Proposal:

* At least 1 week of QUM in the first half of the year – 2nd week of QUM rotation before October
  + - QUM should not be in the weeks where there are ITP seminar days (dates TBC)
* MMC clinical rotations 4 weeks in the 2nd half of the year
* Dispensary rotation mostly in the first half of the year and can be at different sites (can have 2 interns at the same site and can be 1 week at a time)
  + This can occur in the first couple of weeks for some interns
  + 5 weeks in total can and probably should be spread out
* Inpatients 3 weeks in the first half of the year (can be 1 week at a time)
  + This can occur in the first couple of weeks for some interns
* ED Casey 2 weeks in a row, does not need to back onto Gen Med Casey unless the intern is only having 1 week of Gen Med
  + Interns either have 2 weeks ED Casey + 1 week Casey Gen Med and 6 weeks DH Gen Med OR 2 weeks ED Casey + 7 weeks Casey Gen Med and 0 weeks DH Gen Med
  + The 6 weeks at DH should be in a row and the 7 weeks at Casey Gen med should be in a row (no more than 1 intern at a time at the same site undertaking gen med – they can be at the same site undertaking a diff rotation)
* Vascular DH 4 weeks in a row
* Mental Health DH 2 weeks in a row
* Meds info 4 weeks in a row
* Clinical Moorabbin 3 weeks in a row
* Clinical Kingston 3 weeks in a row
* HOMR/ACC 1 week preferably 1st half of semester
* Aseptic Clayton 2 weeks in a row
* Aseptic other 1 week
* MCH 2 weeks in a row
* 2 weeks of AL similar to in the past

Frist 4 weeks of introduction should include inpatients at Clayton (e.g. 1 -2 weeks) and dispensary at either Clayton, Dandenong, Casey, Kingston or Moorabbin

1: IP, 2: MCH, 3: AP, 4: MIC, 5: CPD-G, 6: CPD-V, 7: CPD-MH 8:CPCa-G, 9:CPM, 10: CPK, 11: CPC, 12: H,  
13: QUM, 14: Disp-Clay, 15: Disp- Dan, 16: Disp-MCH, 17: Disp-MB, 18: Disp-Cas, 19: Disp-King,   
20-22: AL, 23: CPCa-ED