INTRODUCTION OF THE TWO YEARS OF INTERNSHIP TRAINING

1. INTRODUCTION

Over the last 10 years, the Medical and Dental Professions Board has introduced the two year internship programme. This document contains some background information on this process and the outcome thereof, specifically with reference to internship training.

2. FIRST PROPOSALS FOR A REVIEW OF THE SYSTEM OF INTERNSHIP TRAINING

Internship training in medicine was first introduced in South Africa during the 1950’s. At that stage, the then students in medicine, 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 that programme. Today nobody argues about the need for internship training.

During the early 1990’s growing concerns were, however, raised by various disciplines, especially Anaesthesiology and Orthopaedics, about the effectiveness of the system of internship training, especially in those disciplines. 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. Questions were asked as to whether internship training was not merely a replica of the year of student-internship with interns being mainly used as work-units and additional hands to perform very minor duties that could easily be performed by much lesser qualified persons.

Furthermore, the nature of the rotations through the different disciplines, were severely questioned as these were regarded to result in inadequate exposure of interns to the practice of medicine in the main and most relevant disciplines. Interns could, for example, spend six months each in Medicine and Surgery with no exposure to Paediatrics and Obstetrics and Gynaecology that would probably make up 80 % or more of their practice as general practitioners.

Discussions on a review of the curriculum in medicine and subsequent internship training were ongoing in the Medical and Dental Education Committee of the time. Special impetus in this regard resulted from a Memorandum on Internship Training: A Case for a Re-Look that was submitted in November 1993 by Prof A F Malan, member of the then Internship Committee and a present Inspector of Internship Training.

The Medical and Dental Education Committee agreed to a review and the following aspects, amongst others, would serve as guidelines for the proposed investigation into internship training, namely –

a. to re-assess the original aims and objectives of the years of student internship and internship training;
b. 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;
c. 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 as merely service deliverers or as trainee medical practitioners;
d. to assess the existing policies, criteria and procedures for the certification and re-certification of hospitals for internship training (since referred to as accreditation);

e. to investigate the existing conditions of employment and the working conditions pertaining to interns;

f. 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.

Although the then Internship Committee made some progress towards undertaking the proposed research, various administrative problems prevented finalisation of that project. Despite this fact, the Medical and Dental Education Committee and subsequently also the Technical Group on the New System of Registration and Vocational Training in Medicine, continued to look at medical education which they regarded to be an ongoing process of life-long learning which would in future be based on four major pillars.

Firstly, it would commence with undergraduate education and training which it recommended should be fully restructured to extend over a minimum period of five years. That curriculum would differ considerably from the previous model and would mainly be integrated, student-centred, problem-based with a focus on self-directed learning and community-based outcomes. The degree in medicine should be awarded after successfully passing the fifth year of study.

Secondly, it was recommended that internship should indeed be expanded by adding two additional years of what was then referred to as “vocational training”. That proposal was subsequently rescinded and replaced by a resolution to introduce a two year period of internship training with a better structured programme of rotations which would ensure exposure of interns to the main disciplines, later referred to as domains. The expression “domain” was used in order to distinguish between disciplines for speciality education and training and domains as a broader and more general concept for the purpose of internship training. The domain of Surgery could, therefore, include the different “cutting” disciplines and not only General Surgery.

It was the view of the said bodies that the year of student-internship should be replaced by the first year of postgraduate internship training, while the present year of internship training would become the second year of such training.

Thirdly, life-long education and training could proceed via preparation for practicing as a family physician or as a specialist and even a subspecialist in medicine.

The fourth leg of ongoing education and training would be what has since become known as the system of continuing professional development (CPD).

