

BRIEF OVER VIEW: GUIDELINES FOR INTERNSHIP TRAINING: 2017 EDITION



PURPOSE

TO EFFECT TRANSITION FROM:

- Undergraduate students to professionals with responsibility to patients, the health team and communities.

TO COMPLETE MEDICAL TRAINING UNDER:

- Supervision and guidance
- In HPCSA accredited facilities

OBJECTIVES

PROVIDE OPPORTUNITIES TO FURTHER DEVELOP:

- Knowledge
- Practical skills
- Appropriate behavior patterns
- Professional thinking
- Insight, understanding and experience in patient care
- And equip oneself to function as a

COMPETENT AND SAFE MEDICAL PRACTITIONER

ALLOCATION OF INTERNS

- Applicants are allocated to facilities accredited by HPCSA
- Allocation is done by the National Department of Health and Provinces
- Letters of employment to prospective interns are issued by the province or facility of employment

ALLOCATION OF INTERNS

- Allocation of interns does not exceed the number of accredited/funded posts in an accredited health facility.
- Transfer of interns once allocated are not within the purview of NDOH
- Transfers shall be considered in exceptional circumstances by the relevant provinces

PROFESSIONAL REQUIREMENTS

- Registration in terms of Health Professions Act no 56 of 1974 for the full period of training.
- Registration is valid for three years
- A copy of a logbook is provided by the board upon registration
- Twenty four months training in the facilities accredited by the HPCSA
- Issuing of the Intern Duty Certificate on satisfactory completion the 2 year training programme

PROFESSIONAL REQUIREMENTS (CONT)

- The duration and domains of internship training for foreign qualified practitioners who may or may not have completed internship will be determined by HPCSA based on norms set.

INTERN TRAINING REQUIREMENTS

COMPULSORY ROTATIONS IN THE FOLLOWING DOMAINS

4 months rotations in the following Domains:

- General Medicine
- General Surgery (including surgical trauma)
- Obstetrics and Gynaecology
- Paediatrics

3 months rotation

- Family medicine/Primary Care

2 months rotations

- Anaesthesiology and Orthopaedics/Orthopaedic trauma

1 month rotation

- Psychiatry

DOMAIN RELATED ISSUES

- Ensure adequate exposure and training in that domain
- Trainers to impart to trainees the knowledge, skills and specific aspects of medical practice in that domain
- Should be an uninterrupted rotation for continuity .Exception only if a intern starts late when he/she will join the allocated rotation and completes the balance of that rotation at the end of training.
- Night duty may entail cross over, but during the day the intern should remain in his/her domain

INTERN TRAINING REQUIREMENTS (CONT)

- Completion of the required additional time should be done at the end of the internship programme and not at the end of the specific domain training.
- Be allocated not more than 25 in patient beds
- It is recommended that interns are given the opportunity to attend short courses like BEST, BLS, ATLS, ACLS, PALS, AMLS, ESMOE or equivalent courses. Hospitals to develop local guidelines in this regard.

TRAINING PER DOMAIN

Emphasis in training should be on the core values and skills of:

- History taking
- Examination of patient
- Clinical diagnosis
- Appropriate and cost effective investigations

TRAINING PER DOMAIN

- Patient management
- Need for referral and follow up
- At the end of the domain training the intern should be competent in the core requirements of the domain

RESPONSIBILITY OF THE INTERN

- Promote professional image: always wear appropriate professional clothing with name tag for identification.
- Sign attendance register at the time of arrival and departure from duty or follow local hospital guidelines.
- Keep a log book and perform tasks as required in the logbook
- Completion of the tasks mentioned in the logbook is entirely the responsibility of the intern

RESPONSIBILITY OF THE INTERN (CONT)

- Keep carefully documented notes after assessing each patient including signature, date and time.
- Follow up of all investigations ordered and document results in the patients file
- Notes/orders/certificates made must be signed with name date and time and should be legible.
- Cooperate with medical, nursing and other health professionals in relation to patient care
- Case summaries be completed on patient discharge

RESPONSIBILITY OF THE INTERN (CONT)

