COUNCIL OF PRESIDENTS OF MEDICAL COLLEGES

AMA Medical Workforce and Training Summit

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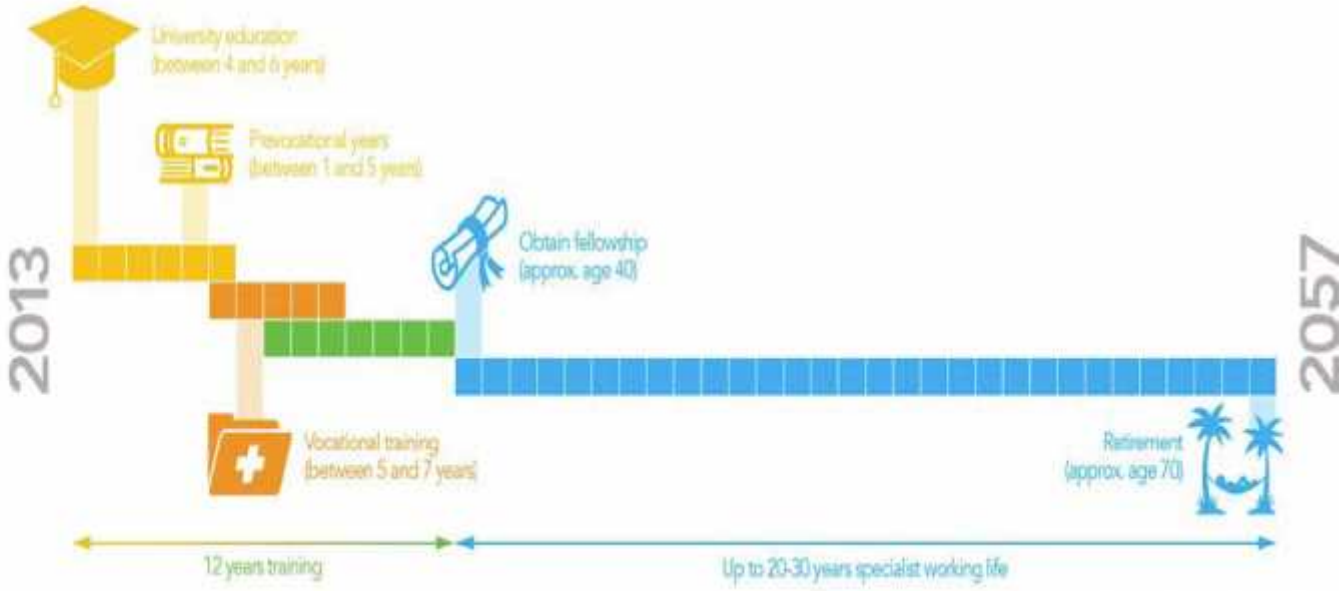
Medical Colleges Perspective

- CPMC is the unifying organisation for all fifteen specialist medical colleges, half of which are located also in NZ.
- Overview of current environment
- Recommend breaking down barriers
- Discuss benefits of generalists v sub-specialisation
- Incentivise for better geographic distribution

Current Environment

- We recognise over supply medical graduates
  - Demand for internships – is there capacity?
  - Competitive entry to vocational training
  - Large cohort of non hospital specialists wanting access
- Complex workforce environment, problems at every part of the pipeline
- Recommend breaking down barriers
- Incentivise for better geographic distribution
- Specialty versus sub-specialty- discuss
- Be innovative and flexible

