 2013 (from scratch)
  - Vanuatu – 2015 (from "work experience" model → more structured)
- Reviewed / revised current Internship Program
  - Solomon Islands – 2014
- Joined existing Internship Program
  - Tuvalu – 2015 (KITP)

All have Bridging Programs (i.e. pre-internship)

## Regional Internship Working Group

# Objectives of March Meeting

- Share and examine experiences with the integration and deployment of foreign trained medical graduate (FTMG)*
- Generate lessons and recommendations for PICs on approaches to integration

* "Foreign" = Medical graduates who have studied outside the traditional institutions serving the Pacific, usually not in English Language

# Objectives …

- Consider whether a Pacific Regional Internship Standard is needed, i.e. for accreditation and recognition
  - If so, how might we go about that?
- Discuss country plans for deployment of FMTG post-internship

Formal written report to follow

# Discussion based on experience with initial cohorts of returning graduates

2013 – Kiribati (18 Cuba + 3 FNU)

First cohort starting to approach completion, ➞ evaluation

2014 – Solomon Islands (23 Cuba + 7 FNU)

2015 – Vanuatu (18 Cuba),
Tuvalu (8 Cuba)

First KITP cohort with supervisors

# 12 PRINCIPLES FOR IMPLEMENTING INTERNSHIP PROGRAMS, AND SYSTEM REQUIREMENTS

## ISSUES AND RECOMMENDATIONS

Maneaba

**Goal:**
A quality and sustainable medical internship program for Kiribati, appropriate for our local disease burdens / profile and local health system

- Caseload and case-mix
- Supervisory capacity
- Structured and relevant program
- Legislation and standards
- Transition to teaching hospital
- Adequate resourcing
- Partnerships and coordination

**Kiribati & MHMS ownership and commitment**

= MHMS capacity and management in place

= Interim external support needed

# 1. CASE LOAD AND CASE MIX

Internship Programs must be undertaken at a health facility that has a adequate case load and case mix

e.g. 1 or more admissions per specialty per day for an attachment of 3 months

# 2. SUPERVISORY CAPACITY

Interns must have adequate supervision at all times during the structured Bridging Program and Internship

- e.g. minimum of 1 MMed graduate in each discipline

Support to Supervisors

- Clinical / Medical education workshops and CPD

Supervisor : Student ratio at least 1:4

- (Consultants, Registrars)

Supplementary role of visiting specialists

Importance of pastoral support

- (life will come up with some challenges)

# 3. MINIMUM CORE SPECIALTIES

Core clinical specialties (integrated public health content)

- Medicine
- Obstetrics and Gynaecology (O&G)
- Paediatrics
- General and Orthopaedic Surgery

(All subject to minimum case load principle)

Special topics

- Anaesthesia and Transport Medicine
- Ophthalmology
- Emergency Department (on call 1:4)

# 4. BALANCE BETWEEN TIME-BASED AND COMPETENCY-BASED APPROACHES

Agreed list of competencies

Safe to practise ➞ full medical registration

Able to work semi-autonomously in rural or outer island primary care setting in partnership with other HCWs