- Be aware of the patient rights charter
- Maintain holistic approach when taking care of the patient
- Must be aware of your limitations, both in knowledge and skills(don't hesitate to seek advice from senior medical practitioners)
- Appropriate hand over for continuity of care
- Avail themselves for formal training(ward rounds, case presentations, mortality meetings, medical audits)

RESPONSIBILITY OF THE INTERN (CONT)

- Interns cannot do locums during internship
- It is illegal to work in any form of practice outside accredited institutions.
- Disciplinary and legal action shall be instituted against any intern who might engage in such practice and against any medical practitioner who might be found to employ an intern as a locum

- Primary responsibility rests with **CEO** supported by the **CLINICAL/MEDICAL DIRECTOR/ MANAGER/ HEAD OF CLINICAL GOVERNANCE**
- Secondary responsibility rests with Heads of Clinical Domains and Senior Medical Staff
- Each relevant clinical domain to have a named supervisor to co-ordinate training in that Domain
- Interns should be supervised by a Registered Medical practitioner with at least three years post Internship clinical experience in that specific domain of training.

SUPERVISION AND RESPONSIBILITY FOR TRAINING (CONT)

- The ratio of Interns to supervisors can be upto 4:1
- Access to supervisors should be available 24 hrs a day.
- After hours call roster to comprise of Intern on duty and Medical Officer on first call
- Consultant/Supervisor to be available on second call

SUPERVISION AND RESPONSIBILITY FOR TRAINING (CONT)

- Should not work alone in any critical areas such as emergency unit/ casualty, labour ward, theatre or ICU
- Responsibility of Intern supervision and patient care rests with senior staff, ie medical officer or consultant
- Senior Medical Staff should be available at all times and personally assist the Intern as required

SUPERVISION AND RESPONSIBILITY FOR TRAINING (CONT)

- The senior person on call carries the medicolegal responsibility
- Referral of patients to other discipline's for consultation or taking over should not be left to interns, except in the event of an emergency where the senior practitioner is not available
- Interns should not be expected to search for vacant beds for patients to be admitted and each hospital should have a system in place for admissions.

DOMAIN SUPERVISORS

- Each Clinical Department should have a domain supervisor responsible for training in that domain
- The supervisors also assist the Intern Curator who is appointed for the whole facility

RESPONSIBILITIES

- Welcome and orientate Interns into the domain
- Provide guidelines regarding duties in the domain

RESPONSIBILITIES

- Allocate interns within that domain
- Draw up duty roster
- Supervise leave arrangements including sick leave
- Coordinate the evaluation of interns
- Ensure completion and signing of logbooks

GRIEVANCES

- Minor complaints or 'in-house' issues can be solved by the domain supervisor.
- More serious problems (operational or personal) should be reported to the Intern Curator.

EVALUATION OF THE TRAINING PROGRAMME

- Must be an ongoing process
- Pre rotation discussion as to educational objectives and job descriptions
- Must have an interim assessment halfway through a rotation(midblock) to institute any correctional steps that may be required
- Assessment to be discussed with and signed by the intern

EVALUATION OF THE TRAINING PROGRAMME

- A formal evaluation, using form 139 (included in the logbook) be completed during mid-rotation and at the end of the rotation
- There are sections to be filled and signed by intern and by the domain supervisor
- First page of logbook to be filled correctly
- Ethics and human rights section to be signed by Intern curator

EVALUATION OF THE TRAINING PROGRAMME

- Domain Supervisor to inspect logbooks during the first week of rotation
- Cannot start a new domain without being signed off from previous domain
- Sign off duty certificate on satisfactory completion of domain using form 10A (included in the Logbook)
- Do not sign form 10-A if the intern has not met the requirements of internship training

No alterations to form 10-A will be accepted.

CRITERIA

- Absence from work, usually other than planned and approved vacation leave
- Any leave of more than 2 months in the 24 month period
- Repeated failure to perform required duties
- Gross incompetence or negligence in patient care

CRITERIA

- Mental or physical unsuitably for registration as a medical practitioner (impaired as contained in section 1 of the Health Professions Act, 1974)
- A mental or physical condition, or the abuse of or dependence on chemical substances, which affects the competence, attitude, judgement or performance of a student or another person registered in terms of this act.

