DISTRIBUTION OF INTERNS *

P. N. SWANEPOEL, M.B., B.CH. (RAND)

Boksburg

In the post-war years the world entered the era of shortages. Wherever one turns one finds that the demand far exceeds the supply. This applies not only to raw materials but also to man-power, the shortage of which is evident everywhere. The employee can therefore dictate the conditions of employment to the employer. The demand for interns also exceeds the supply, and the intern today is in a position to dictate the conditions under which he will work. At some hospitals this dictator-like attitude has only been overcome with great difficulty.

The distribution of interns is so closely inter-related with the shortage of interns, that one has included the causes of the shortage of interns in this paper.

The shortage of interns may not be felt in teaching hospitals and other large general hospitals, but it is evident in the smaller hospitals and the platteland hospitals. It is of vital importance to the smooth administration of a hospital, for the intern forms the backbone of the full-time staff, and a shortage of interns directly affects the medical care of the patient. This shortage has become so acute in some hospitals that drastic steps will have to be taken to relieve it, and will have to be taken immediately.

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CAUSES OF THE SHORTAGE IN INTERNS

It is only since compulsory internship was introduced that the shortage of interns has arisen. In the days of voluntary internship the hospitals were well staffed although housemen were paid much lower wages. At that time there were not so many hospitals as today, but on the other hand the medical schools have increased since those days and are producing more medical graduates. In my opinion the present shortage of interns is not a true shortage, but only an apparent shortage, which was created in the post-war years. To estimate the true shortage of interns one must first remove the causes of this pseudo-shortage, which are as follows:

(*a*) Directly after the cessation of World War II a number of ex-volunteers applied to the Cape Town and Witwatersrand medical schools for admission as medical students. These medical schools already had their

normal quota of students, and with the concurrence of the South African Medical and Dental Council they raised the student quota so that the ex-volunteers could be accepted. When those students graduated, it was found that the number of vacant posts available were not sufficient for the new graduates, and the Medical Council sent out an appeal to the provincial authorities asking them to create extra posts for interns. This was done and everybody was happy; interns were given fewer patients to look after and shorter hours to work, and posts were created in specialistic departments. Hospitals, though they still had the same number of patients as previously, had more intern posts to fill.

Once the ex-volunteers had all qualified, the medical schools reverted to their normal quota of students. Although at about this time the Pretoria medical school's first final-year students graduated, their number was less than that of the ex-volunteers of the previous years. The Medical Council never asked the provincial authorities to withdraw the posts that were created to cope with the ex-volunteer graduates, and it is these posts that are today causing a pseudo-shortage of interns.

It is interesting to note the total number of recognized intern posts in the Union in the past few years. The figures do not include posts in mental, infectious-disease or tuberculosis hospitals, but only recognized general hospitals in the Union.

Year	*Posts*	*Interns Qualified*	*Shortage*
1952	477	392	85
1953	477	294	183
1954	477	321	156

From these figures one can see that the shortage of interns will be with us for many years to come if the allocation of intern posts to recognized hospitals is not revised. In the years 1950, 1951 and 1952 there were respectively 488, 437 and 461 final-year students in the medical schools. Even if all these students passed they would not have been sufficient for the available intern posts. One must not forget that many interns do their internship in the Rhodesias or overseas, and that therefore the final number available for the Union hospitals is actually less than the figures quoted.

(*b*) Another cause of the pseudo-shortage of interns is that many posts classified as posts for interns are in departments of a highly specialistic nature, nearly all in teaching hospitals. These should not be allowed, for they are contrary to the conditions laid down by the Medical Council in their original regulations governing the year of internship. Interns should only be allowed to be employed in the departments of general surgery, medicine, gynaecology, obstetrics, and paediatrics. Other specialistic departments should make use of senior housemen or registrars. No intern should be allowed to do his internship in a mental, infectious-disease or tuberculosis hospital. When interns are allocated to these posts one is creating a pseudo-shortage of interns. It was never intended by the Medical Council that interns should do their year of internship in posts such as these.

In my opinion the intern question is so important at present that the South Africa Medical and Dental Council should appoint a commission to investigate the whole question of allocation of intern posts to recognized hospitals.

Such a committee should investigate how many indigent hospital patients an intern should be responsible for, his medical duties, his hours of work, and the conditions of his employment. These should be uniform throughout the Union. In my opinion the old idea of allocating fewer patients to an intern in a teaching hospital is incorrect. A patient needs the same attention no matter where he is hospitalized. The intern attending him is still required by the Medical Council to write the same history and follow-up notes. The intern in a teaching hospital has the advantage that he has registrars and senior housemen to help him; if there is to be a difference, the number of patients should be fewer in the other hospitals. The Medical Council never intended that the conditions of internship should be different in different hospitals, and therefore the allocation of posts in hospitals should be uniform.

