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Dear Dr Firth

**Clinical placements for medical students across Australia: capturing data and understanding demand and capacity**

Thank you for the opportunity to comment on the National Health and Workforce Taskforce's discussion paper on capturing data on clinical placements for medical students across Australia. The AMA has also appreciated the opportunity to participate in the recent roundtable discussions convened by the taskforce on this topic.

The AMA's comments do not deal with some of the more technical questions raised in the discussion paper such as the options for data management. These can be better addressed by the stakeholders who have direct involvement and expertise in these matters. The AMA's comments are also constrained by the lack of clear detail on the national health workforce agency announced by COAG in November 2008. In particular, there is scant detail available on the agency's precise role in collecting and modelling data for medical workforce projections.

*General comment: the need for reliable data on clinical placements for medical students*

It is clear that clinical training capacity must be lifted to match increased medical student numbers. Given that the number of first year medical school places will exceed 3,500 per annum by 2010 (which compares to 1,500 in 2000), much more work needs to be done to ensure that there are sufficient high quality clinical training places to support this increase.

Increased student numbers in nursing and allied health will also add to this pressure. In addition, a number of states are trialling of new classes of health professionals such as physician assistants. Clearly, lack of access to clinical training opportunities has the potential to become one of the most pressing health workforce issues over coming years.

Medical Deans of Australia and New Zealand highlighted in its report for the Medical Training Review Panel (MTRP) in 2008 that the current capacity of the health system to provide adequate numbers of clinical places for medical students will be stretched to the limit from as early as this year.<sup>1</sup>

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<sup>1</sup> Medical Deans of Australia and New Zealand, National Clinical Training Review, *Report to the Medical Training Review Panel, Clinical Training Sub-Committee*, February 2008

Medical students, medical schools, hospitals, workforce planners, health departments and other stakeholders would benefit from more reliable data on clinical training and the better management of that data. As highlighted in the NHWT discussion paper, the collection of data on public hospital clinical placements is inefficient and fragmented, and it is difficult to obtain a reliable picture of available placements and the capacity of the health system to provide high quality clinical training at any given time. It is very important that accurate data on clinical placements for medical students is available to better support the provision of clinical training places and inform medical workforce planning.

*General comment: role of the MTRP*

The AMA believes that it is important for governments and stakeholders to have access to extensive and independent advice on medical workforce training issues across the undergraduate, prevocational and vocational training continuum. To this end, the AMA has sought a much broader role for the MTRP in relation to medical workforce training, including data collection.

In its submission to the Department of Health and Ageing's review of the MTRP last year, the AMA argued that the panel should collect, independently analyse and report on data across the full medical education continuum. This included the number of public hospital clinical placements for medical students on an annual basis. The AMA suggested that this data could then be used to determine if individual jurisdictions were meeting proposed training benchmarks set under the Australian Health Care Agreements.

If a central data collection system is established to cover clinical placements across the health professions, the AMA believes it is critical that the data collected on clinical placements for medical students is available to the MTRP. The NHWT would need to work with the MTRP regarding its data requirements and to ensure that it is provided in a way that allows the panel to perform its function effectively. The AMA would also expect that the data that is collected would be reliable, contemporary and readily available to stakeholders. In our experience, important data regarding training and the medical workforce and is often out of date, difficult to find or simply not made available.

*General comment: a national approach to data collection on clinical placements*

The AMA welcomes any improvements that increase the ease of allocating places for universities and improve the training outcomes for individual students. If feasible, the collection of data at the national level rather than the jurisdictional level appears to be sensible as it would ensure consistency of data and may help to identify under-utilised capacity as well as training bottlenecks.

The profession and other stakeholders must also agree on the type of data that is collected. Australia is renowned for its high standards of medical education and training, which have been developed by the profession. A strong clinical learning environment is fundamental to high quality medical education and improved data collection arrangements must effectively support current training and assessment practices.

The AMA would be concerned if initiatives in this area moved beyond data collection to the establishment of an agency that used the data collected to control or in any way micro-manage the allocation of individual clinical placements to universities, and/or the content and structure of clinical placements. The AMA would strongly oppose such an interventionist

role. These types of changes would undermine the professional learning environment and potentially impose changes on the structure of medical school programs and curricula. These changes would diminish Australia's high standards of medical education.

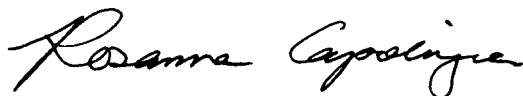
The planning for clinical placements is problematic because of lead times required, changing training requirements for students, variation in the length of placements, variations in curricula and the difficulties in coordinating arrangements. In this context, the establishment of an overarching clinical placement body is likely to prove to be a very costly exercise that will ultimately fail due to the significant hurdles involved. Clinical planning needs to be responsive and this is best done at the local level based on the best available data.

The AMA believes that there should be some clear guidelines for establishing an overarching national coordination body for collecting clinical placement data:

- it should be used in the best interests of students and meeting local needs – a directive approach to clinical placements would be counterproductive,
- data should be used to inform future workforce planning and support high-quality educational and training outcomes. Clinical placements for individual students must be consistent with their university's curriculum and should be arranged at the local level, and
- data should be readily available to relevant stakeholders, including professional bodies, students and the tertiary sector.

The AMA does support improved data collection and would reinforce the need for the NHWT (and its successor) to work closely with stakeholders as it attempts to move this concept further. In this regard, the AMA would welcome the opportunity to participate in any advisory group (s) established to further inform this work.

Yours sincerely

A handwritten signature in black ink, reading "Rosanna Capolingua". The signature is written in a cursive, flowing style.

Dr Rosanna Capolingua  
President

13 February 2009