PROCEDURE TO ADOPT WHEN PERFORMANCE IS A CAUSE FOR CONCERN

- Should be verbally warned of his or her performance
- Record of verbal warning to be kept in the personal file
- A second warning should be issued in writing to the Intern, with a copy in his/her file and a copy to the board
- Remedial measures should be put into place soon after the mid block evaluation.

PROCEDURE TO ADOPT WHEN PERFORMANCE IS A CAUSE FOR CONCERN

- All processes should be documented and signed by supervisor and intern.
- If a Intern Duty Certificate is not signed, a letter detailing the reasons for delayed registration should be submitted to the HPCSA
- The letter shall include recommendations for extra training
- Additional training period should not exceed the maximum training time allocated to that domain.

DELAYED REGISTRATION (CONT)

PROCEDURE TO ADOPT WHEN PERFORMANCE IS A CAUSE FOR CONCERN

- If the training in a domain cannot be signed off even after the maximum allowed period of extension in that domain HPCSA should be informed for its consideration.
- Internship training must be concluded within 36 months from the date of registration as an intern
- Impairment/Incompetence to be reported to internship subcommittee for further investigation
- HPCSA has developed guidelines to deal with situations of alleged incompetence during the training period

CONDITIONS OF SERVICE

HOURS ON DUTY:

- Should work 40hrs per work week
- Commuted overtime should not exceed 20hrs per work week
- 80 hrs overtime should not be exceeded in a four week cycle
- Continuous service should not exceed 26 hrs. Interns should be relieved of duty after this period. Shorter shifts are recommended in busy settings.
- Should not work full weekend, unless there is a 12 hrs break during the weekend
- Not to be on duty every second night

CONDITIONS OF SERVICE (CONT)

LEAVE BENEFITS:

- Annual leave 22 days
- Preferable to be taken during the four months rotations to a maximum of two weeks in a domain
- Total leave should not exceed 2 months since an intern should receive at least 22 months supervised training

CONDITIONS OF SERVICE (CONT)

- Maternity leave: 4 months and extension of training by four months will be required
- Locums /moonlighting illegal
- Provision of accommodation, on call facilities according to guidelines
- No study leave except for short courses e.g. advanced life support courses

APPOINTMENT OF THE INTERN CURATOR

- Appointed by the CEO/Medical/Clinical Manager/Head of clinical governance
- Experienced member of the medical staff
- In a larger hospital complex there shall be an Intern Curator and Deputy Intern Curator
- Appointment of Domain supervisors does not adjunct the responsibilities of the Intern Curator
- term Curator is derived from Latin: curare-to take care

RESPONSIBILITIES OF THE INTERN CURATOR

- Ensure training is in adherence with the prescribed guidelines
- Serve as an easy channel of communication between management and Interns
- Spokesperson on behalf of Interns
- Organize orientation programme at commencement of the internship training year
- Provide starter pack giving details of conditions of service

RESPONSIBILITIES OF THE INTERN CURATOR (CONT)

- Establish a representative Intern committee to meet monthly with Intern Curator and keeping records of discussions
- Establish internal liaison committee which could include CEO, Medical Manager, Intern curator and Nursing Manager
- Be available as a confidant to advise individual interns with serious personal problems
- Ensure that the departments provide interns with job descriptions specifying duties, as well as the training that will be offered.

RESPONSIBILITIES OF THE INTERN CURATOR (CONT)

- Ensure ongoing evaluations per domain are recorded and evaluation forms as per the log book are returned to the CEO/ Medical Manager for his or her assessment and signature
- Ensure logbooks are completed and signed by the domain supervisors and Heads of department
- Meet with domain supervisors regularly including the end of each rotation.
- Investigate the failure of the intern to meet the requirements of a domain

RESPONSIBILITIES OF THE INTERN CURATOR (CONT)

- Deal with personality problems or disciplinary issues pertaining to interns
- Facilitate the accreditation visits/ inspection by the evaluators appointed by the Board
- Report to the Board all cases of delayed registration

CONCLUSION

The training programme.....

- must attract, provide best training and retain the young doctors in the service of our communities
- Be able to build long-term relationship with the interns
- Must inspire, motivate and help them acquire the necessary competencies and skills
- Must recognize and appreciate their contribution
- Must recognise that they are the future of the Medical Profession

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MDB**



THANK YOU