I am convinced that with a re-allocation a large number of intern posts could be done away with. One example may be quoted to stress this point. In June 1954, when new appointments were made, two interns at a certain Reef hospital discovered that the hospital would be short of 2 interns out of a total of 11. They promptly resigned, and gave as their reason that with a shortage of 2 interns they would have to work too hard. They were applying for posts in a large hospital in Natal, which would be fully-staffed. Within 2 months of going to Natal, they were back on the Reef again, stating that they could not 'stick' it at the Natal hospital, because there was no work for them to do, as the interns were literally falling over one another.

From the above it is evidently impossible to estimate the true shortage of interns in the Union under the present system of allocation of interns to hospitals.

METHODS OF DISTRIBUTION OF INTERNS

The present method of distribution whereby interns apply to hospitals for posts does not result in an equitable distribution. The teaching hospitals and the larger city hospitals have a definite advantage over the smaller hospitals, and this usually results in the former being full-staffed and the latter, including the Reef hospitals, being under-staffed, or completely without staff.

At present a prospective intern applies to as many hospitals as he wishes and it often happens that he accepts more than one post. When the examination results are made known, he accepts the hospital he prefers, and at the same time informs the other hospitals that he cannot come. This causes great inconvenience and disruption in many hospitals.

The present method of distribution of interns should be scrapped and the distribution of the interns taken over on the following lines:

The South African Medical and Dental Council should nominate a central commission who will be responsible for the equitable distribution of interns to hospitals for each year. Interns must send their applications for posts to this commission and must nominate 3 hospitals in which they wish to work, in their order

of preference. Three are necessary, because a hospital nominated by the intern may be fully-staffed and then the commission will appoint the intern to the hospital of his second or third choice.

The commission would obtain the number of probable passes from each medical school, and then allocate the available interns on a pro-rata basis to hospitals. It should not be difficult to estimate the number of passes because the percentage of annual passes does not vary greatly. This scheme would still give the intern a free choice of hospitals, and would not cause inconvenience to anyone. An intern should not be allowed to change from one hospital to another till he has completed 6 months. Interns should commence duties at a fixed date (or within a week of it) in all hospitals in the Union.

Interns should be allowed to complete their year of compulsory internship in a non-teaching hospital, and only a maximum of 6 months in a teaching hospital. A regulation of this nature will not be acceptable to all, but it is in keeping with the reasons that moved the Medical Council to legislate for a year of compulsory internship.

The year of compulsory internship was instituted so that the inexperienced, newly-qualified doctor before practising on his own would obtain a year of practical experience and training under supervision, and would learn the fundamental principles of general practice. The great majority of interns will be general practitioners after their year of internship and it is essential that they should be thoroughly equipped for general practice. In the teaching hospital the medical staff is completely or almost completely composed of specialists, and there the intern seldom if ever sees a general practitioner or is taught by one. How is it then possible to teach the intern the art of general practice? The type of patient admitted to a teaching hospital is generally not the type of patient found in general practice. The patients in teaching hospitals suffer mostly from complicated conditions requiring numerous investigations before a diagnosis can be made. Operations performed are usually of an advanced and complicated type and would never be done by the general practitioner. The minor operation performed by the general practitioner is a rarity in the operating theatres of the teaching schools.

Further, in a teaching school a number of senior medical staff are attached to each medical or surgical 'firm', and the most junior of these is the intern. How will he ever learn to accept responsibility with so many senior members? The teaching hospitals have a specific purpose in the training of medical men, but they should train medical men who want to specialize or obtain more experience in particular branches of medicine. Let the intern do his year of training in a hospital where he will benefit most and in a hospital where the principles laid down by the Medical Council for the training of an intern pertain.

At present the conditions of service of interns vary from hospital to hospital, and this in my opinion is not desirable. All hospitals should have uniform conditions of service laid down by the Medical Council. The Medical Council should appoint medical inspectors to visit the hospitals and inspect the work carried out by interns and report to the Medical Council whether a hospital is still suitable as an intern training centre. Interns who are found to be doing work below the standard required by the Medical Council should be penalized by the Council and ordered to do an extra term of internship. Interns who are charged with misconduct or other irregularities should immediately have their work investigated by an inspector of interns and, if found guilty, punished by the Medical Council.

Today there is no way in which an intern can be punished. Cases reported to the Medical Council are not even reprimanded. All that happens is that the unfortunate medical superintendent who is brave enough to report an intern will find that his hospital is boycotted by interns and that he has no interns. Interns must be made to realize that the year of internship was instituted for a definite purpose.

Many of the difficulties and problems outlined in this paper may not exist in teaching hospitals, but they are a real problem in most hospitals.

In conclusion, I would express the opinion that the South African Medical and Dental Council made a mistake in naming the extra year of practical study a year of compulsory internship. The medical man by his very training is an individualist, who has been taught to think and act for himself, and the word compulsory immediately antagonizes him. The Council should change the curriculum. The medical student should do 7 years of study before he is qualified. The 1st year should be a pre-medical year of study, in a recognized University. Next the student should study for 5 years at a medical school and during that time he should qualify in all the theoretical and certain practical aspects of medicine. The 7th year of study should be a year of practical experience in recognized hospitals in the Union. The student should obtain his degree and the right to practice medicine only after he has completed and passed the 7 years of study. Let the student realize he is a student till the end of his 7th year.