

## EDITORIALS

- 435 An end to suppressing public health information  
C D'Arcy J Holman
- 437 Another inquiry into public hospitals?  
Joanne F Travaglia, Jane E Lloyd, Jeffrey Braithwaite
- 438 Ensuring the safety of new medications and devices:  
are naltrexone implants safe?  
Alex D Wodak, Robert Ali, David Henry, Lloyd Sansom

## RESEARCH

- 441 Unplanned admissions to two Sydney public hospitals after naltrexone implants  
Nicholas Lintzeris, Soung Lee, Lucinda Scopelliti, James Mabbutt, Paul S Haber
- 446 Metformin and lactic acidosis in an Australian community setting: the Fremantle Diabetes Study  
Niklaus Kamber, Wendy A Davis, David G Bruce, Timothy ME Davis
- 450 Impact of specialty on attitudes of Australian medical practitioners to end-of-life decisions  
Malcolm H Parker, Colleen M Cartwright, Gail M Williams
- 457 Concordance between real-time telemedicine assessments and face-to-face consultations in paediatric otolaryngology  
Anthony C Smith, Samuel Dowthwaite, Julie Agnew, Richard Wootton

## MEDICAL EDUCATION

- 461 Changes to the University of Sydney medical curriculum  
Kerry J Goulston, R Kim Oates

## CONSENSUS STATEMENT

- 464 Nationally consistent assessment of international medical graduates  
Rick McLean, Jan Bennett on behalf of the Implementation and Technical Committees, under the auspices of the Australian Health Ministers' Advisory Council

## VIEWPOINT

- 469 The Royal North Shore Hospital inquiry: an analysis of the recommendations and the implications for quality and safety in Australian public hospitals  
Anthony P Joseph, Stephen N Hunyor



## BITES AND STINGS — RESEARCH

- 473 Current use of Australian snake antivenoms and frequency of immediate-type hypersensitivity reactions and anaphylaxis  
Geoffrey K Isbister, Simon G Brown, Ellen MacDonald, Julian White, Bart J Currie, for the Australian Snakebite Project Investigators

## FOR DEBATE

- 477 The way we treat each other  
Rob Moodie

## PUBLIC HEALTH

- 484 Bystander basic life support: an important link in the chain of survival for children suffering a drowning or near-drowning episode  
Jeanette Marchant, Nicholas G Cheng, Lawrence T Lam, Fiona E Fahy, SV Soundappan, Danny T Cass, Gary J Browne

## MATTERS ARISING AND LETTERS

- 488 (contents overleaf)

## MJA SUPPLEMENT

- S41 Evidence into policy in Australian primary health care

### TIME FOR ANOTHER MEDICAL REVOLUTION

If there is one constant in medicine, it is change. Medical education has not escaped this phenomenon, with recent initiatives including early exposure to real-world clinical experiences, a shift from pedagogical teaching to self-learning, and an emphasis on problem-based learning and effective communication. The ultimate aim is to produce an individual who is grounded in patient care and medical knowledge, committed to lifelong learning, and an exemplar of communication. Feeding this stream of graduates is an array of undergraduate and graduate medical schools with a variety of curricula.

However, despite these reforms, one aspect of medical education in Australia has remained unchanged, namely the time taken to graduate doctors: 5–6 years for undergraduate-entry schools and 4 years for graduate-entry medical schools. Interestingly, at least two medical schools in Canada have opted for 3-year courses. Has 1 year less made a significant difference? Anecdotal evidence would suggest not. Performances immediately after graduation or after specialist training appear not to be influenced by whether the students graduated from a 3-year or a 4-year program.

This raises the question of why undergraduate and, for that matter, postgraduate medical training in Australia is governed by apparently immutable and rigid timeframes. The next revolution in medical education is to determine whether commitment to these timeframes is warranted.

The time has come for health and education ministers to question whether adherence to 4–6-year courses, given their high social and professional costs, is justified. Medical students should ask whether this prolonged preparation time actually makes them better and wiser doctors. And professional Colleges should be asked to justify the arbitrary time currently required for specialisation.

It's time for another medical revolution, to promote the collection of rigorous evidence and the encouragement of flexibility and individuality in the education of our future doctors.



Martin B Van Der Weyden

### MATTERS ARISING

#### Tissue plasminogen activator for acute ischaemic stroke

- 488 James C Hurley
- 489 Gino J Toncich
- 489 Daniel M Fatovich
- 489 Julia J Batmanian, Meeyin Lam, Caitlin Matthews, Andrew Finckh, Martin Duffy, Robert Wright, Bruce J Brew, Romesh Markus
- 490 Stephen M Davis, Peter J Hand, Geoffrey A Donnan

### LETTERS

#### Early intervention in youth mental health

- 492 David A Sholl
- 492 Patrick D McGorry, Ian B Hickie, Anthony F Jorm, Rosemary Purcell

#### Why are community psychiatric services in Australia doing it so hard?

- 493 James D Hundertmark

#### Sternal fracture in an Australian Rules footballer

- 493 Robert J Douglas

#### Intervening early to reduce developmentally harmful substance use among youth populations

- 494 Vania Modesto-Lowe, Nancy M Petry, Melissa McCartney

#### Health technology assessment in Australia

- 495 Brendon J Kearney, Stephen L Blamey

#### Barrett's oesophagus and columnar metaplasia: saying what we mean

- 495 Andrew A Thomson
- 496 Norman J Carr

### OBITUARY

#### Thomas Stapleton

- 463 Michael S Gracey

### BOOK REVIEWS

#### Handbook of advanced cancer care

- 468 reviewed by Raymond M Lowenthal

#### Palliative care: core skills and clinical competencies

- 482 reviewed by Paul A Glare

#### Transsexual and other disorders of gender identity: a practical guide to management

- 482 reviewed by William AW Walters

### SNAPSHOT

#### Spontaneous intracranial hypotension

- 486 Edward Hoey, Guneesh Dadayal, Sashidhar Yeluri, Neetu Kumar, Kshitij Mankad

#### 434 IN THIS ISSUE

#### 487 IN OTHER JOURNALS