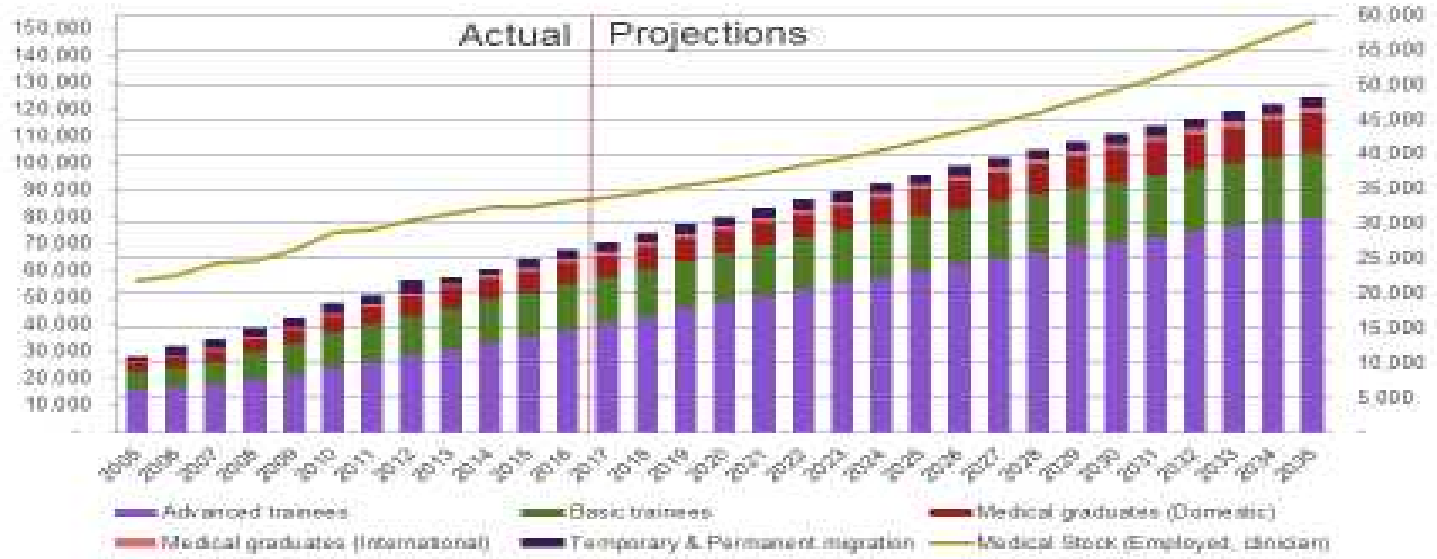


Source: Australia's Future Health Workforce p9

- Standard training pipeline if smooth access.
- Non vocational trainees are growing – CMOs/NHS
- Retirement age extending – no incentive to retire
- Post Fellowship trainees remain in posts
- Lack of consultant positions apparent

