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Dear Minister

### **Council of Australian Governments (COAG) clinical training package**

I am writing to you concerning the \$1.64 billion clinical training package that was announced by COAG in November 2008.

At its most recent meeting, the Federal Council of the AMA warmly welcomed the commitment by the federal, state and territory governments to provide additional funding for undergraduate clinical training places, as well as the extra GP and other specialist training positions in the private sector. I am pleased COAG has recognised the AMA's concerns that the required resources and infrastructure to cope with the increased numbers of medical students and graduates are not in place at present.

Despite this significant commitment, there is still some way to go to ensure that there are enough quality training positions available for future graduates. I am concerned that the COAG announcement did not specifically mention support for intern training and specialist training posts in the public sector.

Since they provided commitments at the July 2006 COAG meeting to guarantee intern places and invest in extra specialist training positions, there has been scant detail from most of the states and territories on how they will provide these training places in their health systems, and nor have they revealed details of what funding is committed to the task.

I understand that some states and territories have provided material to the Australian Medical Students Association (AMSA) indicating their commitment to provide intern places for all domestic graduates. While these commitments are welcome, they are short on detail and ignore critical questions about what happens in the years beyond internship.

It is critical that the states and territories meet the commitments they made. If they fail to do so, then the impact of the significant extra investment made by the Commonwealth in new medical school places will be greatly diminished. Training bottlenecks will emerge and junior doctors will not get access to the breadth of clinical experience they require. This will inevitably impact on patient care.

Given the significant investment that the Commonwealth has made and the commitments given at COAG, the AMA believes that by now the states and territories should have provided the Commonwealth with data on their projected increases in intern and specialist training positions, as well as details of the plans and strategies they have in place to deliver these extra places.

I would therefore appreciate your advice on what information or further guarantees the states and territories have provided to the Commonwealth since the 2006 COAG meeting in order to demonstrate that these commitments will indeed be met.

The AMA has previously written to you regarding the future role of the Medical Training Review Panel (MTRP), which is still unclear. Since its inception, the MTRP has done an excellent job in monitoring changes in vocational training numbers and has provided high- quality advice as to how policy settings can encourage increased trainee numbers.

With a very broad membership, the MTRP is well placed to collect, independently analyse and report on data across the full medical education and training continuum. The AMA believes that, as part of a comprehensive strategy to increase the available training positions, the MTRP can play a very significant role in monitoring the progress of the states and territories towards their 2006 COAG commitments as well as in the provision of relevant policy advice. There is widespread support for this position among other stakeholders as well.

I understand that the Department of Health and Ageing is finalising its report to you regarding the future role of the MTRP, including the legislative framework it operates within. I would like to take this opportunity to reinforce the AMA's support for the MTRP having a much broader monitoring/advisory role that encompasses the full medical education and training continuum. I have attached for your information a copy of the AMA's submission to the recent review of the MTRP.

Finally, full details of the role of the national health workforce agency that was announced by COAG are still to emerge. Discussion papers released in the past few months by the National Health Work Taskforce suggest that the model to be adopted could take the form of a central workforce planning agency that would effectively control many aspects of medical education and training.

The AMA is very concerned that the proposed agency will not have any proper professional input and that it may attempt to interfere with the standards for medical education and training. Both prospects have the potential to undermine the quality of the medical workforce in Australia.

Regrettably, the profession is now largely excluded from high-level involvement in workforce planning processes. There is a lack of accountability in current workforce planning activities and deep suspicion about the workforce agenda being pursued by the states and territories.

The AMA would welcome more details on the role of the national health workforce agency and would appreciate your assurances that it will not interfere with medical education standards and that the profession will have a high level of involvement and input into future workforce planning activities.

I look forward to your response.

Yours sincerely

Dr Rosanna Capolingua  
President

7 May 2009

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