Medical internship rotation in public health medicine

In 2020, the Medical and Dental Board of South Africa (SA) introduced changes in the 2-year medical internship training programme. In the second year, medical interns are expected to spend 6 months in family medicine/primary care, including public health medicine.

Dr Letlape, the chairperson of the board, stated, 'The 6 months of exposure in the family medicine/primary care domain are intended to transform healthcare services in the country, with emphasis on preventative, promotive, emergency and public health medicine, in addition to curative medicine. The section on ethics, human rights, clinical governance and medical administration is also intended to produce a practitioner with a holistic view in the practice of medicine.⁽¹⁾

SA is joining a global community where public health medicine (also called community health or preventive medicine in other countries) has become an integral component of medical interns' training, to prepare them to face a modern world where the emphasis is gradually shifting from curative to preventive medicine. This requires changes in the training programme, to make it more responsive to community needs and to improve the quality of undergraduate medical education in the context of achieving universal health coverage.^[2]

This is the first time that public health medicine has been incorporated as a part of the medical internship programme in SA, and provides an excellent opportunity for the specialty. During this period, the medical interns are expected to acquire skills in clinical public health (such as quality improvement cycles and evidence-based healthcare), clinical informatics (such as disease surveillance, and monitoring and evaluation of health intervention), preventive medicine (such as approaches to disease prevention) and occupational health (such as work assessment). They are also expected to meet with district management to understand the functioning of district health systems, and attend continuing professional development (CPD) activities on related topics.^[1]

Implementation of this programme will require active support from public health physicians at the training sites. This programme is currently being implemented in the Tshwane District in Gauteng Province, and our experience indicates that the scarcity of public health physicians beyond academic institutions will pose a serious challenge to implementing this programme. The SA Public Health and Preventive Medicine Association would like to request that its members support the programme across the country, and develop CPD materials for its benefit.

We invite public health physicians to consider using outcomes metrics for evaluation of training in terms of reaction to education content, the accomplishment of learning, application of knowledge and skills to practice, the achievement of outcomes and benefit to the health system in population health.^[3,4]

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