Compatible with future postgraduate study

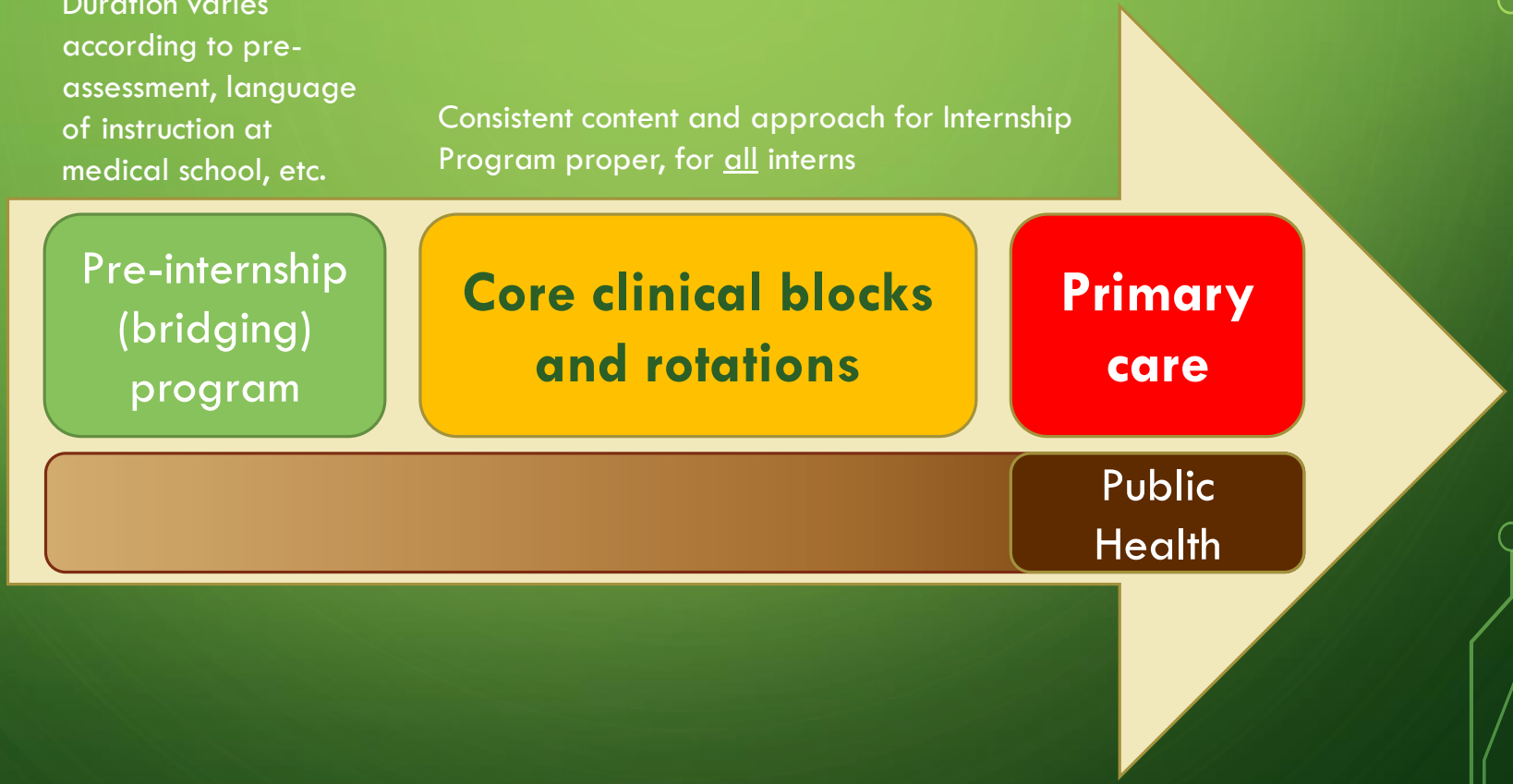
Evolving standard = Bridging Program + 2 years

… even if top performing candidates can achieve and demonstrate required knowledge and skills sooner

# Appropriate sequencing

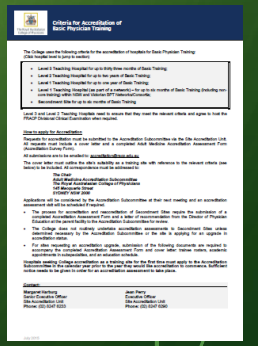
Duration varies according to pre-assessment, language of instruction at medical school, etc.

