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Dear Mr Meredyth

Review of the Specialist Training Program and Emergency Medicine Program

Thank you for the opportunity to comment on the department's proposed reforms to the Specialist Training Program (STP) and the Emergency Medicine Program (EMP). The AMA broadly supports the proposals to streamline the STP. The department's plan to give the colleges more autonomy and flexibility with selecting and accrediting training posts is welcomed and should improve the efficiency of the program and help maintain the quality of the training experience. We have made some brief comments on the reforms outlined in your discussion paper.

We note that the department will use its workforce modelling to allocate training posts to individual colleges. It is important to emphasise that this allocation must be guided by reliable data, and we reiterate the AMA's view that an urgent priority for the National Medical Training Advisory Network (NMTAN) is completing workforce modelling across all specialties by the end of 2018 to ensure that we will have timely data on the likely imbalances. This is unlikely to happen under NMTAN's current work program and there is a risk that the full benefits of the STP and the EMP will not be realised.

The AMA is generally comfortable with the proposed categories for which targets will be set for selecting training posts for the STP and EMP, provided a strong educational focus is maintained. In addition to more training positions in rural and regional areas to help address serious specialist shortages, we believe STP places should be reserved for generalist training to help promote this and rejuvenate this essential component of the medical workforce.

Given the importance of the STP to vocational training and addressing bottlenecks in the medical training pipeline, we are disappointed that the discussion paper indicates that funding for the STP will be static beyond the current funding period.

We have previously recommended, informed by Health Workforce Australia projections of a national shortfall of advanced specialist training places, that funding for the STP should be increased to enable the program to be expanded from 900 to 1,400 places by 2018. This is a

more realistic approach to ensuring we have the specialists to meet future community need than the government's planned program intake of 1,000 places by the same date.

With regard to salary support, consideration should be given at least to indexing salary support to CPI without recourse to offsetting the cost by reducing the number of places.

The discussion paper recommends that STP posts should no longer be designated for specialist international medical graduates (SIMGs). While HWA's modelling showed that by 2030 Australia could move to a situation where there is an oversupply of medical practitioners, IMGs will continue to be a significant part of the medical workforce. The AMA believes that support for SIMGs should not be withdrawn completely and agree with the suggestion that the colleges retain the flexibility to fill posts with SIMGs where appropriate.

Finally, the focus of the STP has been to extend vocational training for specialist trainees into settings outside traditional metropolitan teaching hospitals. From these settings trainees can acquire the skills and knowledge from learning experiences that are not generally available in conventional training environments to meet the professional standards required of their discipline. It is important to ensure that the reforms to the program do not detract from this important focus.

Thank you for the opportunity to raise these issues.

Yours sincerely



Professor Brian Owler
Federal President



Dr Danika Thiemt
Chair, AMA Council of Doctors in Training

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