

## Medical Workforce and Training

1997

### Preamble

1. There is a well-recognised need for a match between the Australian medical work force and the health needs of urban and rural communities. Prerequisites for such a match are reliable work force data and relevant arrangements for undergraduate and postgraduate medical training.
2. On the assumption that the roles and functions of health care providers will not be significantly altered in the near future, the AMA has developed this position statement.

### Postgraduate Medical Training

3. All medical practitioners require postgraduate training prior to entering unsupervised practice. The end point of such training is the achievement of a level of performance which meets the standards of one of the learned Colleges.
4. Pre-registration and postgraduate training positions should be sufficient to guarantee access to such training by all Australian citizens who are graduates of Australian medical schools. Selection should be based on merit; selection procedures should be based on the principles of equity and natural justice.
5. The AMA recognises the role of the learned Colleges in setting standards, in providing postgraduate training and in assessing and examining candidates against College standards. Providers of postgraduate training positions outside the Colleges' training programs should seek accreditation of those positions by the relevant Colleges. The Colleges should evaluate components of such positions and accredit those which meet College standards.
6. Colleges should accredit relevant components of programs accredited by other Colleges. Colleges should also evaluate the prior training experience of individual medical practitioners, and where this experience meets the Colleges' standards, accredit that experience.
7. Postgraduate training programs must be sufficiently flexible to adapt to technological progress, the changing spectrum of disease, and the social and family needs of trainees of both sexes, including their need for part-time and shared training.
8. An independent professional appeal mechanism is needed to resolve disputes which may arise concerning College decisions over eligibility, selection, accreditation, prior training, and qualifications, over and above the standard appeal processes of any individual College.

### Medical Work Force Numbers

9. Medical work force planning should attempt to ensure there are adequate medical practitioners within the various disciplines to meet the needs of the community.
10. The intake of students into medical schools, the Australian Medical Council (AMC) examination process and postgraduate training programs should be kept under constant review.
11. Downward adjustments necessary on the basis of projections of medical work force requirements should be made at the level of intake to the AMC examination process in the first instance, followed by medical school intakes when necessary.
12. Upward adjustments should be made at the level of intake to medical schools in the first instance followed by intakes to the AMC examination process when necessary.

### Aboriginal and Torres Strait Islanders

13. Australian medical schools should continue to provide designated places and support mechanisms for students of Aboriginal and Torres Strait Islander descent.

### Postgraduate Training of Foreign Citizens

14. In the first instance postgraduate training positions should be filled by Australian citizens who are medical graduates of Australian universities and Australian citizens who are medical graduates of foreign universities. Postgraduate training positions should be filled by foreign citizens only if there is an excess of training positions over those required by Australian citizens.

15. Foreign citizens on formal exchange and/or occupational trainee programs should have access to postgraduate training programs, but participation in and completion of such training should not, under any circumstances, provide an avenue for entry into the permanent medical work force.

**Temporary Resident Doctors**

16. While the AMA acknowledges the current need for foreign citizens to serve as temporary resident doctors to meet work force shortages in specific circumstances, service as a temporary resident doctor should not, under any circumstances, provide an avenue for entry into the permanent medical work force.

**Foreign Fee-Paying Students**

17. Foreign fee-paying graduates of Australian medical schools should have access to pre-registration training, provided that (i) they do not displace Australian citizens who are graduates of Australian medical schools, and (ii) this training does not provide an avenue for entry to postgraduate training or entry to the permanent work force.

**Maldistribution of the Medical Work Force**

18. Medical practitioners should be free to enter into medical practice in whatever locality they choose.
19. Medical practitioners should not be conscripted to specific localities through government administrative or legislative mechanisms.
20. Undergraduate and postgraduate medical training programs should include a rural medical service component, including a training placement in a rural area.
21. Incentives should be provided in an effort to correct the geographic maldistribution of medical practitioners and to encourage practice in disciplines in which there are insufficient medical practitioners.
22. The selection processes for medical schools and for postgraduate medical training should be structured so as to encourage participation by students from rural areas.

**Regular Review**

23. Medical work force planning policies should be kept under continuous review.

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