Australian Government
Department of Health

Projected growth in the medical workforce



Source: Dept Health with permission

Supply & Future Demand for Specialists

Aggregate over supply projected to 2030

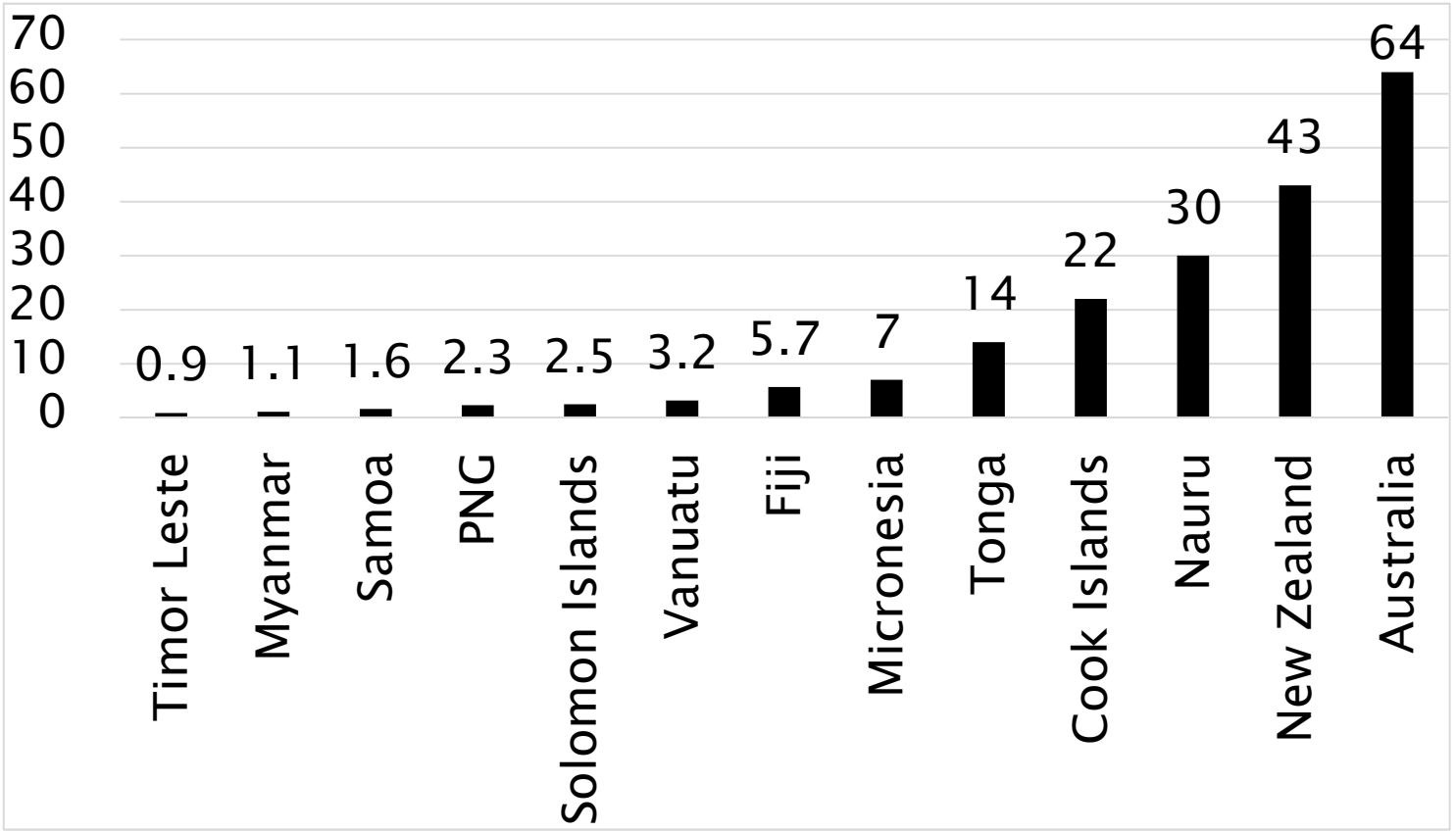
We know:

- Shortages persist in regions, in disciplines of increasing need: geriatrics, psychiatry, urology, ENT, dermatology, palliative care
- Changing patterns of disease, chronicity and ageing
- Population disease profile not matched with workforce, but evidence is available
- Oversupply in ED, ICU, cardiology
- Emerging in anaesthetics, obstetrics

We Need to lessen the rigidity of training process

- Targeted WF planning to include disease profile in region.
- New & innovative methods of training- complex

Surgeons, Anaesthetists, Obstetricians (SAO/100,000)