### 3. PROPOSAL TO INTRODUCE A PERIOD OF VOCATIONAL TRAINING

As referred to in the preceding paragraph, part of the consideration for a review of the period of internship training, was the proposal to introduce a period of vocational training which, together with internship training, would extend over three years. The Technical Group to which reference was made previously, conducted extensive consultations with a wide variety of stakeholders during the period 1996/1997. For this purpose, the Chairperson of that Group, Prof C J C Nel, together with other members, visited major centres such as Pretoria, Bloemfontein, Cape Town and Durban. Discussions were held with representatives of student bodies and Faculties of Medicine of each of the relevant teaching institutions. In fact, during that period, it was realised that a more permanent relationship should be established between the then Internship Committee, subsequently referred to as the Subcommittee for Internship Training, and the Junior Doctors Association of South Africa. JUDASA has since, until the present, enjoyed full membership of the said Subcommittee and thus, via its representative, has indeed participated in the further development of the proposals pertaining to internship training.
Apart from having heard oral submissions, the Technical Group also received a large volume of written comments from stakeholders, again including individual students and parents of students, amongst others.

Based upon all of its deliberations, as well as the verbal and written comments received, the Technical Group on the New System of Registration and Postgraduate Vocational Training in Medicine, submitted its full report to the then Interim National Medical and Dental Council of South Africa in October 1997. At that occasion, the Interim Council resolved that –

a. the minimum period of undergraduate education and training in medicine be reduced from six to five years;
b. a two year period of vocational training be introduced to replace the year of student-internship and internship training (that terminology was subsequently revised to again refer to internship training which should extend over two years);
c. the total period of undergraduate education and training in medicine should not exceed eight (8) years.

The draft Regulations to provide for various aspects of the new system of registration, including the minimum five year undergraduate curriculum and the two year period of internship training were, in fact, agreed to by the Interim Council in March 1998 and thereafter submitted to the Department of Health for approval and promulgation.

Those Regulations were subsequently published in the Government Gazette for general comments, again allowing for consultation and input to be made. Little if any comments on the proposed extended period of internship training were received at that stage.

During later meetings between the Department of Health, Faculties/Schools of Medicine and this Board it came to light that not all Faculties/Schools would introduce a five year programme, while one University decided to introduce the curriculum in Medicine as a graduate programme based on an initial undergraduate course such as a general BSc degree. Notwithstanding these differences, it was eventually agreed that two years of internship training were required, irrespective of the duration of the academic course for a qualification in medicine.

4. REASONS FOR INTRODUCING A TWO YEAR PERIOD OF INTERNSHIP TRAINING

Earlier on in this document reference was made to the fact that various disciplines and individuals, such as Prof A F Malan, some twenty years ago, raised particular concerns about the inadequacies of internship training as it was then structured and implemented. It was agreed that the rapid developments in medicine and the limited exposure of interns to the broad spectrum of major domains in practice, highlighted the need for a complete revision of the current 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 sub-optimal standard.

Since then, the Subcommittee for Internship Training, again reviewed the implementation of the original proposals for the rotations during the two year period of training. Obviously, the demands for exposure to the different domains are such that even two years of internship training would be inadequate to comply with those demands. For example, the major domains such as Medicine held the view that exposure should be for at least six months in order to be of proper value to the individual’s professional development. Furthermore, it was said that limited exposure to Anaesthesiology of even two months, in stead of the present two weeks, would be dangerous in that it might create the impression or illusion that the intern was thereafter ready at the end of that period to successfully practice that discipline, which of course, is not the case.
Over the years the Internship Subcommittee continued to adapt the programme to its present format. For example the domain of Mental Health was initially incorporated within the domain of Family Medicine. This was because there was concern that adequate supervision may not be available in all accredited facilities in psychiatry. However a separate domain of psychiatry for a period of one month was introduced subsequently when the college of psychiatrists motivated for the same and ensured of adequate supervision in that domain in all the accredited facilities.

6. REVIEW OF THE TWO YEARS INTERNSHIP IN THE LAST 10 YEARS

Guidelines on the nature and content of the exposure of interns during the rotations are specified in detail in Part II of this Handbook.

This Handbook 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 in medicine and to provide competent and appropriate health care to patients.

The Board is fully aware of the fact that many aspects of internship training still need to be improved. Not all of these aspects such as staff shortages can be resolved easily. Nevertheless, considerable progress was made and the Board and its Subcommittee for Internship Training will continue to work for a system which will serve medicine and health care in South Africa in the best possible manner. It is for this reason that the two years internship should be formally be reviewed. The results of the review can be used to further adapt the programme to ensure that it continue to address the healthcare need for our population.

PRETORIA

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