

POSITION STATEMENT

New Medical Schools - 2019



Introduction

AMA Queensland has developed this position statement to help universities, policy makers and the community to understand why a decision to create a new medical school within Queensland, or anywhere else in Australia must take into account more than the region and university itself. It also seeks to explain the highly detrimental impact on the Australian health system if more schools with more medical student placements are created and the sustainability and funding issues that come with fragmentation of medical student training pathways.

Background

Over the last decade, Australia has seen an enormous increase in the number of medical student places. This increase has occurred without a commensurate increase in the ability of our health system to train the doctors coming through the medical school system. By 2030, it is estimated that over 1000 doctors will miss out on vocational training every year¹. At the same time, other non-medical professions, such as Physician Assistants have been introduced into the health system and there has been a deliberate, non-evidenced and dangerous encroachment of allied health and nursing scope of practice into clinical medicine at the expense of patient care. This has created a major bottleneck in postgraduate training.

This immense competition for medical training places is having a highly detrimental effect on the emotional, mental and financial health of medical students and doctors in training. There has also been an erosion of quality pre-vocational training due to the pressures on our system to accommodate the ever-increasing numbers of medical students graduating annually.

Currently in Queensland, there are four medical schools (The University of Queensland, Griffith University, Bond University and James Cook University), all of which provide training opportunities in rural, remote and regional centres and most through their Rural Clinical School networks.

AMA Queensland Position

AMA Queensland does not support the establishment of new medical schools in Queensland. Further, AMA Queensland, in line with the *AMA Medical Workforce & Training Summit 2018 Report*, does not support the establishment of any new medical school places, regardless of whether they are Commonwealth Supported Places (CSP) or other positions (such as full-fee paying domestic or international places).

¹ Health Workforce Australia – *Australia's Future Health Workforce – Doctors* – August 2015

AMA Queensland strongly supports the need for greater collaboration between existing providers of medical degrees in Queensland with appropriately resourced and accredited local institutes and universities in regional centres to enhance the experience and training of medical students who already train in these regions.

There are a number of criteria and conditions which need to be met before the establishment of new medical schools in Queensland including:

- Consideration of medical workforce projections;
- Existing availability of places;
- Impact on existing medical programs;
- Impact on existing teaching resources, including consideration of undergraduate, prevocational and specialist training;
- Availability of quality prevocational and vocational training places;
- Ability of Hospital and Community based medical education providers to recruit and retain senior medical staff capable of providing quality medical education;
- No net increase in the number of medical students graduating in Australia; and
- Business case that demonstrates provision of same, or better-quality medical training in a sustainable manner without the need for additional funding sources such as additional Government subsidies or funding or fees paid by non-CSP students (both domestic and international).

AMA Queensland does not support the establishment of a new medical school in Queensland as the above criteria and conditions are not met. Further, AMA Queensland does not believe that the burden of addressing the maldistribution of doctors in Queensland should be left solely to medical schools.

No Increase in National Medical Student Numbers: AMA Queensland reiterates that under no circumstances should the total national number of medical students increase. This is a call that has been reflected in a national workforce report on the future of our medical workforce².

Solutions

AMA Queensland recognises that the desire to create new medical schools stems from the need to address medical workforce mal-distribution. However, AMA Queensland believes that there are better solutions to the shortage of doctors in rural and regional areas. In this section, we provide comprehensive policy solutions which would help solve problems such as the supply of doctors to rural areas, medical training and the mental health of our medical students and doctors.

² Health Workforce Australia – *Australia's Future Health Workforce – Doctors* – August 2015

Establish a Queensland Medical Education Training Institute: Rather than establishing new medical schools, the Queensland Government should establish a Queensland Medical Training Institute (QMETI) as outlined in AMA Queensland's *Health Vision Part 2*.³

QMETI would help provide a greater level of workforce coordination, research and development than that which currently exists across the health sector in Queensland. Modelled on the Health Education and Training Institute (HETI) established by NSW Health⁴, QMETI would produce better trained doctors which in turn would produce better patient outcomes. AMA Queensland believes QMETI should be responsible for all standard setting and accreditation of prevocational training positions in Queensland. QMETI will report to the Office of the Chief Medical Officer (OCMO) and will provide quality, accredited, networked training pathways for graduating medical students to ensure they receive a quality pre-vocational training which prepares them for vocational training and further, prepares them for rural and regional practice.

AMA Queensland believes QMETI should have focused competencies that respond to pressing workforce concerns and broader patient outcomes. Importantly, QMETI can provide significant value by providing expert assistance to the Colleges and Queensland Health in establishing network training programs and working with existing Regional Training Hubs in rural and regional areas of need. The additional support offered by a dedicated QMETI will allow these regions to access resources to establish a critical mass of trainers and trainees, ensuring that future workforce needs are met.

Increased Regional Collaboration: AMA Queensland firmly believes that to improve health access and services for people living in regional, rural and remote Queensland, solutions need to be focussed and aimed at addressing health workforce shortages in the regions through a renewed focus on continual training, recruitment and retention.

AMA Queensland strongly supports greater collaboration, engagement and partnerships between existing medical degree providers and local education providers and institutions including established Regional Training Hubs (RTHs). These should include increasing medical research collaboration, provision of additional medical training and education (such as skill labs, simulation training, courses, further education opportunities) and exploring other opportunities to build on the rural school framework that already exists in most locations. Such collaboration and vertical integration will allow a continuum of learning and training for medical students to progress to vocational training opportunities within regional and rural settings.

Improved collaboration may even allow the provision of medical training within pre-clinical years in a regional setting allowing for further exposure of pre-clinical students to rural and regional settings. Recognizing that rural and regional placements are valuable for general medical training, and there is a significant resource of senior clinicians in these areas, we encourage existing medical schools to develop longitudinal placements of medical students into

³ https://www.amaq.com.au/page/Advocacy/AMA_Queenslands_Health_Vision/part-two-workforce-and-training/

⁴ <http://www.heti.nsw.gov.au/about/>

these rural and regional community and hospital settings. With the proper investment, collaboration and infrastructure, AMA Queensland believes it would be possible to deliver end-to-end medical school training within regional and rural settings, and with collaboration with Regional training Hubs, Hospitals, Community practices and Colleges, there is opportunity to provide vertical integration into vocational medical training, thus providing a complete training pipeline from medical school to specialist qualification.

AMA Queensland strongly encourages medical schools to demonstrate positive and above all meaningful engagement in rural and regional areas and need to demonstrate accountability for any funding received.

Additionally, utilising local institutions to provide support for existing clinical staff who already provide teaching and supervision of medical skills and providing opportunities for these staff to undertake further academic training will boost the region's ability to retain and recruit senior medical staff.

Prospective doctors and doctors who can access ongoing education and training through Continuing Professional Development (CPD), access to key terms and quality rotations and access to higher education and research opportunities may be less inclined to leave a regional centre in search of those opportunities.

This form of institutional collaboration is key to ensuring that new and prospective medical students and doctors in training are able to undertake most (or all) of their education and training in rural areas to provide a continuum for doctors to learn, train and work in the regions.

Finally, there needs to be a focus on improving culture in our medical workplaces. Healthy workplaces are needed to ensure we have healthy medical professionals. Addressing this is likely to not only improve staff morale, but also improve medical student and doctor retention rates in rural and regional areas.

Date for review: January 2022