

Early Streaming into Specialty Training

The serious threat of a national workforce shortage has increased the pressure for Australia to produce more specialists. This has sparked further debate about the possibility of early streaming of students into specific disciplines during medical school and their early training years (1). This may incorporate students undertaking their degree in a specific context, such as a rural setting or a specific discipline. However, there is a concern that this will jeopardise generalist medical education and limit experience of junior doctors to their specific area of streaming (2).

If the early streaming approach was implemented, a strategic approach to the restructuring of medical degrees and internship years would be required (3, 4). Additional funding would also be necessary to ensure that adequate support and resources were available for junior doctors (3, 4).

THE FACTS:

- The Council of Australian Governments (CoAG) Health Council commissioned the National Review of Medical Intern Training in 2014-15 for the purpose of examining the current medical internship model and its validity, and to investigate potential improvements to support medical graduates as they transition into practice (5).
- Australia is internationally renowned for producing high quality junior doctors and the generalist training program conducted during medical degrees and early postgraduate years (PGY) is believed to underpin this reputation (1, 2).
- Developed in 1997 by the Medical Training Review Panel (MTRP), the generalist training throughout PGY1 and PGY2 was well considered and endorsed by the Commonwealth and the States (1, 2). The generalist internship allows medical students to get broad exposure to many areas of medicine over the first two postgraduate years.
- The United Kingdom, United States and Canada differ from the Australian system because graduates are considered to be 'pluripotent' doctors and apply directly to vocational training programs (6).
- In Australia, the minimum time, following high school, required to become a general practitioner has increased by 3 years since the 1960s. To become a fully qualified Cardiologist it can take close to 20 years. Early streaming would allow those who know their specialty area to begin training in their area of interest earlier (6).
- The Australian Medical Workforce Committee reported that only 18% of medical students in 2005 had determined what specialty they would pursue by the end of their degree (7). These data are supported by the Medical School Outcomes Database (MSOD) survey of 2012 PGY3 cohort which compared their certainty of intended specialty to their preference in PGY1 (8, 9). This highlighted that PGY1 is when most junior doctors make their vocational decision, however only 50% are absolutely certain by PGY3 and illustrates that it takes time for medical graduates to make their decision regarding their specialty (4, 8, 9).
- Junior doctors are currently able to access rural generalist vocational training as early as intern year (PGY1). Several colleges now encourage junior doctors to enter their vocational training programs during PGY2 (1).

THE OPINIONS

Australian Medical Students' Association (AMSA)

- AMSA support the existing structure of the internship and believe that it should continue to consist of a generalist medical education to ensure a well-rounded knowledge base that will adequately support the future medical careers of junior doctors, in whichever specialty they choose (2, 8).
- More info from AMSA: [Review of Medical Intern Training Discussion Paper: AMSA Opinion](#)

Australian Medical Association (AMA)

- The AMA are in support of generalist training pathways and believe such programs allow for integrated knowledge that underpins a medical career (3).
- The AMA oppose early streaming as it will remove a crucial phase of medical training that is globally reputable, and will reduce the time spent with direct patient care and mentoring by senior clinicians (3).
- The AMA believe it is important to allow time and experience to influence decisions, with the concern that junior doctors may find themselves in careers that are not particularly well suited to them .
- The AMA anticipates that early streaming into specialty training will exacerbate the existing 'bottle-neck' problems associated with getting onto specialty training programs. Additionally, this may lead to a reduction in available placement options for junior doctors, particularly in smaller rural areas, that lack the appropriate vocational training support (3).
- More info from the AMA: [Review of Medical Intern Training Discussion Paper: AMA Opinion](#)

Confederation of Postgraduate Medical Education Councils (CPMEC)

- CPMEC supports the current internship focus on generalist skills and warns against isolated specialty training in junior years. They also highlight that if a direct streaming option is contemplated it would be important to consider retraining opportunities for those who later determine their vocation to be a poor fit (10).
- More info from CPMEC: [Review of Medical Intern Training Discussion Paper: CPMEC Opinion](#)

Royal Australasian College of Surgeons (RACS)

- RACS are not advocating for any particular major changes to the internship process; however they do not believe that the internship year is of particular influence in decision-making regarding vocational training.
- RACS sees utility in the existing internship process and believe that early streaming would limit the well-rounded nature of medical education for Australia's junior doctors (11).
- More info from RACS: [Review of Medical Intern Training Discussion Paper: RACS Opinion](#)

Medical Deans of Australia and New Zealand

- The 20 Medical Deans have not reached consensus on a statement regarding early streaming in the PGY1 year (4). There is however, support from many medical schools to assist students who would like to undertake careers in regional and remote areas. All Deans recognize the need for continued support for these pathways in the pre-vocational phase to encourage students to pursue these streams (4).
- More info from Medical Deans: [Review of Medical Intern Training Discussion Paper](#)

HOW YOU CAN MAKE A DIFFERENCE

The release of a final report on this issue is anticipated in November 2015 and will provide options for potential pathways for change.

If you have an opinion contact:

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- AMA ACT at reception@ama-act.com.au
- Your AMSA Representative at amsa@anumss.org, or ANUMSS President at president@anumss.org

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