



Medical Council of New Zealand Summer Studentships 2009 / 2010

The Medical Council is offering research award to medical students who attend a New Zealand medical school, to undertake projects during the 2009 / 2010 summer vacation.

The Council intends to award up to four summer studentships.

The Council's aims in awarding summer studentships include:

- increasing medical student awareness of the Council
- increasing medical student knowledge of the attributes of good medical practice
- introducing students to research methods, including publication of scientific papers
- undertaking pilot studies, and clarifying questions of interest to the Council.

A selection panel (made up of the chairperson, one lay member of Council, the chief executive and medical adviser) decides who is awarded a summer studentship.

The Council's medical adviser convenes the selection panel. The panel makes reference to the following criteria:

- The fit of the project to the Council's strategic vision and values.
- The clarity of the research protocol.
- The potential benefits of the project to the Council and/or student.

Students may choose a topic from the list of suggested topics below:

- **Is intern usage of the hospital library as a physical facility changing?** What is the pattern of electronic as opposed to hardcopy resource usage by interns? What are the preferences of interns? Is 'Google' and the internet changing the way interns learn and what are the implications for the future?
- **How much does New Zealand really rely on attracting and importing doctors from countries whose need is greater than ours?**
About 42 percent of our doctors trained overseas, but probably most of our IMGs are actually United Kingdom and Australian graduates who are simply travelling (as young people do), or graduates of countries where medical schools are an 'export' industry (India).
- **What countries do graduates of the Fiji School of Medicine and the University of PNG School of Medicine practise in?**
The two Pacific medical schools have difficulty retaining graduates in their own regions, and perhaps a good number come to New Zealand and Australia to practise, to the detriment of their home countries.
- **Why do South African doctors migrate to New Zealand?**
As above for rationale.
- **Are good record keeping skills a strong indicator of good overall competence?**
- **How valid is the use of case based orals as a measure of clinical competence and how many cases and assessors does it take to achieve reliability?**

- **What ripple effect will the “tsunami” of new Australian medical graduates have on the New Zealand workforce?**
The number of medical students in Australia has doubled; not all will find work in Australia. What are the implications for New Zealand?
- **How would vocationally registered doctors respond to a full periodic assessment of their performance?**
MOPS activities are associated with adequate performance but do not “ensure” it, as the Act requires; many doctors resent having to count Continuing Medical Education points which they see as at best a process-based proxy for measurement of performance.
- **How can the Council identify doctors at high risk of underperformance before they do harm to patients?**
Can we identify risk factors from our experience and from the literature that make a doctor likely to underperform? Undergraduate underperformance? Itinerancy? Non-membership of one’s college? Non-attendance at continuing professional development (CPD) activities? Cultural distance? Could we assemble a “high-risk profile” and monitor and support such doctors intensively to prevent underperformance?
- **How can locum agencies and the Council’s registration team work together better?**
Making up just over 40 percent of our workforce New Zealand is heavily reliant on international medical graduates (IMGs). Many IMGs are in New Zealand temporarily. How can registration processes be streamlined?
- **Effective continuing professional development for doctors registered in a general scope who work as locums or who do rotating runs.**
The Health Practitioners Competence Assurance Act 2003 requires the Council to provide mechanisms to ensure doctors are competent and fit to practise. Continuing professional development (CPD) structures are in place for doctors who work in a stable employment situation; however doctors whose employment changes frequently find these structures difficult to comply with. What CPD is effective for these two groups, and how can they be encouraged to put steps in place to ensure they are not professionally isolated?
- **What services do appearance medicine practitioners provide to patients, and what training have they done?**

Examples of past summer studentships are:

- *The development of reflective practice in medical education.*
- *Patient expectations of how doctors present themselves.*
- *Attitudes to mandatory reporting of deficient practise by doctors.*

Applicants may however choose their own topic that is relevant to quality medical practice and attaining an adequate workforce.

Each studentship has a value of \$5,000. Actual and reasonable expenses may be claimed (on production of GST receipts).

Applications for a summer studentship must be submitted as a standard protocol (Appendix 1), with:

- a project definition and description
- a project plan containing clearly identified
 - milestones
 - deliverables
 - monitoring and evaluation
 - supervision

- clarification of whether Ethics Committee approval is required
- expected costs to be incurred.

The deadline for summer student applications is Friday, 21 August 2009.

Students should inform the Council by mid November that ethical approval (where necessary) has been obtained and that they have started on the project, and should submit a progress report, countersigned by their supervisor, by 29 January 2010 (Appendix 2).

Students should report their work to the Council by 31 March 2010 **in a form suitable for publication in the *New Zealand Medical Journal* or the *New Zealand Medical Student Journal***. This will need reference to the *International requirements for manuscripts submitted to biomedical journals*.

After feedback from the Council, students should submit their work for publication.

Approval process and timetable

The following is the timeline for the process:

Announcement advertising studentships	20 July 2009
Deadline for applications	21 August 2009
Convene selection panel	25 August 2009
Advise students of outcome	30 September 2009
Students report on ethical approval and start	27 November 2009
Progress report due	29 January 2010
Final report due	31 March 2010
Council provides feedback	31 August 2010

More information on the Council's summer studentships may be obtained by contacting:

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Attachments

- Appendix 1 – Protocol - Medical Council of New Zealand 2009 /2010 Summer Studentship
- Appendix 2 - Background information from the Medical Council of New Zealand about starting a Summer Studentship