

An aerial photograph of a large, powerful ocean wave. The water is a deep, vibrant blue-green color, and the wave's crest is a thick, white foam. The wave is curling over, creating a tunnel-like structure in the center. The background shows the vast expanse of the ocean under a clear sky.

# **The Changing Face of Internship in Western Australia**

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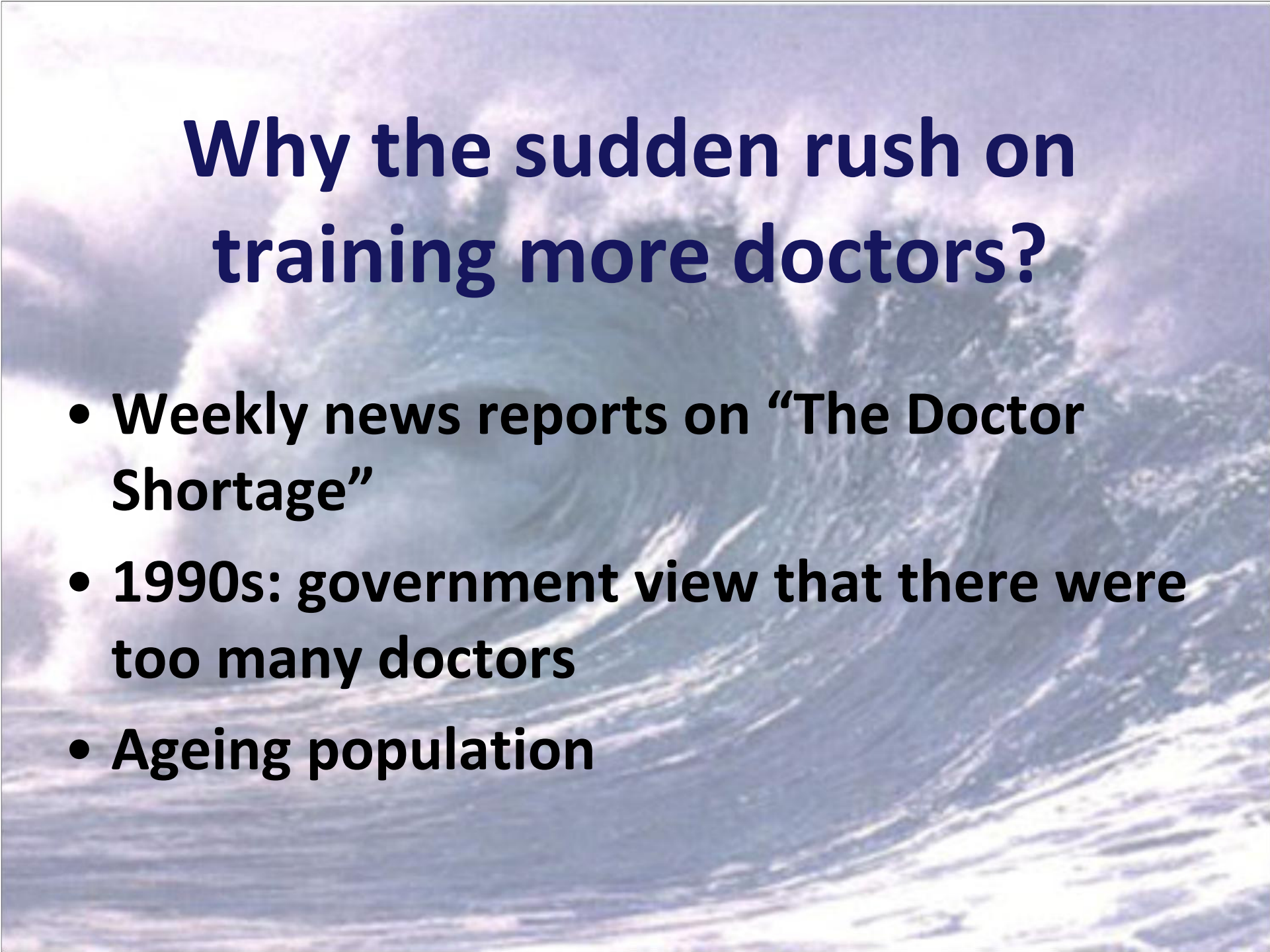


# Overview

- **Medical student numbers**
- **Change to intern structure**
- **New rotations**
- **Experiences from current interns**
- **Future directions**

# Background

- In 2000, 1660 medical students commencing study across Australia
- In 2007, 2996
- WA status reflects trend



# **Why the sudden rush on training more doctors?**

- **Weekly news reports on “The Doctor Shortage”**
- **1990s: government view that there were too many doctors**
- **Ageing population**



# **What does this mean for us junior docs?**

- **Medical schools – 5+ students per team**
- **Intern rotations – where to place all of us?**
- **‘Global warming’ of medical students –  
pressure on training programs**

# Internship in WA

- **Historically 4 rotations of 13 weeks each**
- **Recently changed to 5 rotations**
- **Intern year = ED, Medicine, Surgery, plus choice of 2 others**

# **Intern Rotations**

- **New intern rotations have been introduced to cater for the increased numbers**
- **At RPH: Anaesthesia, High Dependency Area, Maxillofacial Surgery, Plastics, Stroke/Neurology, Sexual Health**



# **Additional Rotations**

- **Anaesthesia**
- **High Dependency Area**
- **Sexual Health**

# **Experiences from current interns**

- **Overall feedback very positive**
- **Interns still want to do ED/Medicine/  
Surgery but keen to try out others**
- **Risk of supernumerary positions**

# ED Terms

- In WA, an ED term is not compulsory
- Currently all interns have some ED exposure
- Some Accredited ED positions close to saturation - but possibilities exist for expansion of other sites
- Junior doctors have been clear in their wish for an ED term

# **Future of Internship in WA**

- **WA Country Health Service: proposal to become a Primary Allocation Centre from 2010**
- **Other possibilities:**
  - Outer Metropolitan**
  - Private Sector**
  - GP**

# To Consider

- **?At risk of making the intern rotations too observer based**
- **Rural Primary Allocation Centre - supervision & access to training programs**
- **Impending 'crush' on RMO positions – funding for PGY2 and beyond**

# Summary and Conclusions

- **Aims of Internship - well supervised, balanced and broad experience**
- **Rotations must allow some autonomy and responsibility - not supernumerary**