Consistent content and approach for Internship Program proper, for all interns



# 5. TEACHING FACILITY
## (i.e. minimum teaching hospital standards)

- ✓ Appropriate supervisor ratio
- ✓ Case load / case mix needed to achieve competencies
- ✓ Resource Centre / Library / on-line access (e.g. POLHN)
- ✓ Quality Assurance processes (clinical audits, clinical outcome surveillance, independent external assessors, etc.)
- ✓ Practice Policies
  (Infection Control, OH&S, needle stick protocol)
- ✓ Outpatient / Emergency Department
- ✓ Diagnostic Services (Lab/X-Ray)


Criteria for Accreditation of
Basic Physician Training

The College uses the following criteria for the accreditation of hospitals for Basic Physician Training:
(Clinical hospital base is going to vacate)

- Level 3 Teaching Hospital for up to thirty three months of Basic Training;
- Level 2 Teaching Hospital for up to two years of Basic Training;
- Level 1 Teaching Hospital for up to one year of Basic Training;
- Level 1 Teaching Hospital (as part of a network) – for up to six months of Basic Training (including non-core training within NSW and Victoria SPT Networks/Councils);
- Recruitment Site for up to six months of Basic Training.

Level 3 and Level 2 Teaching Hospitals need to ensure that they meet the relevant criteria and agree to host the RACP Divisional Oraal Examination when required.

How to apply for Accreditation

Requests for accreditation must be submitted to the Accreditation Subcommittee via the Site Accreditation Unit. All requests must include a cover letter and a completed Adult Medicine Accreditation Assessment Form (Accreditation Survey Form).

All submissions are to be emailed to accreditation@racp.edu.au

The cover letter should outline the site's suitability as a training site with reference to the relevant criteria (see below) to be forwarded to the Chair, Accreditation Subcommittee at the following address:

The Chair
Adult Medicine Accreditation Subcommittee
The Royal Australasian College of Physicians
145 Macquarie St
SYDNEY NSW 2000

Applications will be considered by the Accreditation Subcommittee at their next meeting and an accreditation assessment date will be scheduled if required.

- The process for accreditation and reaccreditation of Recruitment Sites requires the submission of a Recruitment Site Accreditation Survey Form and a letter of support from the Director of Physician Education of the parent facility to the Accreditation Subcommittee for review.
- The College does not routinely undertake accreditation assessments to Recruitment Sites unless determined necessary by the Accreditation Subcommittee or the site is applying for an upgrade to Level 1 status.
- For sites requesting an accreditation upgrade, submission of the following documents are required to accompany the completed Accreditation Assessment Form and cover letter: trainee rosters, academic appointments to subspecialties, and an education schedule.

Hospitals seeking College accreditation as a training site for the first time must apply to the Accreditation Subcommittee at least one year prior to the date they would like accreditation to commence. Sufficient notice needs to be given in order for an accreditation assessment to take place.

Contact:

Margaret Hartung
Senior Executive Officer
The Royal Australasian College of Physicians
Phone: (02) 9247 6333

Jean Parry
Executive Officer
The Royal Australasian College of Physicians
Phone: (02) 9247 6386

The Royal Australasian College of Physicians

# 6. INCLUSION OF SHORT COURSES

| Discipline | Core Short Courses | |
|---|---|---|
| Medicine | ACLS | Advanced Cardiac Life Support |
| Paediatrics | APLS | Advanced Paediatric Life Support |
| O&G | EmONC | Emergency Obstetric and Neonatal Care |
| Surgery | PTC | Primary Trauma Care |
| Anaesthesia | EPM | Essential Pain Management |

Intern feedback: participation in short courses boosts confidence in demanding or complex clinical settings

# 7. ADDITIONAL INTEGRATIVE CONTENT

**Primary Care**

- After main clinical rotations
- Applying / integrating clinical skills in community setting

**Public Health**

- Underpins approach to clinical rotations
- Program attachments during or right after internship

**Research** (Fiji, KITP; starting in Vanuatu)

- Must be practical, operational, relevant to practice
- Possible tension between community vs hospital epidemiology focus