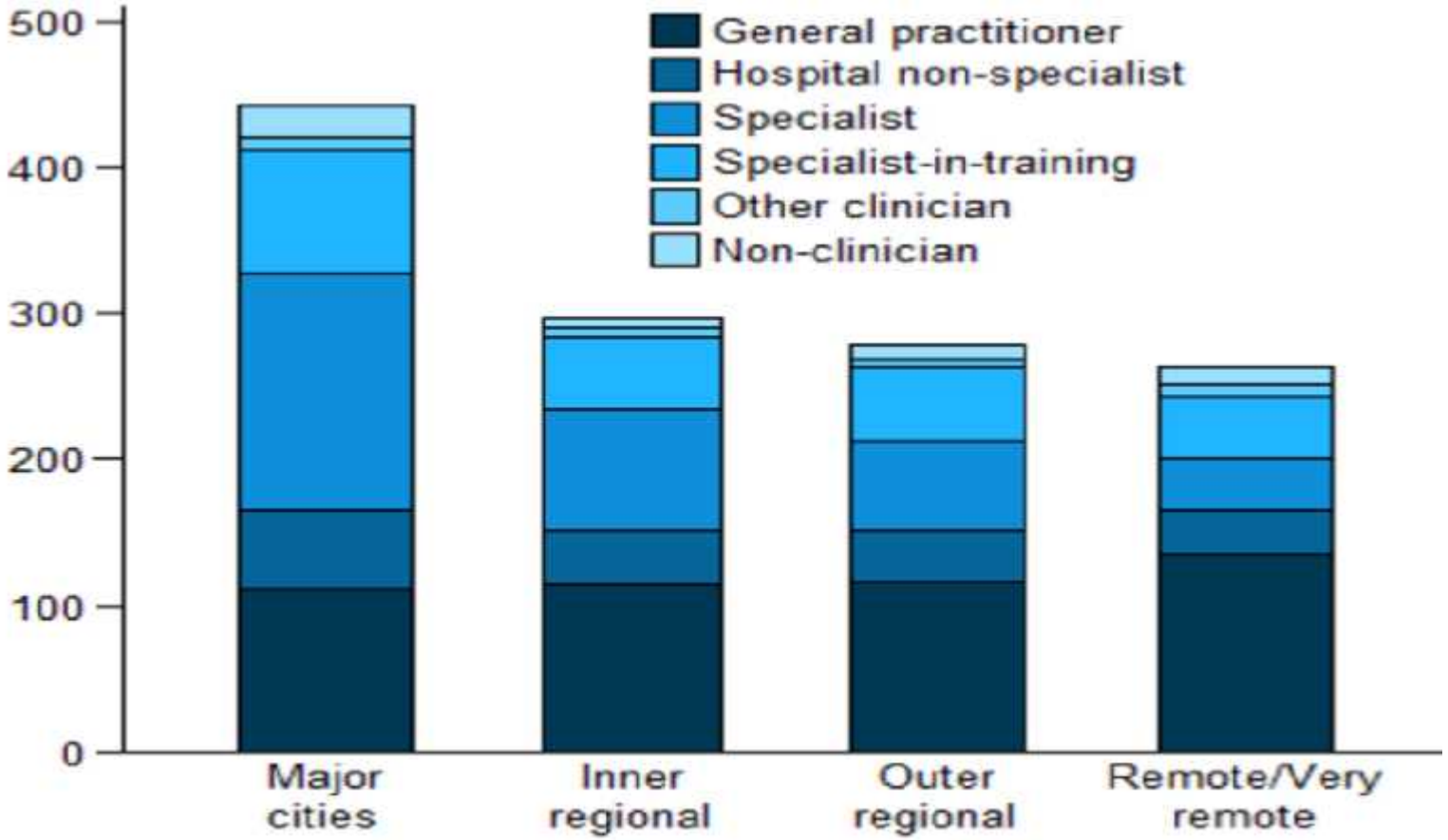


Rural Workforce

- Rural/regional Australians lack access to adequate medical care
- Early exposure to rural practice benefits UG, PG & consultants
  - Radiologists /pathologists benefit from M&Ms
- Funding required for rural placements
- Better utilisation of the private sector
  - Positive impact on patient outcomes

Maldistribution

Employed medical practitioners: FTE per 100,000 population: principal area of practice, remoteness area, 2015



Source AIHW 2015

Innovative Training

- Develop the IRTP hubs + match with available infrastructure & increase it, ensure adequate supervision, provide pastoral care/support
- Integrated training & networking – obstetric diploma GP
- Rotational training to conditions have proven to be labour intensive + costly

Talking Points

- **Are we training for the main game?**
  - Generalism v sub-specialisation
  - Too much focus on sub-specialty training
  - Are we producing too many medical graduates – diluting training experience
- **Can we be innovative?**
  - Training hubs – graduates
  - Post fellowship experience
  - Incentives – infrastructure support.

Thankyou from Australia's College Presidents