AMENDMENTS TO THE INTERNSHIP GUIDELINE UNDER EXTRAORDINARY CIRCUMSTANCES

This should be amendments to the existing guidelines document (https://slmc.gov.lk/guide/Internship_Guidelines_2022-published2023_1.pdf)

Amendments to the Internship guideline under extraordinary circumstances

(Extraordinary circumstances refer to situations where the number of interns allocated to a particular unit or hospital exceeds the approved number of internship positions/capacity for that unit or hospital)

1.1 Operational Requirements under extraordinary circumstances

Under extraordinary circumstances, intern allocation could be done in an overlapped manner. However, it should be within the provisions given under Medical Ordinance.

1.1.1 Overlapping Training

Two or more internship batches may be present within the same hospital or clinical unit when the total available for allocation for a given allocation cycle is more than the approved number due to excess graduation number or accumulation due to delays in granting internship. The Hospital Director and Supervisory Consultants shall ensure that the number physically present at any time is compatible with patient workload, clinical exposure, supervision capacity, accommodation and patient safety. Overlap shall not be interpreted as permission to reduce required internship outcomes, clinical exposure, supervision or assessment standards.

1.2 Shift-Based Duty and Roster

A structured day/night roster system may be used to accommodate overlapping batches. The allocation of interns to day and night duty shall be determined by the Hospital Director and Supervisory Consultants according to patient workload, type of unit, supervision capacity and training requirements. As to reflect the workload, approximately 2/3 may be in the day shift and 1/3 in the night shift.

The night shift interns must be physically available at the word/clinical setting, as in the day time and not in quarters or outside the hospital as done in the "on call system"

A defined handover overlap should be incorporated between shifts to ensure continuity of patient care. The restructuring proposal identifies a **minimum one-hour handover overlap** as a proposed model.

Duty rosters of each unit shall be prepared in advance at least for each month or the full six months rotation and approved by the Director, and changes shall require prior authorization except where necessary because of genuine emergencies.

2. Working Hours, Duty Rosters and Overlap Arrangements

The working guideline states that Intern Medical Officers are expected to work at the designated unit under the Supervisory Consultant to deliver patient-centred shared care. The stated **routine working hours** (where the intern should be physically present in the ward/hospital) are 7.30 a.m. to 4.30 p.m.; interns may also be placed on on-call duty, including night duty, weekend arrangements and other slots pertaining to the hospital/unit as determined through service arrangements. **Total minimum working hours should be forty (40) hours per week.**

When the duty roster in the **extraordinary circumstance, the Supervisory Consultants are responsible for making service arrangements, such as shift duty (**day shift starting from 7.00am to 6.00pm, and night shift starting from 5.00pm to 8.00 am with an overlap period of 2 hours for handing and taking over) but not otherwise, to optimize patient care while ensuring the wellbeing of Intern Medical Officers in consultation with the Head of the Institution. Shift duty should be altered weekly basis to ensure appropriate distribution of the training opportunities for each intern. Moreover, the shift arrangements should be implemented only with appropriate supervision, patient workload assessment, handover arrangements and safeguards for intern wellbeing. **Total minimum working hours should be forty (40) hours per week at all instances.**