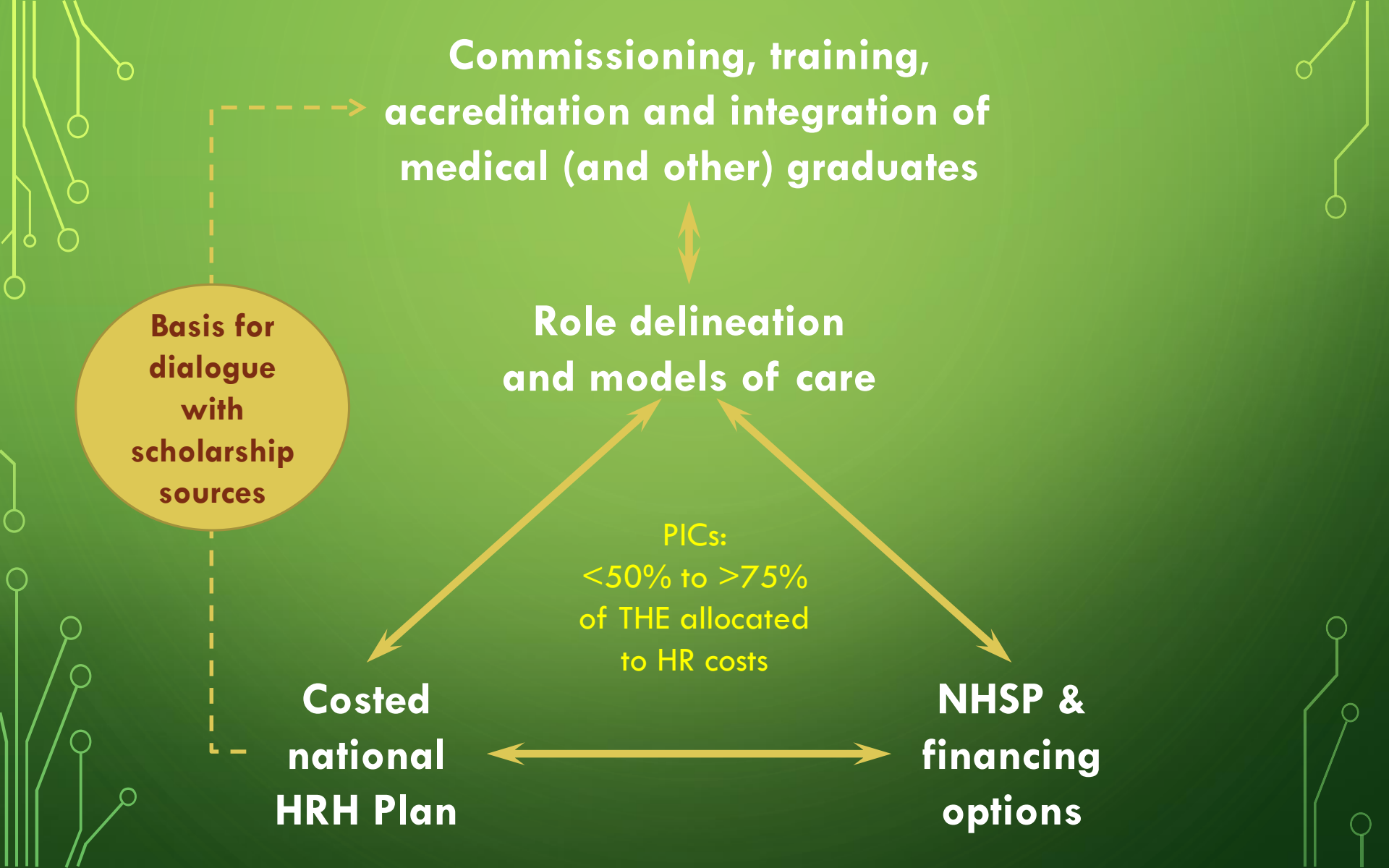
# 8. LEGISLATION AND STANDARDS

## Legislation/Policy

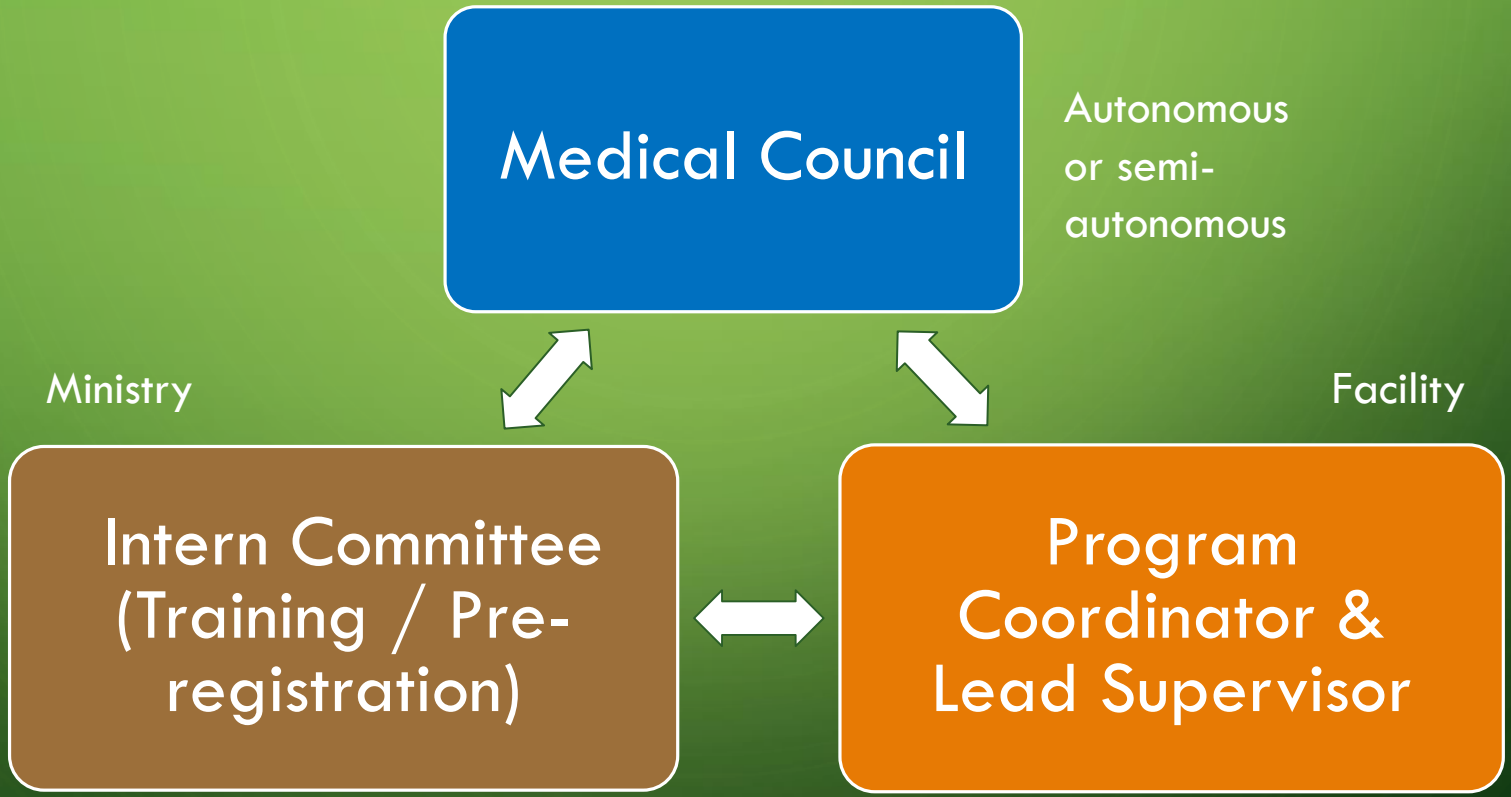
- Need a clear definition of the interns' position, remuneration package and responsibilities within the national workforce structure

## Remediation Policy

- i.e. if the Intern does not satisfy the requirements to achieve registration within maximum agreed time


Commissioning, training, accreditation and integration of medical (and other) graduates
Role delineation and models of care
Basis for dialogue with scholarship sources
PICs: <50% to >75% of THE allocated to HR costs
Costed national HRH Plan
NHSP & financing options

# 9. LINKS BETWEEN PROGRAM MANAGEMENT, REGULATORY STRUCTURES



# 10. ACADEMIC ACCREDITATION

i.e. Internship as a pre-requisite for further study

Can be:

