10 April 2015

Medical Intern Review
C/o NSW Ministry of Health
Level 8, 73 Miller Street,
NORTH SYDNEY NSW 2060

Dear Review Panel

The Australian Private Hospitals Association (APHA) and Catholic Health Australia (CHA) were appreciative of the opportunity to meet with Dr Anne-Marie Feyer, Kelly Kassapakis and Michael Hannon, on Tuesday 31 March and would like to make a short submission to the Review of Medical Intern Training. The APHA and CHA together represent most of the private hospital sector, which in turn provides 41% of hospital separations annually in Australia.

Providing placements to medical interns across a range of settings is essential for the sustainability of the health workforce in Australia. Private and not for profit hospitals provide a significant, hitherto under-utilised, opportunity for training interns. To date, formal placements in the private and not for profit sector have been limited to:

- State-funded placements in public hospital services that are run by not for profit and private sector groups;
- A small number of funded opportunities for interns to “rotate” to short placements in the private sector in some jurisdictions;
- Federally-funded placements in private and not for profit hospitals for international graduates from Australian medical schools; and
- Informal opportunities whereby interns have had exposure to private and not for profit hospital facilities. Often these opportunities have arisen because facilities are co-located with public hospitals or because supervisors working across public and private settings have made such opportunities available.

Private hospitals have a diverse case mix, ranging from very complex, highly intensive hospitals to smaller, specialised hospitals. Many of our members have expressed that they wish to take on more interns, and would be able to do so if key barriers could be overcome. The main issues that need to be addressed are:

- Funding of internship placements for both domestic and international students;
- Greater support at jurisdictional level for collaboration between public and private sectors allowing appropriate provision of resourcing, insurance coverage and leveraging of training opportunities available;
- Resourcing of appropriate supervision—a problem recognised across all sectors but a particular issue in settings where services are provided on a fee-for-service basis; and
- An open and transparent process for placing interns which gives primacy to graduate preferences and recognises the value of placement opportunities across all sectors.

As has been demonstrated by the sector’s already significant involvement in the provision of clinical placements for undergraduates across a range of professions, programs for nursing graduates and provision of placements for specialist registrars, the private and not for profit sector has considerable experience in the provision of quality training and supervision. The private and not for profit sector prides itself on developing both the clinical and non-clinical skills of its workforce. Such skills are essential in providing well-rounded professionals able to meet patient needs and expectations of quality team-based care.
Patient attitudes are not a barrier to these activities. Indeed, this is often regarded by patients as an asset - provided patients are appropriately informed of a facility’s clinical training programs and the involvement of students, graduate interns and registrars in the clinical setting.

Many specialists, particularly those already involved in training and supervision, are supportive of the expansion of internship opportunities in the private and not for profit sector.

The private and not for profit sector is able to provide experience in medical, surgical and psychiatric medicine placements but is also able to provide valuable experience in key areas of need as demonstrated below:

- Emergency medicine: 23 private hospitals currently have emergency departments and this number will expand in future;
- Intensive care: many more private and not for profit hospitals provide intensive and/or coronary care; and
- Rural and regional medicine – with a number of regional private and not for profit hospitals enthusiastic participants in the initial rounds of the Commonwealth Medical Internships Program.

There are many areas of medicine where interns would have only very limited opportunities for exposure without the ability to experience practice in the private and not for profit sector. Many medical graduates will ultimately spend a significant part of their professional lives in this sector and the internship year should provide them with a well-rounded basis for making future career choices.

We note that the Review has also been charged with considering the structure and scope of training and experience to be provided within the internship. In this regard the private sector offers the opportunity for quality training experiences in areas of shortage in the medical workforce including psychiatry, geriatric medicine and rehabilitation medicine.

The private and not for profit sector has already demonstrated its capacity to respond to the need to expand internship opportunities for international graduates from Australian medical schools. The sector would welcome the opportunity for greater involvement in the training of domestic medical graduates. It is essential that selection and placement processes for domestic students be fair and transparent and should prioritise students’ own wishes for placements where possible – with private and not for profit hospital placements placed on an equal footing to placements in the public sector.

The APHA and CHA also note that a strong theme in the Review’s consultations have been the importance of engagement between the university and hospital sectors. While there are many individual links and partnerships between individual hospitals/groups and individual universities, it has proven difficult to progress consideration of systemic challenges through these relationships. Both the APHA and CHA would welcome increased engagement at a whole of industry level.

Although it is beyond the scope of the Review, we would add that it is essential that consideration is also given by governments to providing funding for junior doctors to continue their employment and development in the years following their initial internship year to ensure that they progress to take their place in meeting future medical workforce needs.

APHA and CHA would take this opportunity to thank the Review Panel for including the private sector in the consultation process, as this has been much appreciated by those involved.

Yours sincerely

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