- One-by-one by individual academic institutions for entry into their postgraduate study programs:
  - FNU, NUS, UoF, UPNG, Cuba, etc.
- Regional Accreditation:
  - e.g. SPC
    Educational Quality and Assessment Program (EQAP)
    Public Health Division (PHD)

# 11. DEPLOYMENT PLANS FOR INTERNS

It is important that deployment plans and career pathways are shared with interns because it provides a clear indication that the Internship is a necessary stepping stone in the pathway of one's medical career

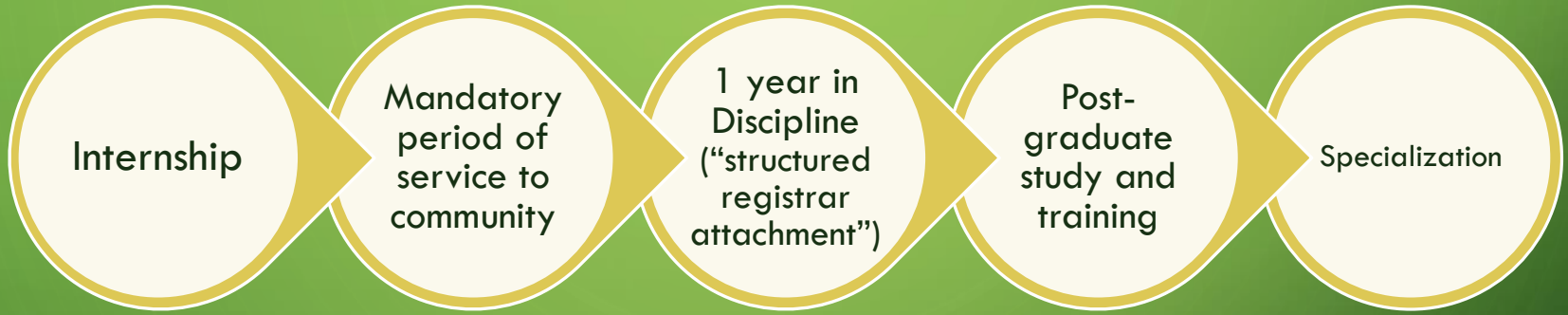
It is possible to avoid a two-system approach

- i.e. accommodate differences between FNU/UPNG and FTMGs

Base on National Medical Workforce Plans –

- Kiribati, Solomon Islands, Tuvalu and Vanuatu

# Deployment Plan for those proceeding to postgraduate training




Similar model would apply to clinical and non-clinical specialisation, including rural primary care, public health, medical administration

# 12. INCREASE FORMAL COLLABORATION BETWEEN UNDERGRADUATE TRAINING & INTERNSHIP PROGRAMS

May be feasible to undertake final year (or even two) of undergraduate training in home country

- Model used in Timor-Leste (Cuba/UNTL)
- Also for FNU graduates in Solomon Is

Dialogue needed between programs and medical schools

# INTERIM WORKING GROUP RECOMMENDATIONS FOR ENDORSEMENT TO HEADS OF HEALTH MEETING

Regional Internship Working Group

## Summary recommendations

1. That a generic Regional Internship Standard be developed to guide the efforts of institutions, Pacific Island countries, Regional and International organizations

2. That the Regional Standard can help PIC health and workforce agencies to approach the Internship in a systematic way, with attention to the 12 factors that contribute to a successful program

Regional Internship Working Group

## Summary recommendations

3. That Interns (and medical students) are made aware of career pathways, based on national health workforce plans

4. That a Regional Accreditation process be explored for the internship programs in the region, as:*
   a) a quality assurance mechanism, and
   b) a possible stepping stone to regional registration

* Flexible, not prescriptive, to accommodate the different needs and circumstances in different PICs

Regional Internship Working Group

## **Summary recommendations**

5. We need to write up this experience and publish it in the international literature

    e.g. *Human Resources for Health* journal

# Acknowledgements


- MHMS Kiribati, Tuvalu, Solomon Is and Vanuatu
- WHO
- SPC, FNU